

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
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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

C Name of organization
COMMUNITY AID INC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
10 SKYPORT ROAD
City or town, state or province, country, and ZIP or foreign postal code
MECHANICSBURG, PA 17050

D Employer identification number
26-4376213

E Telephone number
(717) 412-7706

G Gross receipts \$ 15,601,049

F Name and address of principal officer
GLENN CHANDLER
10 SKYPORT ROAD
MECHANICSBURG, PA 17050

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

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

J Website: WWW.COMMUNITYAID.NET

H(c) Group exemption number

K Form of organization
Corporation Trust Association Other

L Year of formation 2009

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
COMMUNITY AID IS A NON-PROFIT CORPORATION WITH THE PRIMARY PURPOSE OF RAISING FUNDS FOR DISTRIBUTION TO LOCAL SCHOOLS, SYNAGOGUES, TEMPLES AND NONPROFIT CHARITABLE ORGANIZATIONS WE ASPIRE TO SERVE OUR COMMUNITY BY CREATING GOOD PAYING JOBS AND PROVIDING ONSITE TRAINING AND COACHING FOR OUR EMPLOYEES WE DESIRE TO IMPROVE THE QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IN OUR COMMUNITY BY PROVIDING CLOTHING AND CASH GRANTS DIRECTLY TO OUR PARTNERSHIPS FORMED BY CHURCHES AND NONPROFIT CHARITABLE ORGANIZATIONS WE BELIEVE BY THE MINISTRY OF COMMUNITYAID WE ARE FULFILLING OUR CALLING TO SERVE THE COMMUNITY AND TO SHARE THE LOVE OF GOD TO OUR FELLOW NEIGHBORS WE WANT TO EXPRESS OUR FAITH WITH SIMPLE CHRISTIAN WORKS AND DEEDS AND TO PROVIDE COMMUNITY AID IN THE FORM OF QUALITY GENTLY USED CLOTHING AT AN AFFORDABLE PRICE FOR INDIVIDUALS AND FAMILIES

Activities & Governance

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

Table with 3 columns: Description, 3, 4, 5, 6, 7a, 7b. Rows include: Number of voting members of the governing body (Part VI, line 1a) = 8; Number of independent voting members of the governing body (Part VI, line 1b) = 7; Total number of individuals employed in calendar year 2015 (Part V, line 2a) = 519; Total number of volunteers (estimate if necessary) = 500; Total unrelated business revenue from Part VIII, column (C), line 12 = 49,331; Net unrelated business taxable income from Form 990-T, line 34 = 48,331.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: Contributions and grants (Part VIII, line 1h) = 2,616,529 / 3,064,230; Program service revenue (Part VIII, line 2g) = 10,562,432 / 12,357,768; Investment income (Part VIII, column (A), lines 3, 4, and 7d) = 23,997 / 29,570; Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) = 30,886 / 68,879; Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) = 13,233,844 / 15,520,447.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: Grants and similar amounts paid (Part IX, column (A), lines 1-3) = 1,523,203 / 1,993,363; Benefits paid to or for members (Part IX, column (A), line 4) = 0 / 0; Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) = 3,895,629 / 5,551,012; Professional fundraising fees (Part IX, column (A), line 11e) = 0 / 0; Total fundraising expenses (Part IX, column (D), line 25) = 0 / 0; Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) = 5,736,980 / 7,112,317; Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) = 11,155,812 / 14,656,692; Revenue less expenses Subtract line 18 from line 12 = 2,078,032 / 863,755.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: Total assets (Part X, line 16) = 6,612,211 / 8,754,277; Total liabilities (Part X, line 26) = 665,872 / 2,060,648; Net assets or fund balances Subtract line 21 from line 20 = 5,946,339 / 6,693,629.

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: *****
Date: 2016-11-11
GLENN CHANDLER EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: GARY J DUBAS
Preparer's signature: GARY J DUBAS
Date:
Check if self-employed: [X]
PTIN: P00252339
Firm's name: MCKONLY & ASBURY LLP
Firm's EIN: 23-1909723
Firm's address: 415 FALLOWFIELD ROAD
CAMP HILL, PA 17011
Phone no: (717) 761-7910

May the IRS discuss this return with the preparer shown above? (see instructions) [X] 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

1 Briefly describe the organization's mission

COMMUNITY AID IS A FAITH-BASED ORGANIZATION WHOSE MISSION IS TO RAISE FUNDS FOR LOCAL NONPROFIT PARTNERS, PROVIDE AFFORDABLE CLOTHING TO THE COMMUNITIES WE SERVE, AND CREATE GOOD PAYING JOBS

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 \$ 6,783,178 including grants of \$) (Revenue \$ 12,357,768)

