

Return of Organization Exempt from Income Tax

2003

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

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 2003 calendar year, or tax year beginning 7/01, 2003, and ending 6/30, 2004

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

COMMUNITY ACTION, INC. MILL CREEK CENTER, 105 GRACE WAY PUNXSUTAWNEY, PA 15767-1209

D Employer Identification Number 25-1156265 E Telephone number (814) 938-3302 F Accounting method: Cash, Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

G Web site: N/A

J Organization type (check only one) 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 4,147,446.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues; 4 Interest on savings; 5 Dividends; 6a Gross rents; 7 Other investment income; 8a Gross amount from sales of assets; 9 Special events and activities; 10a Gross sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or deficit; 19 Net assets at beginning; 20 Other changes; 21 Net assets at end.

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25 212,815.		212,815.	
26	Other salaries and wages	26 1,203,258.	1,180,720.	20,812.	1,726.
27	Pension plan contributions	27 22,312.	20,907.	1,392.	13.
28	Other employee benefits	28 158,202.	148,237.	9,874.	91.
29	Payroll taxes	29 95,777.	88,867.	6,834.	76.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33 37,122.	36,598.	524.	
34	Telephone	34 52,133.	50,152.	1,944.	37.
35	Postage and shipping	35 19,643.	19,629.		14.
36	Occupancy	36 90,801.	87,758.	2,987.	56.
37	Equipment rental and maintenance	37 13,622.	13,562.	60.	
38	Printing and publications	38 14,599.	13,445.	287.	867.
39	Travel	39 42,302.	36,653.	5,621.	28.
40	Conferences, conventions, and meetings	40 1,241.	414.	827.	
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 19,254.	19,254.		
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 4	43a 2,119,767.	2,082,893.	36,289.	585.
b	-----	43b			
c	-----	43c			
d	-----	43d			
e	-----	43e			
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	44 4,102,848.	3,799,089.	300,266.	3,493.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <input type="checkbox"/> VARIOUS COMMUNITY SERVICE PROGRAMS	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>COMMUNITY SERVICES BLOCK GRANT- NUTRITION, EDUCATION, CONSUMER TRANSPORTATION, TRAINING, AND CASE MANAGEMENT SERVICES THROUGH A COMPREHENSIVE SELF SUFFICIENCY PROJECT.</u> (Grants and allocations \$ _____)	209,733.
b <u>WEATHERIZATION PROGRAMS PROVIDE HOME WEATHERIZATION TO LOW INCOME FAMILIES IN JEFFERSON AND CLARION COUNTIES.</u> (Grants and allocations \$ _____)	393,711.
c <u>FOOD AND SHELTER PROGRAMS - PROVIDES FOOD AND SHELTER TO THE HOMELESS AND DISADVANTAGED INDIVIDUALS.</u> (Grants and allocations \$ _____)	325,770.
d <u>EMPLOYMENT SERVICES - THROUGH VARIOUS FUNDING SERVICES THE AGENCY PROVIDES PRE-EMPLOYMENT TRAINING AS WELL AS TRAINING ON ON COPING WITH STRESS IN THE WORKPLACE AND TIME BUDGETING.</u> (Grants and allocations \$ _____)	111,380.
e Other program services . SEE STATEMENT . 5. . . . . (Grants and allocations \$ _____)	2,758,495.
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .	3,799,089.

