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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TABOR COMMUNITY SERVICES INC Doing Business As	D Employer identification number 23-1731792
	Number and street (or P O box if mail is not delivered to street address) Room/suite 308 EAST KING STREET PO BOX 1676	E Telephone number (717) 397-5182
City or town, state or province, country, and ZIP or foreign postal code LANCASTER, PA 176081676		G Gross receipts \$ 3,377,989
F Name and address of principal officer ROBERT THOMAS 308 E KING ST LANCASTER, PA 17608		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.TABORNET.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1968 M State of legal domicile PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TABOR PROVIDES HOUSING AND FINANCIAL COUNSELING TO LANCASTER COUNTY RESIDENTS AND LEADERSHIP TO COMMUNITY REVITALIZATION EFFORTS. IN THE PROCESS, IT SEEKS TO HELP CLIENTS REBUILD THEIR LIVES AND THE LANCASTER COMMUNITY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	69
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,211,459	2,609,643
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	516,712	313,409
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,384	-7,149
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-21,347	12,149
		2,708,208	2,928,052
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	219,246	289,204
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,840,388	1,893,288
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 192,256		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	920,799	976,519
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,980,433	3,159,011
19 Revenue less expenses Subtract line 18 from line 12	-272,225	-230,959	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	5,169,689	4,823,835
	21 Total liabilities (Part X, line 26)	1,578,101	1,430,828
22 Net assets or fund balances Subtract line 21 from line 20	3,591,588	3,393,007	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2014-12-30 Date			
	ROBERT THOMAS PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DARYL E ESHLEMAN CPA	Preparer's signature	Date 2014-12-30	Check <input type="checkbox"/> if self-employed	PTIN P00086681
	Firm's name HERSHEY ADVISORS PC	Firm's EIN 20-8042173		Phone no (717) 859-1158	
	Firm's address OREGON PIKE PO BOX 669 BROWNSTOWN, PA 17508				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission
 TABOR PROVIDES HOUSING AND FINANCIAL COUNSELING TO LANCASTER COUNTY RESIDENTS AND LEADERSHIP TO COMMUNITY REVITALIZATION EFFORTS IN THE PROCESS, IT SEEKS TO HELP CLIENTS REBUILD THEIR LIVES AND THE LANCASTER COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 390,649 including grants of \$ 280,967) (Revenue \$)
 THE COMMUNITY HOMELESS ASSESSMENT AND REFERRAL TEAM PROGRAM PROVIDES STANDARDIZED AND COORDINATED ASSESSMENT AND REFERRAL SERVICES FOR INDIVIDUALS AND FAMILIES SEEKING SERVICES FROM A NETWORK OF HOMELESS SERVICE PROVIDERS IN LANCASTER COUNTY THE PROGRAM FOCUSES ON DIVERSION, PREVENTION, SHELTER ASSIGNMENT AND RAPID REHOUSING

4b (Code) (Expenses \$ 397,696 including grants of \$) (Revenue \$)
 THE SHELTER TO INDEPENDENT LIVING PROGRAM PROVIDES COUNSELORS WHO ASSIST HOMELESS FAMILIES IN FINDING AFFORDABLE HOUSING IN ADDITION, THE PROGRAM PROVIDES ONE TO TWO YEARS OF FOLLOW-UP COUNSELING TO AID IN EDUCATING THE CLIENTS IN THE SKILLS AND DISCIPLINES NECESSARY TO MAINTAIN LONG-TERM SUFFICIENCY

4c (Code) (Expenses \$ 685,875 including grants of \$) (Revenue \$ 122,309)
 THE TRANSITIONAL LIVING CENTER (TLC) PROGRAM PROVIDES A HAVEN FOR INDIVIDUALS AND FAMILIES TRANSITIONING FROM HOMELESSNESS TO PERMANENT HOUSING PARTICIPANTS WORK WITH A SOCIAL WORKER ON A MONTHLY BASIS AND ATTEND CLASSES ON VARIOUS TOPICS, FROM FINANCIAL COUNSELING TO PARENTING SKILLS PARTICIPANTS MAY LIVE AT TLC FOR UP TO SIX MONTHS

