# Form 990

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

### A For the 2012 calendar year, or tax year beginning , 2012, and ending

### B Check if applicable:

- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

### C Name of organization

**ACTS COMMUNITY DEVELOPMENT CORPORATION**

**Doing Business As**

**Brooklyn Development Corporation**

**Number and street (or P.O. box if mail is not delivered to street address)**

1913 West 7th Street

**City, town or country**

Brooklyn

**State**

NY

**ZIP code**

11201

### D Employer Identification Number

01-C-00000002

### E Telephone number

(718) 637-1234

### F Name and address of principal officer:

**VINCENT FUSCO**

174 B 118 ST ROCKAWAY PARK NY 11694

### G Gross receipts

$377,627.

### I Tax-exempt status

501(c)(3)

### J Website

www.ACTSNYC.ORG

### K Form of organization

K Corporation

### L Year of Formation

2002

### M State of legal domicile

NY

## Part I Summary

### 1 Briefly describe the organization's mission or most significant activities:

**Provide for the Poor and Needy**

**Including Shelter and Social Services to Homeless Pregnant Women, Section 8 Housing, and to Provide a Soup Kitchen and Food Pantry to the Citizens of Brooklyn, New York.**

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

- [ ] No

### 3 Number of voting members of the governing body (Part VI, line 1a)

3

### 4 Number of independent voting members of the governing body (Part VI, line 1b)

6

### 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)

5

### 6 Total number of volunteers (estimate if necessary)

45

### 7a Total unrelated business revenue from Part VIII, column (C), line 12

0

### 7b Net unrelated business taxable income from Form 990-T, line 34

-750

### 8 Contributions and grants (Part VIII, line 1h)

295,493.

### 9 Program service revenue (Part VIII, line 2g)

376,912.

### 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

600.

### 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

715.

### 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)

377,627.

### 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

21,711.

### 14 Benefits paid to or for members (Part IX, column (A), line 4)

35,757.

### 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

21,711.

### 16a Professional fundraising fees (Part IX, column (A), line 11e)

0.

### 16b Total fundraising expenses (Part IX, column (D), line 25)

277,784.

### 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

337,722.

### 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

299,495.

### 19 Revenue less expenses. Subtract line 18 from line 12

377,627.

### 20 Total assets (Part X, line 16)

30,805.

### 21 Total liabilities (Part X, line 26)

21,957.

### 22 Net assets or fund balances. Subtract line 21 from line 20

8,848.

## 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.

**Signature of officer**

**Date**

**Signature**

**Type or print name and title.**

**SAM J. NOLE CPA**

08/08/13

**PTIN**

001583754

**Paid Preparer Use Only**

**Firm's name**

SAM J. NOLE CPA

**Firm's EIN**

75-3180877

**Firm's address**

350 FIFTH AVE SUITE 7412

**NEW YORK**

**NY**

**10118-7412**

**Phone no.**

(212) 682-0180

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

- [ ] Yes

- [ ] No

**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

**TEEA0101 05/09/13**

**Form 990 (2012)**
**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

1. Briefly describe the organization's mission:

   PROVIDE FOR THE POOR AND NEEDY
   INCLUDING SHELTER AND SOCIAL SERVICES TO HOMELESS PREGNANT WOMEN, SECTION

   See Form 990, Page 2, Part III, Line 1 (continued)

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 [X] 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 [X] 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 and section 4947(a)(1) trusts 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 $34,165, including grants of $0) (Revenue $32,790)

   RACHEL'S JOY MATERNITY HOME: PROVIDES SHELTER FOR YOUNG HOMELESS PREGNANT WOMEN; GED, ESL, COMPUTER & JOB PREPAREDNESS. THE MOTHER & BABY WELLNESS CENTER PROVIDES ASSISTANCE FOR HEALTH AND PARENTING ISSUES WITH INSTRUCTION, PERSONAL & GROUP COUNSELING. KINDERMUSIK PROGRAM. GED AND ESL SERVES THE COMMUNITY AT LARGE.