**Part IV Balance Sheets** (See Instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing.....	176,986.	45	132,625.
	46 Savings and temporary cash investments.....		46	
	47a Accounts receivable.....	84,389.		
	b Less: allowance for doubtful accounts.....		47c	84,389.
	48a Pledges receivable.....			
	b Less: allowance for doubtful accounts.....		48c	
	49 Grants receivable.....	391,313.	49	475,048.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule).....		50	
	51a Other notes & loans receivable (attach sch.).....			
	b Less: allowance for doubtful accounts.....		51c	
	52 Inventories for sale or use.....	2,546.	52	2,025.
	53 Prepaid expenses and deferred charges.....	31,931.	53	35,107.
	54 Investments – securities (attach schedule) .SEE. ST. 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	19,535.	54	24,159.
	55a Investments – land, buildings, & equipment: basis.....			
b Less: accumulated depreciation (attach schedule).....		55c		
56 Investments – other (attach schedule).....		56		
57a Land, buildings, and equipment: basis.....	1,179,731.			
b Less: accumulated depreciation (attach schedule)..... STATEMENT 7...	317,963.	57c	861,768.	
58 Other assets (describe <input type="checkbox"/> ).....		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74).....	1,573,615.	59	1,615,121.	
LIABILITIES	60 Accounts payable and accrued expenses.....	347,701.	60	408,027.
	61 Grants payable.....	63,793.	61	12,914.
	62 Deferred revenue.....	102,720.	62	114,551.
	63 Loans from officers, directors, trustees, and key employees (attach schedule).....		63	
	64a Tax-exempt bond liabilities (attach schedule).....		64a	
	b Mortgages and other notes payable (attach schedule).....		64b	
	65 Other liabilities (describe <input type="checkbox"/> ).....		65	
66 <b>Total liabilities</b> (add lines 60 through 65).....	514,214.	66	535,492.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted.....	1,025,152.	67	1,067,741.
	68 Temporarily restricted.....	34,249.	68	11,888.
	69 Permanently restricted.....		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds.....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund.....		71	
	72 Retained earnings, endowment, accumulated income, or other funds.....		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21).....	1,059,401.	73	1,079,629.
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73).....	1,573,615.	74	1,615,121.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

a	Total revenue, gains, and other support per audited financial statements..... ▶	a	4,206,676.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments.... \$ 4,624.		
(2)	Donated services and use of facilities..... \$ 54,606.		
(3)	Recoveries of prior year grants..... \$		
(4)	Other (specify):		
	SEE STM 8 \$ 28,994.		
	Add amounts on lines (1) through (4)..... ▶	b	88,224.
c	Line a minus line b..... ▶	c	4,118,452.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990..... \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)..... ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d)..... ▶	e	4,118,452.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements..... ▶	a	4,186,448.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities..... \$ 54,606.		
(2)	Prior year adjustments reported on line 20, Form 990... \$		
(3)	Losses reported on line 20, Form 990... \$		
(4)	Other (specify):		
	SEE STMT 9 \$ 28,994.		
	Add amounts on lines (1) through (4)..... ▶	b	83,600.
c	Line a minus line b..... ▶	c	4,102,848.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990..... \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)..... ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d)..... ▶	e	4,102,848.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
ROBERT CARDAMONE ----- PUNXSUTAWNEY, PA 15767	EXECUTIVE DIR 48.25	77,195.	0.	0.
NANCY CHELGREN ----- PUNXSUTAWNEY, PA 15767	FSSR DIRECTOR 32.75	35,891.	0.	0.
BETTY LOWMASTER ----- PUNXSUTAWNEY, PA 15767	CONTROLLER 45	51,065.	0.	0.
JUDY ELKIN ----- PUNXSUTAWNEY, PA 15767	DIR OF OP'S 39.5	48,664.	0.	0.
SEE ATTACHED SCHEDULE -----	OFFICERS NONE	0.	0.	0.
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If 'Yes,' attach schedule — see instructions.

**Part VI Other Information** (See instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
78b	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		X
81a	b If 'Yes,' enter the name of the organization ▶ <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions. <b>81a</b> 0.		
81b	b Did the organization file <b>Form 1120-POL</b> for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <b>82b</b> 54,606.		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members?		N/A
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
85c	c Dues, assessments, and similar amounts from members.		N/A
85d	d Section 162(e) lobbying and political expenditures.		N/A
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.		N/A
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e).		N/A
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 12.		N/A
86b	b Gross receipts, included on line 12, for public use of club facilities.		N/A
87a	<b>501(c)(12) organizations.</b> Enter: a Gross income from members or shareholders.		N/A
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.		X
89a	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
89b	b <b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization. ▶ 0.		0.
90a	List the states with which a copy of this return is filed ▶ <u>PENNSYLVANIA</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)		69
91	The books are in care of ▶ <u>BETTY LOWMASTER</u> Telephone number ▶ <u>(814) 938-3302</u> Located at ▶ <u>105 GRACE WAY, PUNXSUTAWNEY, PA</u> ZIP + 4 ▶ <u>15767-1209</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ <b>92</b> N/A		N/A