(Code) (Expenses \$ 1,477,424 including grants of \$ 8,237) (Revenue \$ 573,990)
 THE CONSUMER CREDIT COUNSELING PROGRAM AIDS INDIVIDUALS IN FINDING SOLUTIONS TO FINANCIAL PROBLEMS THROUGH BUDGET EDUCATION, BUDGET COUNSELING AND DEBT MANAGEMENT PROGRAMS IN THE DEBT MANAGEMENT PROGRAM, COUNSELORS NEGOTIATE A FAIR PAYMENT PLAN WITH THE CLIENTS' CREDITORS ALLOWING CLIENTS TO REPAY THEIR BILLS, REDUCE INTEREST COSTS, AND GIVE CREDITORS FULL PAYMENT
 ----- THE ASSET DEVELOPMENT PROGRAM IS FOCUSED ON ASSISTING INDIVIDUALS IN LONG TERM FINANCIAL PLANNING THE PROGRAM ALSO OFFERS EDUCATION AND GUIDANCE TO LOW INCOME, HARD WORKING FAMILIES WHO ARE GUIDED THROUGH THE HOME OWNERSHIP PROCESS IN ORDER TO ACQUIRE THEIR FIRST HOME COUNSELORS AID IN THE MORTGAGE APPLICATION PROCESS AND EDUCATE THE CLIENT IN HOME OWNERSHIP RESPONSIBILITIES THE FAMILY SAVINGS ACCOUNT COMPONENT ENCOURAGES DISCIPLINED SAVINGS HABITS AND ASSET BUILDING BY PROVIDING MATCHING FUNDS TO FAMILIES ENROLLED IN THE PROGRAM THROUGH TEH PROGRAM FAMILIES CAN RECEIVE VARYING AMOUNTS OF MATCHING FUNDS BY FULFILLING PROGRAM REQUIREMENTS, INCLUDING PERSONAL SAVINGS GOALS
 ----- THE MORTGAGE COUNSELING PROGRAM AIDS IN ELIMINATING FORECLOSURE PROCEEDINGS BY HELPING CLIENTS APPLY FOR MORTGAGE ASSISTANCE OR PURSUE OTHER OPTIONS THE PROGRAM ALSO COUNSELS ELDERLY PERSONS ON REVERSE MORTGAGES AND VICTIMS OF PREDATORY LENDING
 ----- THE LIGHHOUSE PROJECT CONSISTS OF DONATED AND AQUIRED PROPERTIES THAT ARE RENOVATED AND REFURBISHED UPON RENOVATION, THE ORGANIZATION LEASES THE PROPERTY TO VARIOUS TENANTS THE PROPERTIES ARE ALSO USED FOR VARIOUS COMMUNITY DEVELOPMENT PROJECTS THE PROGRAM INCLUDES THE HOME FUND THE ORGANIZATION MAY ACQUIRE AND RENOVATE HOMES IN THE CITY AND COUNTY THAT ARE IN SIGNIFICANT NEED OF REPAIR PROFITS GENERATED FROM THE RENOVATION AND SALE OF THESE HOMES SUPPORT GENERAL OPERATIONS TABOR PLACE APARTMENTS IS A RENTAL PROPERTY CONSISTING OF 26 RENTAL UNITS FOR LOW-INCOME, ELDERLY AND HANDICAPPED INDIVIDUALS LOCATED AT 439 EAST KING STREET, LANCASTER, PA
 ----- THE JUBILEE HOUSE AT KING IS A TRANSITIONAL HOUSING FACILITY CONSISTING OF FIVE INDEPENDENT LIVING UNITS DESIGNATED FOR HOMELESS WOMEN WITH CHILDREN WHO HAVE COMPLETED A RESIDENTIAL TREATMENT PROGRAM FOR SUBSTANCE ABUSE
 ----- THE MARKET VIEW APARTMENTS PROGRAM PROVIDES PERMANENT HOUSING TO THE CHRONICALLY HOMELESS AND DISABLED IT ALSO PROVIDES SUPPORTIVE SERVICES TO THE RESIDENTS THROUGH A COUNSELOR
 ----- THE BETH SHALOM HOUSE PROGRAM IS A FACILITY CONSISTING OF FIVE INDEPENDENT LIVING UNITS, DEDICATED TO PROVIDING TRANSITIONAL HOUSING FOR WOMEN WHO HAVE BEEN RELEASED FROM PRISON AND THEIR CHILDREN AS A RE-ENTRY PROGRAM, IT PROVIDES A RANGE OF SUPPPORTIVE COUNSELING SERVICES TO ASSIST THE PARTICIPANTS IN SUCCESSFULLY REINTEGRATING INTO LIFE OUTSIDE THE CORRECTIONAL SYSTEM