   **4b (Code: )** (Expenses $326,192, including grants of $0) (Revenue $294,837)

   CONEY ISLAND LIGHTHOUSE MISSION: PROVIDES SEC. 8 AND OTHER SIMILAR GOV'T HOUSING FOR FAMILIES. A FOOD PANTRY FEEDS OVER 1400 FAMILIES, SOME 4000 PLUS PEOPLE PER MONTH. THE "SOUP KITCHEN" FEEDS HOT MEALS EVERY WEEK TO 250 PLUS PER MONTH. AN AFTERSCHOOL PROGRAM REACHES 40 CHILDREN PER WEEK. DRUG/ALCOHOL COUNSELING. THE ORGANIZATION ASSISTS IN THE PROCESSING OF FOOD STAMP APPLICATIONS FOR IT'S COMMUNITY MEMBERS.

   **4c (Code: )** (Expenses $ ) (Revenue $ )

   [Blank space for additional details]

   **4d Other program services. (Describe in Schedule O.)**

   (Expenses $ ) (Revenue $ )

   **4e Total program service expenses**

   360,357.

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**Form 990 (2012)**

**BAA**

**TEEA0102 08/08/12**

Form 990 (2012)
1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4. Section 501(c)(3) organizations: Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11. If the organization's answer to any of the following questions is "Yes", then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

11a. Did the organization report an amount for land, buildings and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

11b. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

11c. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

11d. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

11e. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

11f. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, and XII

b. Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional

13. Is the organization a school described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E

14. Did the organization maintain an office, employees, or agents outside of the United States?

14a. Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

16. Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

17. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 5 and 11c? If "Yes," complete Schedule G, Part I (see instructions)

18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part IX, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
21. Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

22. Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.

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? If "Yes," complete Schedule J.

24. 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, and that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.

24a. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

24b. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

24c. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a. Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.

25b. 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? If "Yes," complete Schedule L, Part I.

26. Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.

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? If "Yes," complete Schedule L, Part III.

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):

28a. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.

28b. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.

28c. 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? If "Yes," complete Schedule L, Part IV.

29. Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M.

30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.

31. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.

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? If "Yes," complete Schedule R, Part I.

34. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.

35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?

35b. 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)? If "Yes," complete Schedule R, Part V, line 2.


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? If "Yes," complete Schedule R, Part VI.

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.
Part V   Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 5
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (See instructions)

3a Did the organization have unrelated business gross income of $1,000 or more during the year? 3a X
3b If 'Yes' has it filed a Form 990-T for this year? If 'No', provide an explanation in Schedule O 3b

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X
4b If 'Yes', enter the name of the foreign country:


5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X
5c If 'Yes', to line 5a or 5b, did the organization file Form 8886-T? 5c

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X
6b If 'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b

7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? 7a X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X

8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 X

9 Sponsoring organizations maintaining donor advised funds.

a Did the organization make any taxable distributions under section 4966? 9a X
b Did the organization make a distribution to a donor, donor advisor, or related person? 9b X

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
12b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? 13a

Note: See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b

14c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X
14b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b
**Part VI  Governance, Management and Disclosure**

For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

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**Section A. Governing Body and Management**

1 a Enter the number of voting members of the governing body at the end of the tax year ........................................ No

b Enter the number of voting members included in line 1a, above, who are independent ............................................... No

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? Yes

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? Yes

6 Did the organization have members or stockholders? No

7 a 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? Yes

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? Yes

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? No

b Each committee with authority to act on behalf of the governing body? No

9 Is there any officer, director or 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. Yes

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**Section B. Policies**

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

10 a Did the organization have local chapters, branches, or affiliates? No

b 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? No

11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Yes

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. No

12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13

b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Yes

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done? No

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 deliberations and decision? Yes

a The organization's CEO, Executive Director, or top management officials ................................. No

b Other officers of key employees of the organization ........................................................................ No

If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)

16 a 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

b 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? No

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**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed

- New York

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

- X Own website
- X Another's website
- X Upon request
- Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