**Part VII Analysis of Income-Producing Activities** (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments.....					
g Fees & contracts from government agencies...					
94 Membership dues and assessments..					
95 Interest on savings & temporary cash invmnts..			14	1,205.	
96 Dividends & interest from securities..			14	555.	
97 Net rental income or (loss) from real estate:					
a debt-financed property.....					
b not debt-financed property.....			16	104,730.	
98 Net rental income or (loss) from pers prop....					
99 Other investment income.....					
100 Gain or (loss) from sales of assets other than inventory.....					
101 Net income or (loss) from special events.....			1	3,872.	
102 Gross profit or (loss) from sales of inventory.....	541500	17,488.			
103 Other revenue: a _____					
b ADVERTISING			1	3,090.	
c MISCELLANEOUS			1	20,539.	
d OTHER SERVICE FEES			1	99,091.	
e _____					
104 Subtotal (add columns (B), (D), and (E)).....		17,488.		233,082.	
105 Total (add line 104, columns (B), (D), and (E)).....					250,570.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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: Robert A. Cardamone Date: 2/14/2005

Type or print name and title: ROBERT A. CARDAMONE, EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: M. S. W. CPA Date: 2/8/05 Check if self-employed:

Firm's name (or yours if self-employed) address, and ZIP + 4: STAMBAUGH NESS, PC  
2600 EASTERN BLVD., SUITE 101  
YORK, PA 17402

Preparer's SSN or PTIN (see General Instruction W): P00069201

EIN: 23-2846715

Phone no.: (717) 757-6999

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

**Organization Exempt Under  
Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2003**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

Employer identification number

COMMUNITY ACTION, INC.

25-1156265

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

**Part III Statements About Activities** (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>                    </u> <u>N/A</u> <u>                    </u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? . . . . .		X
b Lending of money or other extension of credit? . . . . .		X
c Furnishing of goods, services, or facilities? . . . . .		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	X	
e Transfer of any part of its income or assets? . . . . .		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.) . . . . .		X
b Do you have a section 403(b) annuity plan for your employees? . . . . .		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .		X

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) .....	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...	3,869,725.	3,474,060.	3,192,517.	2,699,511.	13,235,813.
<b>16</b> Membership fees received .....					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose .....					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 .....	201,586.	157,001.	183,658.	185,994.	728,239.
<b>19</b> Net income from unrelated business activities not included in line 18 .....					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge .....					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets .....					
<b>23</b> Total of lines 15 through 22 .....	4,071,311.	3,631,061.	3,376,175.	2,885,505.	13,964,052.
<b>24</b> Line 23 minus line 17 .....	4,071,311.	3,631,061.	3,376,175.	2,885,505.	13,964,052.
<b>25</b> Enter 1% of line 23 .....	40,713.	36,311.	33,762.	28,855.	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24 .....					<b>26a</b> 279,281.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts .....					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) .....					<b>26c</b> 13,964,052.
<b>d</b> Add: Amounts from column (e) for lines: <b>18</b> 728,239. <b>19</b> _____ <b>22</b> _____ <b>26b</b> _____					<b>26d</b> 728,239.
<b>e</b> Public support (line 26c minus line 26d total) .....					<b>26e</b> 13,235,813.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....					<b>26f</b> 94.78 %
<b>27 Organizations described on line 12:</b> N/A					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
<b>b</b> For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
<b>c</b> Add: Amounts from column (e) for lines: <b>15</b> _____ <b>16</b> _____ <b>17</b> _____ <b>20</b> _____ <b>21</b> _____					<b>27c</b> _____
<b>d</b> Add: Line 27a total .....					<b>27d</b> _____
<b>e</b> Public support (line 27c total minus line 27d total) .....					<b>27e</b> _____
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ...					<b>27f</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....					<b>27g</b> _____ %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....					<b>27h</b> _____ %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. <b>Do not file this list with your return.</b> Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
-----			
-----			
-----			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
-----			
-----			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
-----			
-----			
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. ....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked 'a' and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table —			
<b>If the amount on line 40 is —</b>	<b>The lobbying nontaxable amount is —</b>		
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots non-taxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> .) .....			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

**2003**

Name of organization

COMMUNITY ACTION, INC.

Employer identification number

25-1156265

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 box(es) for both the General Rule and a Special Rule – see instructions.)

**General Rule –**

- For organizations 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 Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate 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:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do 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 and Form 990-EZ.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2003)

Name of organization

Employer identification number

COMMUNITY ACTION, INC.