 ----- THE RENTAL COUNSELING TO PREVENT HOMELESSNESS PROGRAM COUNSELORS ASSIST FAMILIES IN LOCATING ALTERNATIVE, AFFORDABLE HOUSING BY SERVING AS MEDIATORS WITH LANDLORDS ALSO, COUNSELORS AID CLIENTS IN DEVELOPING SKILLS NEEDED TO BECOME FINANCIALLY RESPONSIBLE TENANTS THE ORGANIZATION ALSO PROVIDES DIRECT FINANCIAL ASSISTANCE TO ELIGIBLE CLIENTS WHO WERE IMPACTED BY THE HOUSING CRISIS
 ----- THE FAMILY SELF SUFFICIENCY PROGRAM AIDS FAMILIES HOLDING SECTION 8 CERTIFICATES OR VOUCHERS IN DEVELOPING SKILLS AND RESOURCES TO BECOME SELF SUFFICIENT
 ----- THE SUPPORTIVE HOUSING SERVICES PROGRAM PROVIDES COUNSELING SERVICES TO RESIDENTS OF SEVERAL PRIVATELY OWNED LOW-INCOME APARTMENT COMPLEXES THE SERVICES ARE GEARED TOWARD PROMOTING STABLE, PERMANENT HOUSING, PROVIDING EDUCATION TO CLIENTS IN LIFE-SKILLS, AND, FOSTERING COMMUNITY WITHIN THE COMPLEXES
 ----- THE SUPPORTIVE HOUSING FOR VETERAN FAMILIES PROGRAM IS TO IMPROVE TEH HOUSING STABILITY AMONG VERY LOW-INCOME VETERAN FAMILIES IT ASSISTS FAMILIES WHO RESIDE IN OR ARE TRANSITIONING TO PERMANENT HOUSING, AND WORKS TO PREVENT AT-RISK VETERANS FROM BECOMING HOMELESS, AND RAPIDLY RE- HOUSING THOSE WHO MAY HAVE RECENTLY FALLEN INTO HOMELESSNESS THE PROGRAM PROVIDES A KEY ROLE IN CONNECTING PARTICIPANTS AND THEIR FAMILY MEMBERS WITH MENTAL HEALTH CARE AND OTHER COMMUNITY RESOURCES DESIGNED TO INCREASE HOUSING STABILITY THE PROGRAM PROVIDES OUTREACH AND CASE MANAGEMENT SERVICES, HOUSING AND BUDGET COUNSELING, AND ASSISTS PARTICIPANTS TO OBTAIN VA BENEFITS AND OTHER PUBLIC BENEFITS
 ----- THE MENTAL HEALTH HOUSING PROGRAM IS A NON-FACILITY-BASED "HOUSING FIRST" PROGRAM THAT ASSISTS LANCASTER'S HOMELESS POPULATION WHO HAVE MENTAL HEALTH DISORDERS TO BE RE-HOUSED DIRECTLY INTO PERMANENT HOUSING AND BECOME SELF- SUFFICIENT THROUGH HOUSING ADVOCACY AND PROCUREMENT, HOUSING AND BUDGET COUNSELING, CASE MANAGEMENT, INFORMATION AND REFERRALS
 ----- THE SPECIAL PROJECTS PROGRAM ENCOMPASSES VARIED ACTIVITIES AND SPECIAL PROJECTS, SUCH AS STREETScape IMPROVEMENTS, PROPERTY RENOVATIONS, AND THE OPERATION OF THE LANCASTER EASTERN MARKET
 ----- THE COMMUNITY HOMELESS OUTREACH CENTER IS A COLLABORATIVE EFFORT WITH SEVERAL COMMUNITY ORGANIZATIONS AND IS OPERATED OUT OF THE WATER STREET RESCUE MISSION IN LANCASTER PA THE PROGRAM PROVIDES A LOCATION FOR HOMELESS INDIVIDUALS TO OBTAIN RESOURCES, GUIDANCE, AND REST DURING THE DAY
 ----- THE EDUCATION PROGRAM PROVIDES WORKSHOPS DESIGNED TO INCREASE THE PARTICIPANTS' FINANCIAL LITERACY AND SKILL IN BUDGETING, DEBT MANAGEMENT, AND PREPARING FOR HOMEOWNERSHIP THERE ARE IN-HOUSE WORKSHOPS OPEN TO THE PUBLIC AND WORKSHOPS THAT ARE PROVIDED THROUGHOUT THE COUNTY TO CHURCHES, NON-PROFITS, BUSINESSES, AND SCHOOLS