COMMUNITY AID OPERATES 4 RETAIL STORE AND DONATION CENTERS WHERE NEW AND GENTLY USED CLOTHING, SHOES AND HOUSEHOLD ITEMS ARE AVAILABLE AT AFFORDABLE PRICES TO THE LOCAL COMMUNITY

4b (Code) (Expenses \$ 1,993,363 including grants of \$ 1,993,363) (Revenue \$)

COMMUNITY AID HELPS LOCAL NONPROFITS BY PROVIDING CASH AND CLOTHING CONTRIBUTIONS IN 2015, \$1,891,763 IN CASH AND \$101,600 IN CLOTHING VOUCHERS WERE DISTRIBUTED TO OUR PARTNERS

4c (Code) (Expenses \$ 5,464,268 including grants of \$) (Revenue \$)

COMMUNITY AID SERVES THE COMMUNITY BY CREATING GOOD PAYING JOBS WITH TRAINING AND BENEFITS IN 2015, 75 NEW JOBS WERE CREATED WITH THE OPENING OF OUR LANCASTER STORE AND OVERALL, 519 PEOPLE WERE EMPLOYED DURING THE YEAR

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 14,240,809

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 20b regarding organizational activities, lobbying, fundraising, and hospital facilities.

Part IV Checklist of Required Schedules (continued)

<p>21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i></p>	<p>21</p>	<p>Yes</p>	
<p>22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i></p>	<p>22</p>		<p>No</p>
<p>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></p>	<p>23</p>	<p>Yes</p>	
<p>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></p>	<p>24a</p>		<p>No</p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>		
<p>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?</p>	<p>24c</p>		
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>		
<p>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</p>			
<p>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></p>	<p>25a</p>		<p>No</p>
<p>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></p>	<p>25b</p>		<p>No</p>
<p>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 "Yes," complete Schedule L, Part II</i></p>	<p>26</p>		<p>No</p>
<p>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></p>	<p>27</p>		<p>No</p>
<p>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)</p>			
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28a</p>	<p>Yes</p>	
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28b</p>		<p>No</p>
<p>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></p>	<p>28c</p>	<p>Yes</p>	
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p>29</p>	<p>Yes</p>	
<p>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></p>	<p>30</p>		<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>		<p>No</p>
<p>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></p>	<p>32</p>		<p>No</p>
<p>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></p>	<p>33</p>		<p>No</p>
<p>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></p>	<p>34</p>		<p>No</p>
<p>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p>35a</p>		<p>No</p>
<p>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></p>	<p>35b</p>		
<p>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></p>	<p>36</p>		<p>No</p>
<p>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></p>	<p>37</p>		<p>No</p>
<p>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</p>	<p>38</p>	<p>Yes</p>	

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

Table with columns for question number, description, sub-part, and Yes/No columns. Includes sections for backup withholding, foreign country reporting, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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?	Yes	
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?		No
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?	Yes	
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?	Yes	
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	Yes	
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, MD

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, address, and telephone number of the person who possesses the organization's books and records
 ▶ MATTHEW STINE 10 SKYPORT ROAD MECHANICSBURG, PA 17050 (717) 516-8233

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 persons 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) ROB KOLE PRESIDENT	2 00	X		X					0	0	0
(2) CHRISTOPHER HEALY TREASURER	2 00	X		X					0	0	0
(3) SARAH STURGIS SECRETARY	2 00	X		X					0	0	0
(4) GLENN CHANDLER EXECUTIVE DIRECTOR	65 00	X		X				141,822	0	105,548	
(5) JACQUELINE POWELL VICE PRESIDENT	2 00	X						0	0	0	
(6) LISA DEES BOARD MEMBER	1 00	X						0	0	0	
(7) NANCY RYAN BOARD MEMBER	1 00	X						0	0	0	
(8) JOSEPH KANTZ BOARD MEMBER	1 00	X						0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, c Total from continuation sheets to Part VII, Section A, d Total (add lines 1b and 1c) with values 141,822, 0, and 105,548.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	3,064,230				
	g	Noncash contributions included in lines 1a-1f \$	3,056,394				
	h	Total. Add lines 1a-1f ▶	3,064,230				
Program Service Revenue	2a	THRIFT STORES SALES	12,357,768	12,357,768			
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶	12,357,768				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	21,618			21,618	
	4	Income from investment of tax-exempt bond proceeds . . . ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	18,500		
		b	Less cost or other basis and sales expenses		10,548		
		c	Gain or (loss)		7,952		
		d	Net gain or (loss) ▶			7,952	7,952
	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			119,385		
b		Less direct expenses b			70,054		
c		Net income or (loss) from gaming activities . . . ▶			49,331	49,331	
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	MISCELLANEOUS INCOME	900099	19,548			19,548	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶			19,548			
12	Total revenue. See Instructions ▶		15,520,447	12,357,768	49,331	49,118	