25-1156265

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	PCCD ----- 1167 FEDERAL SQUARE ----- HARRISBURG, PA 17108 -----	\$ ----- 83,634.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	PCADV ----- 6400 FLANK DRIVE ----- HARRISBURG, PA 17112 -----	\$ ----- 326,680.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

COMMUNITY ACTION, INC.

25-1156265

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	

CLIENT 30044

COMMUNITY ACTION, INC.

25-1156265

1/26/05

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**STATEMENT 1**  
**FORM 990, PART I, LINE 9**  
**NET INCOME (LOSS) FROM SPECIAL EVENTS**

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
COMPUTER CLASSES	2,067.	0.	2,067.	0.	2,067.
VARIOUS RAFFLES	1,805.	0.	1,805.	0.	1,805.
TOTAL	<u>\$ 3,872.</u>	<u>\$ 0.</u>	<u>\$ 3,872.</u>	<u>\$ 0.</u>	<u>\$ 3,872.</u>

**STATEMENT 2**  
**FORM 990, PART I, LINE 10**  
**GROSS PROFIT (LOSS) FROM SALES OF INVENTORY**

COMPUTER SALES.....	\$	46,482.
GROSS SALES.....	\$	46,482.
LESS RETURNS & ALLOWANCES.....		0.
NET SALES.....	\$	46,482.
LESS COST OF GOODS SOLD.....		28,994.
GROSS PROFIT FROM SALES OF INVENTORY.....	\$	<u>17,488.</u>

**STATEMENT 3**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED GAIN ON INVESTMENTS.....	\$	4,624.
TOTAL	\$	<u>4,624.</u>

**STATEMENT 4**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADMIN & FISCAL SERVICES	6,068.	4,551.	1,517.	
ADVERTISING & PUBLICATIONS	3,434.	2,755.	679.	
AUTO EXPENSES	2,882.	2,882.		
BAD DEBT EXPENSE	4,680.	4,680.		
CHILD CARE FEES	925,909.	925,909.		
CLIENT TRAVEL & ASSISTANCE	418,415.	418,415.		
CONTRACTED SERVICES	28,203.	1,830.	26,373.	
FOOD & MEALS	241,740.	241,740.		
FUNDRAISING	500.			500.
HOUSING ASSISTANCE	44,235.	44,235.		
INFORMATION TECHNOLOGY	68,230.	63,951.	4,233.	46.
INSURANCE	34,414.	33,540.	860.	14.
LAWN SERVICE	2,836.	2,836.		
LICENSES & REGISTRATION	665.	640.		25.
MISCELLANEOUS	5,760.	5,760.		

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COMMUNITY ACTION, INC.

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**STATEMENT 4 (CONTINUED)**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
OTHER CONSUMER SUPPORT	32,735.	32,735.		
PROJECT/PROGRAM SUPPORT	1,791.	1,791.		
REGISTRATION AND MEMBERSHIPS	6,645.	4,018.	2,627.	
RENTAL PROPERTY EXP	10,281.	10,281.		
SMALL EQUIPMENT & TOOLS	8,909.	8,909.		
SNOW REMOVAL	784.	784.		
TRAINING & TECHNICAL ASSIST.	6,291.	6,291.		
UTILITIES	38,190.	38,190.		
VOLUNTEER RECOGNITION	4,674.	4,674.		
WEATHERIZATION SERVICES	221,496.	221,496.		
<b>TOTAL</b>	<b>\$ 2119767.</b>	<b>\$ 2082893.</b>	<b>\$ 36,289.</b>	<b>\$ 585.</b>