4d Other program services (Describe in Schedule O)
 (Expenses \$ 1,477,424 including grants of \$ 8,237) (Revenue \$ 573,990)

4e Total program service expenses 2,951,644

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		No
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		No
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		No
15b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed PA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 STEVE WELCH 308 E KING ST
 LANCASTER, PA 17608 (717) 397-5182

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List parts in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL CURRIE VICE CHAIR	1 00	X		X				0	0	0
(2) THOMAS FASNACHT DIRECTOR	1 00	X						0	0	0
(3) PHILIP FREY DIRECTOR	1 00	X						0	0	0
(4) DANIEL HESS CHAIR	1 00	X		X				0	0	0
(5) ANNE SHANNON DIRECTOR	1 00	X						0	0	0
(6) V RONALD SMITH DIRECTOR	1 00	X						0	0	0
(7) THEODORE WILLIAMS DIRECTOR	1 00	X						0	0	0
(8) SHERRY HIBSHMAN SECRETARY	1 00	X		X				0	0	0
(9) HANDY CUEVAS DIRECTOR	1 00	X						0	0	0
(10) JILL LASKOWITZ DIRECTOR	1 00	X						0	0	0
(11) DOUG UMBLE TREASURER	1 00	X		X				0	0	0
(12) LENNY WALTON DIRECTOR	1 00	X						0	0	0
(13) JOSEPH DHANSIS DIRECTOR	1 00	X						0	0	0
(14) JANE HOOBER PEIFER DIRECTOR	1 00	X						0	0	0
(15) ROBERT THOMAS PRESIDENT	40 00			X				97,132	0	2,914

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e	1,635,667				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	973,976				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f	2,609,643				
Program Service Revenue	2a TRANSITIONAL LIVING CENTER		531110	122,309	122,309	
	b CONSUMER CREDIT COUNSELING		541900	88,252	88,252	
	c OTHER		900099	66,878	66,878	
	d MARKET VIEW		531110	33,773	33,773	
	e JUBILEE HOUSE PROJECT		531110	2,197	2,197	
	f All other program service revenue					
	g Total. Add lines 2a-2f			313,409		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		28,047	28,047	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real	382,890			
		(ii) Personal				
		b Less rental expenses	370,741			
		c Rental income or (loss)	12,149			
d Net rental income or (loss)			12,149	12,149		
7a Gross amount from sales of assets other than inventory		(i) Securities			44,000	
		(ii) Other				
		b Less cost or other basis and sales expenses			79,196	
		c Gain or (loss)			-35,196	
d Net gain or (loss)			-35,196	-35,196		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
b Less direct expenses b						
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19		a				
b Less direct expenses b						
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		2,928,052	318,409			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	289,204	289,204		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	97,132		97,132	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,427,702	1,200,214	136,625	90,863
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,872	26,649	6,645	2,578
9	Other employee benefits	191,849	166,199	14,006	11,644
10	Payroll taxes	140,733	114,162	18,947	7,624
11	Fees for services (non-employees)				
a	Management	4,169	4,169		
b	Legal				
c	Accounting	127,295	8,843	118,452	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	6,672	6,222		450
13	Office expenses	40,247	9,058	18,350	12,839
14	Information technology	12,055		12,055	
15	Royalties				
16	Occupancy	321,393	210,065	105,798	5,530
17	Travel	27,908	22,233	5,377	298
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,760	9,521	3,004	235
20	Interest	8,422	3,728	4,694	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	220,320	112,414	107,906	
23	Insurance	41,104	14,188	26,916	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	SUBCONTRACTED	94,429	94,429		
b	CLIENT OVERSITE EXPENSES	70,021	70,021		
c	FUND RAISING EXPENSE	38,794			38,794
d	MISCELLANEOUS	12,990	5,634	719	6,637
e	All other expenses	-62,060	584,691	-661,515	14,764
25	Total functional expenses. Add lines 1 through 24e	3,159,011	2,951,644	15,111	192,256
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash—non-interest-bearing	909,195	1	645,190	
	2 Savings and temporary cash investments	90,262	2	174,552	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	251,114	4	313,079	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net	100,566	7	100,566	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	9,518	9	27,469	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	6,966,493			
	b Less accumulated depreciation	3,759,403	3,491,172	10c	3,207,090
	11 Investments—publicly traded securities	291,421	11	327,050	
	12 Investments—other securities See Part IV, line 11		12		
	13 Investments—program-related See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets See Part IV, line 11	26,441	15	28,839	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,169,689	16	4,823,835		
Liabilities	17 Accounts payable and accrued expenses	111,850	17	144,080	
	18 Grants payable		18		
	19 Deferred revenue	404,547	19	313,436	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability Complete Part IV of Schedule D	144,083	21	97,766	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	917,621	23	875,546	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	1,578,101	26	1,430,828	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	3,192,525	27	3,014,703	
	28 Temporarily restricted net assets	385,804	28	364,925	
	29 Permanently restricted net assets	13,259	29	13,379	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	3,591,588	33	3,393,007		
34 Total liabilities and net assets/fund balances	5,169,689	34	4,823,835		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,928,052
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,159,011
3	Revenue less expenses Subtract line 2 from line 1	3	-230,959
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,591,588
5	Net unrealized gains (losses) on investments	5	13,920
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	18,458
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,393,007