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 domestic organizations and domestic governments. See Part IV, line 21	1,988,363	1,988,363		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,000	5,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	247,370	185,528	61,842	
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	4,024,415	3,903,504	120,911	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	62,037	39,315	22,722	
9	Other employee benefits	865,259	809,277	55,982	
10	Payroll taxes	351,931	341,115	10,816	
11	Fees for services (non-employees)				
a	Management				
b	Legal	9,197	8,017	1,180	
c	Accounting	13,000		13,000	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,244		1,244	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	66,269	53,130	13,139	
12	Advertising and promotion	461,732	461,732		
13	Office expenses	280,791	265,636	15,155	
14	Information technology	30,171	21,648	8,523	
15	Royalties				
16	Occupancy	1,721,670	1,717,432	4,238	
17	Travel	223,643	201,989	21,654	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	579,541	547,824	31,717	
23	Insurance	117,736	109,093	8,643	
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	THRIFT STORES EXPENSE	2,989,796	2,989,796		
b	MAINTENANCE AND REPAIRS	283,977	276,561	7,416	
c	CREDIT CARD CHARGES	185,398	185,398		
d	COST OF GOODS SOLD	107,446	107,446		
e	All other expenses	40,706	23,005	17,701	
25	Total functional expenses. Add lines 1 through 24e	14,656,692	14,240,809	415,883	0
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	282,109	1	273,960
	2 Savings and temporary cash investments	4,052,364	2	3,354,836
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	12,023	4	15,294
	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		7	
	8 Inventories for sale or use	92,935	8	159,532
	9 Prepaid expenses and deferred charges	248,422	9	333,001
	10a Land, buildings, and equipment—cost or other basis Complete Part VI of Schedule D	10a 5,216,560		
	b Less accumulated depreciation	10b 1,840,536	1,704,737	10c 3,376,024
	11 Investments—publicly traded securities		11	
	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	219,621	15	1,241,630
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,612,211	16	8,754,277	
Liabilities	17 Accounts payable and accrued expenses	386,774	17	806,387
	18 Grants payable	98,196	18	114,092
	19 Deferred revenue	24,223	19	17,608
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	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		23	
	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	156,679	25	1,122,561
	26 Total liabilities. Add lines 17 through 25	665,872	26	2,060,648
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	5,946,339	27	6,693,629
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	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	5,946,339	33	6,693,629	
34 Total liabilities and net assets/fund balances	6,612,211	34	8,754,277	

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	15,520,447
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,656,692
3	Revenue less expenses Subtract line 2 from line 1	3	863,755
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,946,339
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-49,867
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-66,598
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,693,629

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		No
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?		No
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		

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

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.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY AID INC

Employer identification number

26-4376213

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)						
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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015. 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 type="checkbox"/>		
b 33 1/3% support test—2014. 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—2015. 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 VI 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—2014. 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 VI 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	997,828	1,436,388	1,690,208	2,616,529	3,064,230	9,805,183
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	4,044,782	5,823,481	6,879,515	10,562,432	12,357,768	39,667,978
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	5,042,610	7,259,869	8,569,723	13,178,961	15,421,998	49,473,161
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6.)						49,473,161

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6	5,042,610	7,259,869	8,569,723	13,178,961	15,421,998	49,473,161
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,011	4,806	8,728	11,997	21,618	49,160
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,011	4,806	8,728	11,997	21,618	49,160
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				24,013	49,331	73,344
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9,626	4,837	2,970	6,873	19,548	43,854
13 Total support. (Add lines 9, 10c, 11, and 12.)	5,054,247	7,269,512	8,581,421	13,221,844	15,512,495	49,639,519
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 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 2015 (line 8, column (f) divided by line 13, column (f))	15	99.660 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	99.780 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	0.100 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	0.080 %

- 19a 33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11	Has the organization accepted a gift or contribution from any of the following persons?		
11a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11b	A family member of a person described in (a) above?		
11c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 6** Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by .035
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

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

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
COMMUNITY AID INC

Employer identification number
26-4376213

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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	b (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
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					

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 ▶
 - c** Temporarily restricted endowment ▶
- The percentages on 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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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				
b Buildings		464,555	17,567	446,988
c Leasehold improvements		1,304,668	115,219	1,189,449
d Equipment		3,365,066	1,658,953	1,706,113
e Other		82,271	48,797	33,474
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				3,376,024

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, and a Total row.

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Includes a Total row at the bottom.

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) SECURITY DEPOSITS, (2) CASH SURRENDER VALUE OF LIFE INSURANCE, (3) UNEMPLOYMENT RESERVE, (4) DENTAL CLAIMS RESERVE, (5) LEASE ALLOWANCE RECEIVABLE, and a Total row.