**STATEMENT 5**  
**FORM 990, PART III, LINE E**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
MEDICAL TRANSPORTATION-PAYS FOR THE COST OF TRANSPORTATION FOR LOW INCOME INDIVIDUALS TO MEDICAL FACILITIES IN ORDER FOR THEM TO GET MEDICAL ATTENTION.		592,844.
HUMAN SERVICES DEVELOPMENT PROGRAM HELPS DISADVANTAGED INDIVIDUALS TO RECOGNIZE THEIR SELF-WORTH AND WORK TO FUNCTION BETTER IN TODAY'S SOCIETY.		10,494.
CROSSROADS & CROSSROADS MATCH-PROVIDES SHELTER AND COUNSELING FOR THOSE WOMEN AND THEIR CHILDREN WHO HAVE BEEN VICTIMS OF DOMESTIC VIOLENCE.		359,845.
RETIRED SENIORS VOLUNTEER PROGRAM-PROVIDES THE OPPORTUNITY FOR RETIRED CITIZENS TO SERVE THE COMMUNITY IN A VOLUNTEER CAPACITY AT DIFFERENT ORGANIZATIONS, BUSINESSES, AND ESTABLISHMENTS THROUGHOUT THE COMMUNITY AND TO RECOGNIZE THOSE VOLUNTEERS FOR THEIR EFFORTS.		78,956.
CRIME VICTIM ASSISTANCE-PROVIDES ASSISTANCE AND COUNSELING TO THOSE INDIVIDUALS WHO HAVE BEEN VICTIMS OF CRIME.		77,863.
CCIS-PROVIDES ASSISTANCE WITH CHILD CARE FEES FOR THOSE FAMILIES THAT QUALIFY BY BEING BELOW THE FEDERAL POVERTY LEVEL.		1,173,511.
DATA PROCESSING-INTERNALLY, PROVIDES ASSISTANCE FOR THE ACCOUNTABILITY FOR THE FINANCE ASPECT OF THE PROGRAMS. EXTERNALLY, PROVIDES SALES AND SERVICE TO VARIOUS CUSTOMERS OF THE AREA. A 990-T IS FILED FOR UNRELATED BUSINESS INCOME.		11,061.
LESS COMPUTER EQUIPMENT SOLD		
ADULT LITERACY-PROVIDES THE OPPORTUNITY FOR ADULTS TO LEARN TO READ.		140,300.
RENTAL PROPERTY-PROVIDES LOW INCOME RENTAL PROPERTIES TO THOSE INDIVIDUALS WHO COULD NOT OTHERWISE AFFORD HOUSING.		112,877.
LOCAL SUPPORT & VARIOUS OTHER SMALL PROGRAMS - PROVIDES ALL TYPES OF ASSISTANCE (FINANCIALLY AND COUNSELING) NOT		

STATEMENT 5 (CONTINUED)  
 FORM 990, PART III, LINE E  
 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
COVERED IN THE ABOVE PROGRAMS TO THOSE INDIVIDUALS WHO ARE ECONOMICALLY DISADVANTAGED.		48,668.
STEWART MCKINNEY- HOMELESS PERSONS RECEIVE INTENSIVE CASE MANAGEMENT TO ASSIST IN OVERCOMING MULTIPLE BARRIERS WHILE RECEIVING UP TO 24 MONTHS OF HOUSING AT 3 LOCATIONS (MEN - SITES IN CLARION AND JEFFERSON COUNTIES; WOMEN & CHILDREN - SITE IN JEFFERSON COUNTY).		78,324.
CCRD - IMPROVE THE QUALITY OF THE CHILD CARE PROVIDER.		42,943.
FSSR - EMPOWER COMMUNITIES TO IMPROVE CHILD AND FAMILY OUTCOME THROUGH COMMUNITY COLLABORATION.		30,809.
TOTAL	\$ 0.	\$ 2,758,495.

STATEMENT 6  
 FORM 990, PART IV, LINE 54  
 INVESTMENTS - SECURITIES

CORPORATE STOCKS	VALUATION METHOD	AMOUNT
544 SHARES EXXON CORPORATION	MARKET VALUE	\$ 24,159.
	TOTAL	\$ 24,159.
TOTAL INVESTMENTS - SECURITIES		\$ 24,159.

STATEMENT 7  
 FORM 990, PART IV, LINE 57  
 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 177,763.	\$ 149,836.	\$ 27,927.
BUILDINGS	960,503.	168,127.	792,376.
LAND	41,465.		41,465.
TOTAL	\$ 1,179,731.	\$ 317,963.	\$ 861,768.

STATEMENT 8  
 FORM 990, PART IV-A, LINE B(4)  
 OTHER AMOUNTS

DATA PROCESSING COST OF GOODS SOLD.....	\$ 28,994.
TOTAL	\$ 28,994.

2003

FEDERAL STATEMENTS

PAGE 4

CLIENT 30044

COMMUNITY ACTION, INC.