- REMOTE CONTROLLER, INC. 3309 MURRAY_LANE -- FLUSHING NY 11354 (917) 273-3605

BAA 08/08/12
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, and 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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (X-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) VINCENT FUSCO</td>
<td>40.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>CHAIRPERSON/CEO</td>
<td></td>
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<td>(2) SUSAN MIRI-FUSCO</td>
<td>40.00</td>
<td>X</td>
<td>5,000.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>EXEC DIRECTOR</td>
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<td>(3) RAYMOND SCIOSCIA</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
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<td>BOARD MEMBER</td>
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<td>(4) RONALD BAILEY</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
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<td>BOARD MEMBER</td>
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<td>(5) THERESA BUONFIGLIO</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
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<td>BOARD MEMBER</td>
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<td>(6) DAVID HERQUIST</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
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<td>BOARD MEMBER</td>
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<tr>
<td>(12)</td>
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<tr>
<td>(13)</td>
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<td></td>
</tr>
<tr>
<td>(14)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII: Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours or related organization below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(15)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16)</td>
<td></td>
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<td>(17)</td>
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<td>(18)</td>
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<td>(19)</td>
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<td>(22)</td>
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<td>(23)</td>
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<tr>
<td>(24)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **Sub-total**: .................................................. | ........................................................................ | ........................................................................ | ........................................................................ |
2. **Total from continuation sheets to Part VII, Section A**: .................................................. | ........................................................................ | ........................................................................ |
3. **Total (add lines 1b and 1c)**: .................................................. | ........................................................................ | ........................................................................ |

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

**Section B. Independent Contractor**

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>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Yes** | **No** |
--- | --- |
3 | X |
4 | X |
5 | X |

**BAA**

**TEEA0108** 02/14/13
**Form 990 (2012) ACTS COMMUNITY DEVELOPMENT CORPORATION**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512, 513, or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1a Federated campaigns</strong></td>
<td>1a</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1b Membership dues</strong></td>
<td>1b</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1c Fundraising events</strong></td>
<td>1c 9,244</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1d Related organizations</strong></td>
<td>1d</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1e Government grants (contributions)</strong></td>
<td>1e 101,553</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1f All other contributions, gifts, grants, and similar amounts not included above</strong></td>
<td>1f 266,115</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>g Noncash contributions included in Items 1a-1f</strong></td>
<td>g $157,196</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h Total. Add lines 1a-1f</strong></td>
<td>h 376,912</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **2a PROGRAM FEES** | 2a 611700  | 715.  | 0. | 0. | 715. |

| **3 Investment income (including dividends, interest and other similar amounts)** | 3 | 715.  |                             |                             |
| **4 Income from investment of tax-exempt bond proceeds** | 4 | 715.  |                             |                             |
| **5 Royalties** | 5 | 715.  |                             |                             |

| **6a Gross rents** | 6a | 715.  |                             |                             |
| **b Less: rental expenses** | b | 715.  |                             |                             |
| **c Rental income or (loss)** | c | 715.  |                             |                             |
| **d Net rental income or (loss)** | d | 715.  |                             |                             |

| **7a Gross amount from sales of assets other than inventory** | 7a | 715.  |                             |                             |
| **b Less: cost or other basis and sales expenses** | b | 715.  |                             |                             |
| **c Gain or (loss)** | c | 715.  |                             |                             |
| **d Net gain or (loss)** | d | 715.  |                             |                             |

| **8a Gross income from fundraising events (not including $9,244 of contributions reported on line 1c)** | 8a | 715.  |                             |                             |
| **See Part IV, line 18** | See Part IV, line 18 | 715.  |                             |                             |
| **b Less: direct expenses** | b | 715.  |                             |                             |
| **c Net income or (loss) from fundraising events** | c | 715.  |                             |                             |

| **9a Gross income from gaming activities.** | 9a | 715.  |                             |                             |
| **See Part IV, line 19** | See Part IV, line 19 | 715.  |                             |                             |
| **b Less: direct expenses** | b | 715.  |                             |                             |
| **c Net income or (loss) from gaming activities** | c | 715.  |                             |                             |