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes, LEASE INCENTIVE ALLOWANCE, DEFERRED COMPENSATION, and a Total row.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	12,464,053
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
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	0
3	Subtract line 2e from line 1		3	12,464,053
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	3,056,394	
c	Add lines 4a and 4b		4c	3,056,394
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	15,520,447

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	11,666,896
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	0
3	Subtract line 2e from line 1		3	11,666,896
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	2,989,796	
c	Add lines 4a and 4b		4c	2,989,796
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	14,656,692

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
PART X, LINE 2	THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE ON ACTIVITIES RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE. THE ORGANIZATION ADHERES TO THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION 740, INCOME TAXES (ASC 740). ASC 740 ESTABLISHES RULES FOR RECOGNIZING AND MEASURING TAX POSITIONS TAKEN IN AN INCOME TAX RETURN, INCLUDING DISCLOSURES OF UNCERTAIN TAX POSITIONS (UTPS). ASC 740 MANDATES THAT ENTITIES EVALUATE ALL MATERIAL INCOME TAX POSITIONS FOR PERIODS THAT REMAIN OPEN UNDER APPLICABLE STATUTES OF LIMITATION, AS WELL AS POSITIONS EXPECTED TO BE TAKEN IN FUTURE RETURNS. THE UTP RULES THEN IMPOSE A RECOGNITION THRESHOLD ON EACH TAX POSITION. AN ENTITY CAN RECOGNIZE AN INCOME TAX BENEFIT ONLY IF THE POSITION HAS A "MORE LIKELY THAN NOT" (I.E., MORE THAN 50 PERCENT) CHANCE OF BEING SUSTAINED ON THE TECHNICAL MERITS FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014. THE ORGANIZATION HAS TAKEN NO MATERIAL TAX POSITIONS ON ITS APPLICABLE TAX FILINGS THAT DO NOT MEET THE MORE LIKELY THAN NOT THRESHOLD. AS A RESULT, NO AMOUNT FOR UNCERTAIN TAX POSITIONS HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2012.

Part XIII Supplemental Information (continued)

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	CHANGE IN INVENTORY AND COST OF GOODS SOLD 2,989,796

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Information about Schedule G (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 COMMUNITY AID INC

Employer identification number

26-4376213

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			119,385	119,385
	2 Cash prizes			55,938	55,938
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			14,116	14,116
6 Volunteer labor	<input type="checkbox"/> Yes _____ %	<input type="checkbox"/> Yes _____ %	<input type="checkbox"/> Yes _____ %		
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input checked="" type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					70,054
8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶					49,331

9 Enter the state(s) in which the organization conducts gaming activities PA

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	100 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ MATTHEW STINE

Address ▶ 10 SKYPORT ROAD
MECHANICSBURG, PA 17050

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ BOB HAUER

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ MANAGES RELATIONSHIP WITH GAMING PARTNERS

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes," on 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.

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY AID INC

Employer identification number

26-4376213

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 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. Row 1 contains 'See Additional Data Table'.

- 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 Domestic Individuals. Complete if the organization answered "Yes" on 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

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
PART I, LINE 2	COMMUNITY AID PROVIDES GRANTS IN THE FOLLOWING TWO FORMS (1) QUARTERLY PARTNER DISBURSEMENTS THAT ARE COMPUTED USING A STANDARD FORMULA, WITH THE GRANT AMOUNT BASED UPON THE AMOUNT OF CLOTHING COLLECTED AND (2) PARTNER PROJECTS AND MAJOR REQUESTS ARE FUNDED ONLY AFTER THE ITEMS HAVE BEEN REVIEWED AND ULTIMATELY APPROVED BY THE BOARD, IN CONJUNCTION WITH STANDARD POLICY