25-1156265

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STATEMENT 9  
FORM 990, PART IV-B, LINE B(4)  
OTHER AMOUNTS

DATA PROCESSING COST OF GOODS SOLD.....	\$	28,994.
TOTAL	\$	<u>28,994.</u>

SUPPORTING SCHEDULE FOR LINE 42

COMMUNITY ACTION, INC

990

June 30, 2004

	Cost	Current Depreciation	Ending Accumulated Depreciation	Book Value
Land	41,465	0	0	41,465
Buildings and Improvements	960,503	24,331	168,127	792,376
Equipment	177,763	10,561	149,836	27,927
	1,179,731	* 34,892	317,963	861,768

\* \$15,638 is allocated to cost pools and \$19,254 is on line 42

**BOARD DIRECTOR INFORMATION - Updated March 18, 2004**

	<b>Full Name</b> (please include middle initial - please print)	<b>Mailing Address</b>	<b>Primary Phone for Contact</b>	<b>Alternative Phone</b>	<b>E-mail address - please print</b>
1	William Allemang	104 Lois Lane Punxsutawney, PA 15767	938-9667		
2	St. Vincent DePaul Society Gerald J. Borovick	103 Five Pointe Rd. Sligo, PA 16255	745-2828	229-7268	gborovick@hotmail.com
3	Granville Carter Laurel Legal Services	201 Main St. Brookville, PA 15825	849-3044		gec0001@hotmail.com
4	Richard G. Fetterman Jefferson Co. Assistance Office	100 Prushnok Dr./PO Box 720 Punxsutawney, PA 15767	938-2990	938-5176	rfetterman@state.pa.us
5	Kimberly A. Fye Punxsutawney Area Community Center	220 N. Jefferson St. Punxsutawney, PA 15767	938-1008		
6	David N. Gillespie First Commonwealth Bank	1983 Johnsonburg Rd. Rossiter, PA 15772	724-463-5624	938-3557	
7	Pam Johnson Jefferson/Clarion Head Start, Inc.	51 Euclid Ave., Suite C Brookville, PA 15825	849-3660 X12	764-5036	Pamjohnson12@alltel.net
8	Representative Fred McIlhatten (Rita Wilson Representative)	21 N. 6 <sup>th</sup> Ave. Clarion, PA 16214	226-9000	226-4802	rwilson@pahousegop.com
9	Commissioner James P. McIntyre Jefferson Co. Courthouse Annex	155 Main St. Jefferson Place Brookville, PA 15825	849-1653		jeffcocomm@alltel.net
10	Commissioner Donna Oberlander	421 Main St. Clarion, PA 16214	226-4000 X 2001	229-2226	doberlander@co.clarion.pa.us
11	Gregory E. Pacelli Clarion Co. Assistance Office	71 Lincoln Ave./PO Box 629 Clarion, PA 16214	226-1750	226-1751	gpacelli@state.pa.us
12	Representative Samuel Smith	527 E. Mahoning St. Punxsutawney, PA 15767	938-4225		
13	Lee N. Stewart Stewart Laboratories	21639 Route 322 Strattanville, PA 16258	379-3663	227-2089	
14	Mayor James P. Wehrle Mahoning East Civic Center	301 E. Mahoning St. Punxsutawney, PA 15767	938-2710		
15	Clara Wheeler Belliot Clarion Ministerium	175 Westwood Dr. Clarion, PA 16214	227-2673		mamabelloit@hotmail.com
16	Ronald Wilshire Clarion University of PA	56 N. Third Ave. Clarion, PA 16214	393-2630	393-2334	rwilshire@clarion.edu
17	Pam Zahoran United Way of Clarion Co.	PO Box 207 Clarion, PA 16214	226-8760		unitedway@usachoice.net
18					

# Stambaugh Ness, PC

February 9, 2005

Marlene Waters  
Dept. Manager, Input Corrections  
Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201-0034

RE: Community Action Inc. 25-1156265 0426030663 Form 990  
Community Action Inc. 25-1156265 0426030663 Form 990T

Dear Ms. Waters,

This letter is in response to the IRS notices dated January 19, 2005, which are notification of late filed extensions for the tax returns to be filed for the tax period ending June 30, 2004. The taxpayer wishes to explain the reason for the late filed extensions.

Due to issues beyond the taxpayer's control, the due date for filing the extensions for the Forms 990 & 990T were inadvertently missed. During a recent technology upgrade, the due date reminder system utilized for all tax filings became corrupted and was the principal reason for the late filing. As soon as the omitted filing was discovered, the extensions were prepared and mailed with the utmost urgency.

