

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)

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2011 calendar year, or tax year beginning APR 1, 2011 and ending MAR 31, 2012**

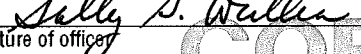
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> TOMPKINS COMMUNITY ACTION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 701 SPENCER ROAD City or town, state or country, and ZIP + 4 ITHACA, NY 14850 <b>F Name and address of principal officer:</b> SALLY G. DULLEA SAME AS C ABOVE	<b>D Employer identification number</b> 16-0910547 <b>E Telephone number</b> 607-273-8816 <b>G Gross receipts \$</b> 8,342,463. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>L Year of formation:</b> 1966 <b>M State of legal domicile:</b> NY
<b>J Website:</b> ▶ WWW.TCACTION.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		


**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	3 Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	13
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	13
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) .....	<b>5</b>	187
	6 Total number of volunteers (estimate if necessary) .....	<b>6</b>	156
	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	7b Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.
	<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>
9 Program service revenue (Part VIII, line 2g) .....		7,773,493.	7,828,004.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		469,509.	443,010.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		983.	-11,496.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		7,893.	70,877.
		8,251,878.	8,330,395.
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	4,765,655.	4,899,632.
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ .....	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	3,275,115.	3,161,664.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	8,040,770.	8,061,296.	
19 Revenue less expenses. Subtract line 18 from line 12 .....	211,108.	269,099.	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	21 Total liabilities (Part X, line 26) .....	4,640,229.	6,241,271.
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	1,724,165.	3,056,056.
		2,916,064.	3,185,215.

**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.

<b>Sign Here</b>	 Signature of officer SALLY G. DULLEA, PRESIDENT Type or print name and title	Date Dec. 11, 2012.
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name RONALD TOSKI, CPA	Preparer's signature 	Date 12/4/12	Check <input type="checkbox"/> if self-employed	PTIN P01253472
	Firm's name ▶ TOSKI & CO., CPAS, P.C. Firm's address ▶ 300 ESSJAY RD, SUITE 115 WILLIAMSVILLE, NY 14221	Firm's EIN ▶ 16-1170608 Phone no. 716-634-0700			

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