Additional Data

Software ID:
Software Version:
EIN: 26-4376213
Name: COMMUNITY AID INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ABUNDANT HARVEST CHURCH 584 COLONIAL CLUB DR HARRISBURG, PA 17112	27-3845634	501C(3)	9,486				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
ADAM'S COUNTY SPCA 11 GOLDENVILLE RD GETTYSBURG, PA 17325	23-2044352	501C(3)	104,691				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
ALPHA FIRE COMPANY 40 EAST KING ST LITTLESTOWN, PA 17340	23-6298503	501C(3)	5,321				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AMERICAN RED CROSS CENTRAL PA 1804 N 6TH STREET HARRISBURG, PA 17102	23-1352022	501C(3)	10,000				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
AMERICAN RED CROSS NCPA 249 FARLEY CIRCLE LEWISBURG, PA 17837	23-1352022	501C(3)	131,314				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
BELL SOCIALIZATION SERVICES INC 160 SOUTH GEORGE ST YORK, PA 17401	23-1896438	501C(3)	5,008				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BETHESDA MISSION PO BOX 3041 HARRISBURG, PA 17105	23-1389379	501C(3)	106,838				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
BUFFALO VALLEY CHURCH OF THE BRETHREN 46 BRETHREN CHURCH RD MIFFLINBURG, PA 17844	23-2156284	501C(3)	5,735				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
BY GRACE WOMEN'S TRANSITIONAL HOME 8 EAST OAK AVE MIDDLEBURG, PA 17842	23-3085437	501C(3)	5,656				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CAITLIN'S SMILES 3303 N 6TH ST HARRISBURG, PA 17104	56-2615399	501C(3)	6,064				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
CAMP KOALA 201 N HANOVER ST CARLISLE, PA 17013	26-3851753	501C(3)	6,018				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
CAPITAL AREA CHRISTIAN CHURCH 1775 LAMBS GAP RD MECHANICSBURG, PA 17050	23-2012643	501C(3)	5,563				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CARLISLE ALLIANCE CHURCH 237 NORTH ST CARLISLE, PA 17013	23-7179757	501C(3)	6,028				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
CARLISLE CARES 50 W PENN ST CARLISLE, PA 17013	26-3194660	501C(3)	14,678				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
CARLISLE FIRST CHURCH OF GOD 705 GLENDALE STREET CARLISLE, PA 17013	22-1603684	501C(3)	6,244				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CATAWISSA AVENUE UNITED METHODIST CHURCH 319 CATAWISSA AVENUE SUNBURY, PA 17801	23-7222999	501C(3)	5,733				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
CENTRAL SUSQUEHANNA INTERMEDIATE 90 LAWTON LANE MILTON, PA 17847	23-1743451	501C(3)	5,387				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
CENTRAL SUSQUEHANNA OPPORTUNITIES INC 2 EAST ARCH ST SHAMOKIN, PA 17872	23-2564524	501C(3)	10,165				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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CHARLTON UNITED METHODIST CHURCH 5920 JONESTOWN RD HARRISBURG, PA 17112	23-7272398	501C(3)	5,723				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
CHILD EVANGELISM FELLOWSHIP OF PENNSYLVANIA INC PO BOX 94 MIFFLINTOWN, PA 17059	25-1099965	501C(3)	5,017				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
CHILDREN'S MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	87-0387205	501C(3)	7,000				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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CHRISTIAN CHURCHES UNITED 413 S 19TH STREET PO BOX 60750 HARRISBURG, PA 17106	23-2085603	501C(3)	100,000				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
CROSS POINT CHURCH 430 COLONIAL ROAD HARRISBURG, PA 17109	36-2167731	501C(3)	6,003				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
DEVONSHIRE CHURCH 5630 DEVONSHIRE RD HARRISBURG, PA 17112	23-1903412	501C(3)	7,781				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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EAST COAST EXOTIC ANIMAL RESCUE 320 ZOO RD FAIRFIELD, PA 17320	23-3055373	501C(3)	5,172				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
EAST SHORE BAPTIST CHURCH 6721 JONESTOWN RD HARRISBURG, PA 17112	23-1733254	501C(3)	5,560				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
EMPLOYMENT SKILLS CENTER 29 S HANOVER ST CARLISLE, PA 17013	23-1995705	501C(3)	5,500				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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FAMILY PROMISE 525 HUMMEL AVE LEMOYNE, PA 17043	35-2340680	501C(3)	5,348				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
FIRST CHURCH OF THE BRETHREN 219 HUMMEL ST HARRISBURG, PA 17104	25-1855442	501C(3)	5,220				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
FISHBURN UNITED METHODIST CHURCH 1215 FISHBURN RD HERSHEY, PA 17033	23-2903590	501C(3)	5,448				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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FREEBURG BOROUGH PO BOX 308 FREEBURG, PA 17827	23-6050649	LOCAL GOVERNMENT	5,309				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
FREEBURG FIRE DEPT-S42 PO BOX 29 FREEBURG, PA 17827	23-1332102	501C(3)	5,545				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
FRIENDSHIP HOSE FIRE COMPANY 111 FERRY ST DANVILLE, PA 17821	24-0584600	501C(3)	5,487				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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GETTYSBURG BAPTIST CHURCH PO BOX 486 95 FAIRVIEW RD GETTYSBURG, PA 17325	23-2364680	501C(3)	5,476				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
GETTYSBURG CHURCH OF THE BRETHREN 1710 BIGLERVILLE RD GETTYSBURG, PA 17325	23-1636596	501C(3)	5,679				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
GLAD TIDINGS ASSEMBLY OF GOD 190 FULLING MILL ROAD MIDDLETOWN, PA 17057	23-2268037	501C(3)	5,211				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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GOOD WILL HOSE COMPANY 500 REAGAN ST SUNBURY, PA 17801	24-0592060	501C(3)	5,546				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
GRACE CHAPEL 2535 COLEBROOK RD ELIZABETHTOWN, PA 17022	23-2126783	501C(3)	6,920				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
GRACE COVENANT CHURCH 227 WASHINGTON AVE LEWISTOWN, PA 17044	25-1609281	501C(3)	5,156				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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GRACE LUTHERAN 1610 CARLISLE ROAD CAMP HILL, PA 17011	23-6050521	501C(3)	5,522				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
HALIFAX COMMUNITIES THAT CARE 3940 PETERS MOUNTAIN RD HALIFAX, PA 17032	33-1075059	501C(3)	5,825				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
HAMPDEN TOWNSHIP VETERANS RECOGNITION COMMITTEE 4900 CARLISLE PIKE PMB267 MECHANICSBURG, PA 17050	46-0748011	501C(3)	5,755				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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HANOVER CHURCH OF THE BRETHREN 601 WISLON AVE HANOVER, PA 17331	23-1943820	501C(3)	5,583				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
HANOVER COUNCIL OF CHURCHES PO BOX 1561 HANOVER, PA 17331	23-2354101	501C(3)	101,529				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