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

TABOR COMMUNITY SERVICES INC

Employer identification number

23-1731792

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,301,823	3,106,387	2,767,289	2,211,459	2,609,643	12,996,601
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,301,823	3,106,387	2,767,289	2,211,459	2,609,643	12,996,601
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						12,996,601

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,301,823	3,106,387	2,767,289	2,211,459	2,609,643	12,996,601
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	188,228	170,810	174,627	215,053	410,937	1,159,655
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	419,672	394,931	432,114	516,712	313,409	2,076,838
11 Total support (Add lines 7 through 10)						16,233,094
12 Gross receipts from related activities, etc. (see instructions)					12	724,346
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	80.060%
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	79.630%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
Return Reference	Explanation
PART II, LINE 10	PROGRAM INCOME 2,076,838

Schedule A (Form 990 or 990-EZ) 2013

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization TABOR COMMUNITY SERVICES INC

Employer identification number 23-1731792

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,259	11,590	11,520	11,520	
b Contributions	120	1,669	70		11,520
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	13,379	13,259	11,590	11,520	11,520

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment
- b** Permanent endowment 100.000 %
- c** Temporarily restricted endowment
The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		239,516		239,516
b Buildings		6,539,833	3,640,210	2,899,623
c Leasehold improvements				
d Equipment		187,144	119,193	67,951
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,207,090

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,941,972
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	13,920	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	13,920
3	Subtract line 2e from line 1		3	2,928,052
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	2,928,052

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,140,553
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,140,553
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	18,458	
c	Add lines 4a and 4b		4c	18,458
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	3,159,011

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART IV, LINE 2B	AS A COMPONENT OF PROGRAM ACTIVITIES, THE ORGANIZATION AIDS CLIENTS IN THE PROTECTIVE PAYEE SERVICES AND CONSUMER CREDIT COUNSELING PROGRAM WITH BUDGETING AND CASH MANAGEMENT AS A RESULT, CLIENTS DEPOSIT FUNDS WITH THE ORGANIZATION AND THE ORGANIZATION DISBURSES THE FUNDS IN ACCORDANCE WITH THE DEBT REPAYMENT PLANS ESTABLISHED BY THE ORGANIZATION'S COUNSELOR, THE CLIENT, AND THE CREDITOR IN ADDITION, THE ORGANIZATION HAS RECEIVED FUNDS TO DISBURSE TO PARTICIPANTS IN THE FAMILY SAVINGS ACCOUNT PROGRAM AND TO PROVIDE CLIENT ASSISTANCE GRANTS UNDER THE RENTAL COUNSELING TO PREVENT HOMELESSNESS PROGRAM
SCHEDULE D, PAGE 4, PART XII, LINE 4B	LOSS ON IMPAIRMENT 18,458