| **10a Gross sales of inventory, less returns and allowances** | 10a | 715.  |                             |                             |
| **b Less: cost of goods sold** | b | 715.  |                             |                             |
| **c Net income or (loss) from sales of inventory** | c | 715.  |                             |                             |

| **11a Miscellaneous Revenue** | 11a | 715.  |                             |                             |
| **b** | b | 715.  |                             |                             |
| **c** | c | 715.  |                             |                             |
| **d All other revenue** | d | 715.  |                             |                             |

| **12 Total revenue. See instructions** | 12 | 377,627 | 715. | 715. | 715. | 715. |
### 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 to any question in this Part IX.

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to individuals in the United States. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>26,207</td>
<td>23,707</td>
<td>2,500</td>
<td>0</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>9,550</td>
<td>9,550</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td>2,546</td>
<td>0</td>
<td>2,546</td>
<td>0</td>
</tr>
<tr>
<td>c Accounting</td>
<td>7,793</td>
<td>0</td>
<td>7,793</td>
<td>0</td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)</td>
<td>26</td>
<td>0</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>13,338</td>
<td>13,263</td>
<td>75</td>
<td>0</td>
</tr>
<tr>
<td>14 Information technology</td>
<td>469</td>
<td>360</td>
<td>109</td>
<td>0</td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>45,588</td>
<td>45,588</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>17 Travel</td>
<td>40</td>
<td>0</td>
<td>40</td>
<td>0</td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>5,838</td>
<td>5,838</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>23 Insurance</td>
<td>2,125</td>
<td>2,125</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>24 Other expenses. Itemize expenses not covered above. List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a CONTRIBUTIONS/DONATIONS</td>
<td>783</td>
<td>750</td>
<td>33</td>
<td>0</td>
</tr>
<tr>
<td>b DUES/SUBSCRIPTIONS</td>
<td>156</td>
<td>156</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>c POSTAGE/Delivery</td>
<td>1,338</td>
<td>1,338</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>d PROGRAM FOOD/Soup KITCHEN</td>
<td>157,645</td>
<td>157,645</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>e All other expenses</td>
<td>100,037</td>
<td>100,037</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>373,479</td>
<td>360,357</td>
<td>13,122</td>
<td>0</td>
</tr>
</tbody>
</table>

### 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 □ if following SOP 98-2 (ASC 958-720)

---

Form 990 (2012)  
BAA  
TEEAOI10 12/18/12  
Form 990 (2012)
### Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash – non-interest-bearing</td>
<td>7,274</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>9,550</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>9</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>33,939</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>25,796</td>
</tr>
<tr>
<td>11</td>
<td>Investments – publicly traded securities</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Investments – other securities. See Part IV, line 11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Investments – program-related. See Part IV, line 11</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>30,805</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>6,957</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>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</td>
<td>15,000</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>21,957</td>
</tr>
</tbody>
</table>

**NEW ASSETS AND LIABILITIES**

- Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34.
- Unrestricted net assets | 8,848 | 12,996 |
- Temporarily restricted net assets | 28 |  |
- Permanently restricted net assets | 29 |  |
- Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34.
- Capital stock or trust principal, or current funds | 30 |  |
- Paid-in or capital surplus, or land, building, or equipment fund | 31 |  |
- Retained earnings, endowment, accumulated income, or other funds | 32 |  |
- Total net assets or fund balances | 8,848 | 12,996 |
- Total liabilities and net assets/fund balances | 30,805 | 121,946 |

**Form 990 (2012)**
Form 8868 — Application for Extension of Time To File an Exempt Organization Return

- File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☑️
- If you are filing for a New (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to use Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer’s identifying number, see instructions

Name of exempt organization or other filer, see instructions.

ACTS COMMUNITY DEVELOPMENT CORPORATION

Number, street, and room or suite number. If a P.O. box, see instructions.

1913 WEST 7TH STREET

City, town or postal office, state, and ZIP code. For a foreign address, see instructions.