HARRISBURG PUBLIC SCHOOL FOUNDATION PO BOX 54 HARRISBURG, PA 17108	25-1818898	501C(3)	6,487				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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HELEN O KRAUSE ANIMAL FOUNDATION PO BOX 311 MECHANICSBURG, PA 17055	23-2214917	501C(3)	6,508				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
HOLISTIC HANDS COMMUNITY DEVELOPMENT 2111 NORTH FOURTH ST HARRISBURG, PA 17110	61-1567389	501C(3)	5,430				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
HOPE UNITED METHODIST CHURCH 6260 CARLISLE PIKE MECHANICSBURG, PA 17050	23-2265958	501C(3)	5,196				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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HOPE WITHIN 4748 EAST HARRISBURG PIKE ELIZABETHTOWN, PA 17022	16-1643004	501C(3)	10,465				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
HUMANE SOCIETY OF HARRISBURG AREA 7790 GRAYSON RD HARRISBURG, PA 17111	23-1365361	501C(3)	33,481				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
INTERFAITH SHELTER FOR HOMELESS 120 WILLOW RD SUITE C HARRISBURG, PA 17109	23-1494791	501C(3)	5,878				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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LAKEVIEW CHRISTIAN FELLOWSHIP PO BOX 685 EAST BERLIN, PA 17316	23-3037560	501C(3)	5,206				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
LEG UP FARM 4880 N SHERMAN ST MT WOLF, PA 17347	23-2931834	501C(3)	5,131				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
LINGLESTOWN LIFE UNITED METHODIST CHURCH 1430 NORTH MOUNTAIN RD HARRISBURG, PA 17112		501C(3)	5,383				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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LONDONDERRY SCHOOL 1800 BAMBERGER RD HARRISBURG, PA 17110	23-1743706	501C(3)	5,053				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
LOVE COVERS 610 LANSVALE ST MARYSVILLE, PA 17053	35-2436182	501C(3)	8,590				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
LOWER DAUPHIN COMMUNITIES THAT CARE 29 WAVERLY DR HUMMELSTOWN, PA 17036	86-1058538	501C(3)	8,691				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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M28 MINISTRY PO BOX 3027 CAMP HILL, PA 170113027	27-5350538	501C(3)	5,434				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
MASON DIXON YOUTH FOR CHRIST PO BOX 1 HAMPSTEAD, MD 21074	36-2193619	501C(3)	5,110				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
MESSIAH COLLEGE ONE COLLEGE AVE SUITE 3035 MECHANICSBURG, PA 17055	23-1352661	501C(3)	5,157				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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MIDDLECREEK AREA COMMUNITY CENTER 67 ELM STREET BEAVER SPRINGS, PA 17812	23-2791200	501C(3)	5,286				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
MISSION CENTRAL 5 PLEASANT VIEW ROAD MECHANICSBURG, PA 17055	24-0826169	501C(3)	7,172				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
MOUNTAINSIDE ASSEMBLY OF GOD 1900 TREVORTON RD COAL TOWNSHIP, PA 17866	23-7065814	501C(3)	5,343				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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NEW BERLIN FIRE COMPANY 415 HIGH ST NEW BERLIN, PA 17855	24-2065069	501C(3)	5,255				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
NEW HOPE MINISTRIES 5228 EAST TRINDLE RD MECHANICSBURG, PA 17055	23-2223120	501C(3)	102,325				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
NEW HOPE MINISTRIES HANOVER 5228 EAST TRINDLE RD MECHANICSBURG, PA 17055	23-2223120	501C(3)	50,000				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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NEW LIFE FOR GIRLS PO BOX 170 DOVER, PA 17315	23-1912101	501C(3)	7,133				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
NEW WINE GATEWAY MINISTRIES 102 S 27TH STREET HARRISBURG, PA 17103	25-1889985	501C(3)	5,148				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
NEWPORT ASSEMBLY OF GOD 253 N 6TH ST NEWPORT, PA 17074	23-1988339	501C(3)	5,513				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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NORTHUMBERLAND FIRE POLICE 175 ORANGE ST NORTHUMBERLAND, PA 17857	24-6000641	501C(3)	5,178				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
PA BREAST CANCER COALITION 2397 QUENTIN RD STE B LEBANON, PA 17042	25-1722323	501C(3)	11,073				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
PA VENT CAMP 1618 BERKSHIRE LANE HARRISBURG, PA 17111	25-1724268	501C(3)	5,236				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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PALMYRA FIRST UNITED METHODIST CHURCH 520 EAST BIRCH ST PALMYRA, PA 17078	23-6395549	501C(3)	5,109				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
PERRY COUNTY LITERACY COUNCIL 133 S 5TH ST NEWPORT, PA 17074	23-2450099	501C(3)	5,173				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
PROJECT SHARE 5 N ORANGE ST SUITE 4 CARLISLE, PA 17013	27-0351231	501C(3)	76,446				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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RECLAIM THE STREETS PO BOX 61521 HARRISBURG, PA 17106	54-2113370	501C(3)	5,385				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
RED LAND SENIOR CENTER 736 WYNDAMERE RD LEWISBERRY, PA 17339	23-2210399	501C(3)	5,293				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
SONSHINE MINISTRIES 1543 FORT ROBINSON RD LOYSVILLE, PA 17047	22-2605416	501C(3)	6,805				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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ST JUDE CHILDREN HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 38105	62-0646012	501C(3)	56,500				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
ST PATRICK PARISH 152 EAST POMFRET ST CARLISLE, PA 17013	53-0196617	501C(3)	6,623				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
SUMMIT SEARCH AND RESCUE 349 PLEASANTVIEW RD NEW CUMBERLAND, PA 17070	16-1645592	501C(3)	5,714				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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SUSQUEHANNA COUNCIL OF THE BOY SCOUTS 815 NORTHWAY RD WILLIAMSPORT, PA 17701	24-0795397	501C(3)	6,019				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
SUSQUEHANNA SERVICE DOGS 555 LESENTIER LANE HARRISBURG, PA 17112	25-1847902	501C(3)	6,326				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
SWATARA VOLUNTEER FIRE COMPANY STATION 49 1201 OBER ST STEELTON, PA 17113	20-8229582	501C(3)	5,184				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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THE ARC OF LANCASTER COUNTY 630 JANET AVE LANCASTER, PA 17601	23-1658120	501C(3)	8,952				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
TRINITY EVANGELICAL LUTHEREN 221 S SECOND ST STEELTON, PA 17113	23-6407168	501C(3)	5,938				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
TRINITY UNITED CHURCH OF CHRIST 300 EAST YORK STREET BIGLERVILLE, PA 17307	23-2098532	501C(3)	5,395				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