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2013

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization TABOR COMMUNITY SERVICES INC

Employer identification number

23-1731792

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) MATCHED SAVINGS PROGRAM	5	8,237			
(2) RENTAL ASSISTANCE	213	150,488			
(3) SECURITY DEPOSITS	82	54,924			
(4) UTILITIES & OTHER PROJECT	14	1,375			
(5) HOUSING PLACEMENT	77	57,755			
(6) TEMPORARY LODGING	58	16,425			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	ELIGIBILITY FOR RECEIPT OF FUNDS IS DETERMINED AND DOCUMENTED PRIOR TO ISSUANCE OF FUNDS FUNDS ARE DISTRIBUTED DIRECTLY TO A VENDOR OR LANDLORD, NOT TO AN INDIVIDUAL THIS ENSURES THAT THE FUNDS ARE EXPENDED APPROPRIATELY ON BEHALF OF THE INDIVIDUAL
SCHEDULE I, PAGE 4, PART IV	SEVERAL PROGRAMS USE FUNDS OBTAINED THROUGH THE HOUSING & URBAN DEVELOPMENT (HUD) DEPARTMENT THESE PROGRAMS PROVIDE SHORT TERM RENTAL ASSISTANCE, EITHER TO RAPIDLY RE-HOUSE PEOPLE WHO HAVE LOST THEIR HOUSING OR ARE IN DANGER OF BECOMING HOMELESS OR, TO PREVENT PEOPLE WHO HAVE A TEMPORARY LOSS OF INCOME FROM ALSO BECOMING HOMELESS THE ORGANIZATION HAS A MATCHED SAVINGS PROGRAM WHEREIN CLIENTS RECEIVE FINANCIAL LITERACY EDUCATION, WHILE SAVING THEIR OWN MONEY FOR A SPECIALIZED PROJECT UPON COMPLETION OF ALL PROGRAM REQUIREMENTS, CLIENTS BECOME ELIGIBLE TO RECEIVE A MATCHING GRANT OF UP TO 2,000 THE ORGANIZATION ALSO RECEIVED FUNDS FROM THE LANCASTER COUNTY COMMUNITY FOUNDATION TO BE USED TO PROVIDE SHORT-TERM ASSISTANCE TO CLIENTS WHO WERE FACING HOMELESSNESS THESE FUNDS WERE TYPICALLY USED FOR SECURITY DEPOSITS, RENT PAYMENTS, AND UTILITY BILLS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2013