BROOKLYN NY 11223-2641

Enter the Return code for the return that this application is for (file a separate application for each return) ☑️

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (section 401(e) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

- The books are in the care of REMOTE CONTROLLER, INC.

- Telephone No. ☑️ 1-917-273-3605
- FAX No. ☑️ 1-718-318-7798

- If the organization does not have an office or place of business in the United States, check this box ☑️

- If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) ☑️. If this is for the whole group, check this box ☑️. If it is for part of the group, check this box ☑️ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until ☑️ Aug 15, 2013, to file the exempt organization return for the organization named above.

The extension is for the organization’s return for:

☑️ calendar year 2012 or

☑️ tax year beginning ☑️, 2012, and ending ☑️, 2013

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☑️ Initial return ☑️ Final return ☑️ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ☑️ $0

3b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ☑️ $0

3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ☑️ $0

Caution: If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.
Form 8868 (Rev 1-2013)  ACTS COMMUNITY DEVELOPMENT CORPORATION

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. 
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II  Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions.

Type or print

Name of exempt organization or other filer, see instructions.

ACTS COMMUNITY DEVELOPMENT CORPORATION

Employer identification number (EIN) or

Number, street, and room or suite number. If a P.O. box, see instructions.

1913 WEST 7TH STREET

Social security number (SSN)

City: town or postal address, state, and ZIP code. For a foreign address, see instructions.

BROOKLYN  NY  11223-2641

Enter the Return code for the return that this application is for (file a separate application for each return) ........................................  01

Application
Is For

Return Code

Application
Is For

Return Code

Form 990 or Form 990-EZ

01

Form 1041-A

08

Form 990-ES

02

Form 4720 (individual)

03

Form 5227

10

Form 990-T (section 401(a) or 408(a) trust)

05

Form 6069

11

Form 990-T (trust other than above)

06

Form 8870

12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of REMOTE CONTROLLER, INC.
  Telephone No.  (917) 273-3605    FAX No.  (718) 318-7798
  If the organization does not have an office or place of business in the United States, check this box □
  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) □. If this is for the
  whole group, check this box □. If it is for part of the group, check this box □ and attach a list with the names and EINs of all
  members the extension is for.

4  I request an additional 3-month extension of time until Nov 15, 2013.
5  For calendar year 2012, or other tax year beginning
6  If the tax year entered in line 5 is for less than 12 months, check reason: □ Initial return □ Final return
7  Change in accounting period □
7  State in detail why you need the extension INFORMATION FROM AN OUTSIDE SOURCE IS CURRENTLY UNAVAILABLE AT THIS TIME.

8a  If this application is for Form 990-ES, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  8a $ 0.0
8b  If this application is for Form 990-PF, 990-T, 4720, or 5069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868  8b $ 0.0
8c  Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFIPS (Electronic Federal Tax Payment System). See instructions  8c $ 0.0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  □  ACCOUNTANT  □

Date  □  09/12/13

FIF20502  01/21/13

Form 8868 (Rev 1-2013)
SCHEDULE A
(Internal Revenue Service)

Public Charity Status and Public Support

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

Attach Form 990 or Form 990-EZ. See separate instructions.

Name of the organization:

ACTS COMMUNITY DEVELOPMENT CORPORATION

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 5, check only one box.)

1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).

2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vii). (Complete Part II.)

8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)

9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

   a. Type I
   b. Type II
   c. Type III - Functionally Integrated
   d. Type III - Non-functionally integrated

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.

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

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

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

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

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

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in column (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in column (i) of your support?</th>
<th>(vi) Is the organization in column (i) organized in the U.S.?</th>
<th>(vii) Amount of monetary support</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
**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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>337,045</td>
<td>587,139</td>
<td>423,544</td>
<td>296,093</td>
<td>377,627</td>
<td>2,021,448</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>337,045</td>
<td>587,139</td>
<td>423,544</td>
<td>296,093</td>
<td>377,627</td>
<td>2,021,448</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 2 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,021,448</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>337,045</td>
<td>587,139</td>
<td>423,544</td>
<td>296,093</td>
<td>377,627</td>
<td>2,021,448</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>1,511</td>
<td>6,192</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>7,704</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,029,152</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(\Box)</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))</th>
<th>14</th>
<th>99.62%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support percentage from 2011 Schedule A, Part II, line 14</td>
<td>15</td>
<td>99.56%</td>
</tr>
</tbody>
</table>

