

2949325409401 1/9/20

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

(Rev. January 2020)

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

# 2019

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the 2019 calendar year, or tax year beginning 2019, and ending 2020

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization COMMUNITY BASICS, INC  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
941 WHEATLAND AVE 204  
 City or town, state or province, country, and ZIP or foreign postal code  
LANCASTER, PA 17603

**D** Employer identification number 23-2951213

**E** Telephone number 717-509-5711

**F** Name and address of principal officer: Lisa A Greener  
 Same as above

**G** Gross receipts \$ 1212997

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶ \_\_\_\_\_

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

**J** Website: ▶ \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation 1998 **M** State of legal domicile PA

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2020

Part I Summary		Prior Year	Current Year
1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE SAFE &amp; DECENT HOUSING AND RELATED SERVICES. TO ALLEVIATE SHORTAGES IN HOUSING FOR PERSONS OF LOW / MODERATE INCOME.</u>			
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	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	20
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0
		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	405233	63515
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1221	5049
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1143628	1152297
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1550082	1220861
		Prior Year	Current Year
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	250000	
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	888045	876088
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–23a)	596428	1352007
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1734473	2228095
19	Revenue less expenses. Subtract line 18 from line 12	-184391	-1007234
		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6635306	5797052
21	Total liabilities (Part X, line 26)	2796211	2965191
22	Net assets or fund balances. Subtract line 21 from line 20	3839095	2831861

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## 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: [Signature] Date: 6-16-2020

Type or print name and title: Lisa A Greener, Executive Director

**Paid Preparer Use Only**

Print/Type preparer's name: Roman Kubas Preparer's signature: [Signature] Date: 6-15-2020 Check  if self-employed PTIN: 200528892

Firm's name: Roman Kubas Firm's EIN: ▶ \_\_\_\_\_

Firm's address: 1719 Leon Drive - Hatfield, PA 19440 Phone no.: 2154166798

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

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