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization TABOR COMMUNITY SERVICES INC	Employer identification number 23-1731792
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	
FORM 990, PAGE 2, PART III, LINE 4D	<p>THE CONSUMER CREDIT COUNSELING PROGRAM AIDS INDIVIDUALS IN FINDING SOLUTIONS TO FINANCIAL PROBLEMS THROUGH BUDGET EDUCATION, BUDGET COUNSELING AND DEBT MANAGEMENT PROGRAMS IN THE DEBT MANAGEMENT PROGRAM, COUNSELORS NEGOTIATE A FAIR PAYMENT PLAN WITH THE CLIENTS' CREDITORS ALLOWING CLIENTS TO REPAY THEIR BILLS, REDUCE INTEREST COSTS, AND GIVE CREDITORS FULL PAYMENT ----- THE ASSET DEVELOPMENT PROGRAM IS FOCUSED ON ASSISTING INDIVIDUALS IN LONG TERM FINANCIAL PLANNING THE PROGRAM ALSO OFFERS EDUCATION AND GUIDANCE TO LOW INCOME, HARD WORKING FAMILIES WHO ARE GUIDED THROUGH THE HOME OWNERSHIP PROCESS IN ORDER TO ACQUIRE THEIR FIRST HOME COUNSELOR S AID IN THE MORTGAGE APPLICATION PROCESS AND EDUCATE THE CLIENT IN HOME OWNERSHIP RESPONSIBILITIES THE FAMILY SAVINGS ACCOUNT COMPONENT ENCOURAGES DISCIPLINED SAVINGS HABITS AND ASSET BUILDING BY PROVIDING MATCHING FUNDS TO FAMILIES ENROLLED IN THE PROGRAM THROUGH THE PROGRAM FAMILIES CAN RECEIVE VARYING AMOUNTS OF MATCHING FUNDS BY FULFILLING PROGRAM REQUIREMENTS, INCLUDING PERSONAL SAVINGS GOALS ----- THE MORTGAGE COUNSELING PROGRAM AIDS IN ELIMINATING FORECLOSURE PROCEEDINGS BY HELPING CLIENTS APPLY FOR MORTGAGE ASSISTANCE OR PURSUE OTHER OPTIONS THE PROGRAM ALSO COUNSELS ELDERLY PERSONS ON REVERSE MORTGAGES AND VICTIMS OF PREDATORY LENDING -</p> <p>----- THE LIGHTHOUSE PROJECT CONSISTS OF DONATED AND ACQUIRED PROPERTIES THAT ARE RENOVATED AND REFURBISHED UPON RENOVATION, THE ORGANIZATION LEASES THE PROPERTY TO VARIOUS TENANTS THE PROPERTIES ARE ALSO USED FOR VARIOUS COMMUNITY DEVELOPMENT PROJECTS THE PROGRAM INCLUDES THE HOME FUND THE ORGANIZATION MAY ACQUIRE AND RENOVATE HOMES IN THE CITY AND COUNTY THAT ARE IN SIGNIFICANT NEED OF REPAIR PROFITS GENERATED FROM THE RENOVATION AND SALE OF THESE HOMES SUPPORT GENERAL OPERATIONS TABOR PLACE APARTMENTS IS A RENTAL PROPERTY CONSISTING OF 26 RENTAL UNITS FOR LOW-INCOME, ELDERLY AND HANDICAPPED INDIVIDUALS LOCATED AT 439 EAST KING STREET, LANCASTER, PA -----</p> <p>----- THE JUBILEE HOUSE AT KING IS A TRANSITIONAL HOUSING FACILITY CONSISTING OF FIVE INDEPENDENT LIVING UNITS DESIGNATED FOR HOMELESS WOMEN WITH CHILDREN WHO HAVE COMPLETED A RESIDENTIAL TREATMENT PROGRAM FOR SUBSTANCE ABUSE -</p> <p>----- THE MARKET VIEW APARTMENTS PROGRAM PROVIDES PERMANENT HOUSING TO THE CHRONICALLY HOMELESS AND DISABLED IT ALSO PROVIDES SUPPORTIVE SERVICES TO THE RESIDENTS THROUGH A COUNSELOR -----</p> <p>----- THE BETH SHALOM HOUSE PROGRAM IS A FACILITY CONSISTING OF FIVE INDEPENDENT LIVING UNITS, DEDICATED TO PROVIDING TRANSITIONAL HOUSING FOR WOMEN WHO HAVE BEEN RELEASED FROM PRISON AND THEIR CHILDREN AS A RE-ENTRY PROGRAM, IT PROVIDES A RANGE OF SUPPORTIVE COUNSELING SERVICES TO ASSIST THE PARTICIPANTS IN SUCCESSFULLY REINTEGRATING INTO LIFE OUTSIDE THE CORRECTIONAL SYSTEM ----- THE RENTAL COUNSELING TO PREVENT HOMELESSNESS PROGRAM COUNSELORS ASSIST FAMILIES IN LOCATING ALTERNATIVE, AFFORDABLE HOUSING BY SERVING AS