#### 16a 33-1/3% support test — 2012
- If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

#### 16b 33-1/3% support test — 2011
- 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.

#### 17a 10%-facts-and-circumstances test — 2012
- If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

#### 17b 10%-facts-and-circumstances test — 2011
- If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

#### 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.
Schedule B
( Form 990, 990-EZ, or 990-PF )

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF

2012

ACTS COMMUNITY DEVELOPMENT CORPORATION

Name of the organization

Organization type (check one):

Filers of:
Form 990 or 990-EZ

Section:

× 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year .

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA. For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
### ACTS COMMUNITY DEVELOPMENT CORPORATION

#### Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>Number</th>
<th>(a) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>UNITED WAY OF NEW YORK CITY 2 PARK AVENUE NEW YORK NY 10016 $85,285</td>
<td></td>
<td>Person ☑ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td>2</td>
<td>FRANCES C. PETERSON FOUNDATION 87-05 166TH STREET JAMAICA ESTATES JAMAICA NY 11432 $20,000</td>
<td></td>
<td>Person ☑ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td>3</td>
<td>NYC COUNCIL 250 BROADWAY NEW YORK NY 10007 $13,105</td>
<td></td>
<td>Person ☑ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td>4</td>
<td>BROOKLYN COMMUNITY FOUNDATION 45 MAIN STREET # 409 BROOKLYN NY 11201 $10,000</td>
<td></td>
<td>Person ☑ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td>5</td>
<td>UNITED WAY OF NEW YORK 2 PARK AVENUE NEW YORK NY 10016 $24,250</td>
<td></td>
<td>Person ☑ Payroll ☐ Noncash ☑</td>
</tr>
<tr>
<td>6</td>
<td>CITY HARVEST 575 EIGHTH AVENUE 4TH FLOOR NEW YORK NY 10018 $40,000</td>
<td></td>
<td>Person ☑ Payroll ☐ Noncash ☑</td>
</tr>
</tbody>
</table>

(Complete Part II if there is a noncash contribution.)
### Part I Contributors

(see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th></th>
<th>(a) Number</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td><strong>FOOD BANK OF NEW YORK CITY/TEFAP</strong> 39 BROADWAY NEW YORK NY 10006</td>
<td>$62,193</td>
<td>Noncash X</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>THE CITY OF NY HUMAN RESOURCES ADMIN/EFAP</strong> 180 WATER STREET NEW YORK NY 10038</td>
<td>$26,249</td>
<td>Noncash X</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td><strong>HERITAGE MARK FOUNDATION</strong> PO BOX 980 KAST LANSING MI 48826</td>
<td>$5,000</td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II if there is a noncash contribution.)

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2012)
<table>
<thead>
<tr>
<th>No. from Part</th>
<th>Description of noncash property given</th>
<th>FMV (or estimate) (see instructions)</th>
<th>Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>UNITED WAY OF NEW YORK</td>
<td>$24,250</td>
<td>Various</td>
</tr>
<tr>
<td></td>
<td>2 PARK AVENUE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NEW YORK, NY 10016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>CITY HARVEST</td>
<td>$40,000</td>
<td>Various</td>
</tr>
<tr>
<td></td>
<td>575 EIGHT AVENUE, 4TH FLOOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NEW YORK, NY 10018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>FOOD BANK OF NEW YORK CITY/TEFAP</td>
<td>$62,198</td>
<td>Various</td>
</tr>
<tr>
<td></td>
<td>39 BROADWAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NEW YORK, NY 10006</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>THE CITY OF NY HUMAN RESOURCES ADMIN/EFAP</td>
<td>$26,249</td>
<td>Various</td>
</tr>
<tr>
<td></td>
<td>180 WATER STREET</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>