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(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TRINITY UNITED METHODIST CHURCH 4 WEST MAIN STREET PO BOX 26 NEW KINGSTOWN, PA 17072	23-7413805	501C(3)	6,135				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
UNION SNYDER CAA 713 BRIDGE ST SUITE 10 SELINGROVE, PA 17870	23-2112682	501C(3)	42,777				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
WATER STREET MISSION 210 S PRINCE STREET LANCASTER, PA 17603	23-6004676	501C(3)	10,000				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WEST HOUSE INC 500 W 3RD ST WILLIAMSPORT, PA 17701	20-5367869	501C(3)	5,211				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
WEST SHORE BRETHERN IN CHRIST 1085 ORRS BRIDGE RD MECHANICSBURG, PA 17050	23-2437079	501C(3)	5,669				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
YWCA CARLISLE 301 G ST CARLISLE, PA 17013	23-1429866	501C(3)	5,510				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ZION LUTHERAN CHURCH ALLEGHENY SWATARA STREETS PO BOX 5 DAUPHIN, PA 17018	23-2329702	501C(3)	5,688				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS
ZION UNITED CHURCH OF CHRIST PO BOX 538 ARENDSVILLE, PA 17303	23-2153091	501C(3)	5,462				TO PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS THAT ENABLE THEM TO DELIVER THEIR MISSIONS

**Schedule J
(Form 990)**

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
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Department of the Treasury
 Internal Revenue Service