MEDIATORS WITH LANDLORDS ALSO, COUNSELORS ASSIST CLIENTS IN DEVELOPING SKILLS NEEDED TO BECOME FINANCIALLY RESPONSIBLE TENANTS THE ORGANIZATION ALSO PROVIDES DIRECT FINANCIAL ASSISTANCE TO ELIGIBLE CLIENTS WHO WERE IMPACTED BY THE HOUSING CRISIS ----- THE FAMILY SELF SUFFICIENCY PROGRAM AIDS FAMILIES HOLDING SECTION 8 CERTIFICATES OR VOUCHERS IN DEVELOPING SKILLS AND RESOURCES TO BECOME SELF SUFFICIENT -----</p> <p>----- THE SUPPORTIVE HOUSING SERVICES PROGRAM PROVIDES COUNSELING SERVICES TO RESIDENTS OF SEVERAL PRIVATELY OWNED LOW-INCOME APARTMENT COMPLEXES THE SERVICES ARE GEARED TOWARD PROMOTING STABLE, PERMANENT HOUSING, PROVIDING EDUCATION TO CLIENTS IN LIFE-SKILLS, AND, FOSTERING COMMUNITY WITHIN THE COMPLEXES -----</p> <p>----- THE SUPPORTIVE HOUSING FOR VETERAN FAMILIES PROGRAM IS TO IMPROVE TENANT HOUSING STABILITY AMONG VERY LOW-INCOME VETERAN FAMILIES IT ASSISTS FAMILIES WHO RESIDE IN OR ARE TRANSITIONING TO PERMANENT HOUSING, AND WORKS TO PREVENT AT-RISK VETERANS FROM BECOMING HOMELESS, AND RAPIDLY RE-HOUSING THOSE WHO MAY HAVE RECENTLY FALLEN INTO HOMELESSNESS THE PROGRAM PROVIDES A KEY ROLE IN CONNECTING PARTICIPANTS AND THEIR FAMILY MEMBERS WITH MENTAL HEALTH CARE AND OTHER COMMUNITY RESOURCES DESIGNED TO INCREASE HOUSING STABILITY THE PROGRAM PROVIDES OUTREACH AND CASE MANAGEMENT SERVICES, HOUSING AND BUDGET COUNSELING, AND ASSISTS PARTICIPANTS TO OBTAIN VA BENEFITS AND OTHER PUBLIC BENEFITS -----</p> <p>----- THE MENTAL HEALTH HOUSING PROGRAM IS A NON-FAMILY-BASED "HOUSING FIRST" PROGRAM THAT ASSISTS LANCASTER'S HOMELESS POPULATION WHO HAVE MENTAL HEALTH DISORDERS TO BE RE-HOUSED DIRECTLY INTO PERMANENT HOUSING AND BECOME SELF-SUFFICIENT THROUGH HOUSING ADVOCACY AND PROCUREMENT, HOUSING AND BUDGET COUNSELING, CASE MANAGEMENT, INFORMATION AND REFERRALS -----</p> <p>----- THE SPECIAL PROJECTS PROGRAM ENCOMPASSES VARIED ACTIVITIES AND SPECIAL PROJECTS, SUCH AS STREETScape IMPROVEMENTS, PROPERTY RENOVATIONS, AND THE OPERATION OF THE LANCASTER EASTERN MARKET -----</p> <p>----- THE COMMUNITY HOMELESS OUTREACH CENTER IS A COLLABORATIVE EFFORT WITH SEVERAL COMMUNITY ORGANIZATIONS AND IS OPERATED OUT OF THE WATER STREET RESCUE MISSION IN LANCASTER PA THE PROGRAM PROVIDES A LOCATION FOR HOMELESS INDIVIDUALS TO OBTAIN RESOURCES, GUIDANCE, AND REST DURING THE DAY -----</p> <p>----- THE EDUCATION PROGRAM PROVIDES WORKSHOPS DESIGNED TO INCREASE THE PARTICIPANTS' FINANCIAL LITERACY AND SKILL IN BUDGETING, DEBT MANAGEMENT, AND PREPARING FOR HOMEOWNERSHIP THERE ARE IN-HOUSE WORKSHOPS OPEN TO THE PUBLIC AND WORKSHOPS THAT ARE PROVIDED THROUGHOUT THE COUNTY TO CHURCHES, NON-PROFITS, BUSINESSES, AND SCHOOLS</p>
FORM 990, PAGE 6, PART VI, LINE 11B	THE COMPLETE 990 IS REVIEWED BY THE DIRECTOR OF FINANCE PUBLIC COPIES OF THE 990 ARE PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS BEFORE SUBMISSION
FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICT OF INTEREST POLICY IS REVIEWED WITH ALL BOARD MEMBERS AT THE TIME THEY JOIN THE BOARD IT IS ALSO REVIEWED ANNUALLY IN BOARD MEETINGS AND STAFF MEETINGS
FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST
FORM 990, PART XI, LINE 9	LOSS ON IMPAIRMENT 18,458