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

Name of the organization COMMUNITY AID INC	Employer identification number 26-4376213
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GLENN CHANDLER EXECUTIVE DIRECTOR	(i)	141,822 -----	0 -----	0 -----	77,911 -----	27,637 -----	247,370 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4B	GLENN CHANDLER PARTICIPATES IN A SUPPLEMENTAL SECTION 457(F) NONQUALIFIED RETIREMENT PLAN. NO PAYMENTS WERE MADE TO GLENN CHANDLER IN 2015, BUT THE ORGANIZATION ACCRUED A BENEFIT EXPENSE OF \$46,349.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2015

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Information about Schedule L (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 COMMUNITY AID INC

Employer identification number

26-4376213

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

- 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ROB KOLE	BOARD MEMBER AND PRESIDENT	39,202	MR KOLE IS THE PRESIDENT AND FOUNDER OF BENEFITS CONNECTIONS, INC AND INSURANCE CONNECTIONS, INC BENEFIT CONNECTIONS HOLDS AN ESCROW ACCOUNT USED TO PAY SELF-INSURED DENTAL CLAIMS AND ALSO SERVES AS BROKER FOR HEALTH, LIFE AND DISABILITY INSURANCE IN 2015, \$3,675 WAS PAID IN ADMINISTRATIVE FEES FOR THE DENTAL PLAN AND \$28,511 WAS PAID IN COMMISSIONS INSURANCE CONNECTIONS SERVES AS THE REFERAL BROKER FOR PROPERTY, CASUALTY AND WORKERS COMPENSATION INSURANCE IN 2015, \$7,016 WAS PAID IN COMMISSIONS		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

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

Name of the organization
COMMUNITY AID INC

Employer identification number
26-4376213

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		3,056,394	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31	Yes	
32a		No
33		

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

**SCHEDULE O
(Form 990 or
990-EZ)**

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ 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.

2015

**Open to Public
Inspection**

Name of the organization
COMMUNITY AID INC

Employer identification number

26-4376213

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	COMMUNITY AID AMENDED ITS BYLAWS IN 2015. SIGNIFICANT CHANGES TO THE BYLAWS CONSIST OF CLARIFICATION THAT THE PURPOSE OF THE CORPORATION IS EXCLUSIVELY CHARITABLE. A DIRECTOR OF THE CORPORATION MAY BE REMOVED BY MAJORITY VOTE OF THE DIRECTORS. ONE OR MORE VICE-PRESIDENTS MAY NOW BE ELECTED AS OFFICERS OF THE CORPORATION. DUTIES OF A VICE PRESIDENT ARE AS PRESCRIBED BY BOARD OF DIRECTORS OR AS DELEGATED BY THE PRESIDENT. THE PRESIDENT OF THE BOARD OF DIRECTORS CAN EXECUTE DOCUMENTS AND WILL BE AN EX-OFFICIO MEMBER OF EVERY COMMITTEE. DUTIES OF THE EXECUTIVE DIRECTOR WERE REMOVED. CLARIFICATION THAT RESPONSIBILITIES/POWERS OF DIRECTORS INCLUDE ALL POWERS AND DUTIES FOR THE CONDUCT OF THE ACTIVITIES OF THE CORPORATION.
FORM 990, PART VI, SECTION A, LINE 8B	THE ORGANIZATION BEGAN USING COMMITTEES IN 2015, BUT DID NOT TAKE MINUTES FOR THE MEETINGS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE AUDITED FINANCIAL STATEMENTS USED TO COMPLETE THE 990 ARE REVIEWED AND APPROVED BY ALL BOARD MEMBERS A COPY OF THE COMPLETED FORM 990 IS EMAILED TO ALL BOARD MEMBERS FOR APPROVAL PRIOR TO BEING ELECTRONICALLY FILED
FORM 990, PART VI, SECTION B, LINE 12C	IF THERE IS A POTENTIAL CONFLICT OF INTEREST, IT IS BROUGHT TO THE BOARD'S ATTENTION AND DISCUSSED THE BOARD WOULD THEN DETERMINE IF A CONFLICT OF INTEREST EXISTS AND VOTE ON THE TRANSACTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY THE BOARD OF DIRECTORS AFTER REVIEW OF THE SALARIES OF EXECUTIVE DIRECTORS IN SIMILARLY SIZED NONPROFIT ORGANIZATIONS IN THE SAME AREA OF INTEREST COPIES OF OTHER ORGANIZATIONS' FORM 990S ARE USED FOR THE COMPARISON THE EXECUTIVE DIRECTOR DETERMINES THE SALARIES OF ALL EMPLOYEES WITHIN THE ORGANIZATION DECISIONS ARE BASED UPON REVIEW OF THE EMPLOYEE'S WORK AND COMPARABLE SALARIES WITHIN THE FIELD REVIEWS ARE HELD ANNUALLY
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S DOCUMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FORM 1023 AND 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9	CHANGE IN INVENTORY -66,598