This taxpayer has a history of filing timely and accurate returns, a behavior in which it plans to continue in the future. Since the Forms 990 & 990T are informational returns with no tax due, the taxpayer respectfully requests relief from potential penalty. The taxpayer sincerely apologizes for any inconvenience this error has caused.

If the IRS accepts the stated reason for why the extensions were filed after the due date, please contact the taxpayer as soon as possible. The taxpayer wishes to resolve this issue and restore its account to a settled status as quickly as possible.

Should the Internal Revenue Service have any questions, comments, or requests for additional information please feel free to contact us. Thank you for your attention in this matter.

Sincerely,



Trent A. Hivner, CPA

smh  
/enclosures

1.800.745.8233

Web Site: [www.stambaughness.com](http://www.stambaughness.com)  
Phone: 717.757.6999 • Fax: 717.757.4550

2600 Eastern Boulevard, Suite 101  
York, Pennsylvania 17402-2916

OGDEN UT 84201-0034

In reply refer to: 0426030663  
Jan. 19, 2005 LTR 36990 Y  
25-1156265 200406 67 000  
11558  
BODC: TE

COMMUNITY ACTION INC  
MILL CREEK CENTER  
105 GRACE WAY  
PUNXSUTAWNEY PA 15767

**COPY**

000293

Taxpayer Identification Number: 25-1156265  
Tax Period Ended: June 30, 2004  
Form: 990

Dear Taxpayer:

We received your extension for the tax period listed above.

We are sorry, but we are unable to grant you an extension of time to file your return for the tax account identified above. An extension of time can't be considered unless you request it by the due date for filing the return. Since your request for an extension has not been granted, please file your return without delay. There is a penalty charge for late filing without reasonable cause; therefore, if you have reasonable cause for filing your return late, please provide a written explanation and attach it to your return along with a copy of this letter.

If you have any questions, please call us toll free at 1-800-829-0115. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

When you write, please include this letter and, in the spaces below, give us your telephone number and the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number: ( ) \_\_\_\_\_ Hours \_\_\_\_\_

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

*Marlene Waters*

Marlene Waters  
Dept. Manager, Input Corrections

Enclosure(s):  
Copy of this letter

## Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ 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 an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

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

**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)  
**Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only**

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>COMMUNITY ACTION, INC.</b>	Employer identification number <b>25-1156265</b>
	Number, street, and room or suite number. If a P.O. box, see instructions	
	City, town or post office. For a foreign address, see instructions. <b>MILL CREEK CENTER, 105 GRACE WAY</b> <b>PUNXSUTAWNEY, PA 15767-1209</b>	state ZIP code

**Check type of return to be filed** (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

- 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 will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 2/15, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 \_\_\_\_ or
- ▶  tax year beginning 7/01, 20 03, and ending 6/30, 20 04.

2 If this tax year 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.

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

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_ 0.

### Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶ Pat A. Hin Title ▶ CPA Date ▶ 11/24/04  
 BAA For Paperwork Reduction Act Notice, see instructions. Form 8868 (12-2000)

COPY

**Community Action, Inc.**  
**Board Listing**  
(3/25/2005)

**Commissioner James P McIntyre - Jefferson County Courthouse Annex, 155 Main Street, Brookville, PA 15825 - (814) 849-1653**

**Sector:** Elected Public Officials  
**County:** Jefferson  
**Committee:** Audit  
Executive-Finance  
**Term:** 3/2004 - End of Term

**Mr. John S Hallman - Mayor Wehrle's Appointee, 104 Beyer Avenue, Punxsutawney, PA 15767 - (814) 938-6135**

**Sector:** Elected Public Officials  
**County:** Jefferson  
**Committee:** Nominating-Membership  
Planning-Evaluation (*Vice Chairperson*)  
**Term:** 1/2002 - End of Term

**Representative Samuel H Smith - 527 East Mahoning Street, Punxsutawney, PA 15767 - (814) 938-4225**

**Sector:** Elected Public Officials  
**County:** Jefferson  
**Committee:** Executive-Finance  
Planning-Evaluation  
**Term:** 8/1988 - End of Term

**Mr. Gerald J Borovick - 103 Five Pointe Road, Sligo, PA 16255 - (814) 745-2828**

**Sector:** Elected Public Officials  
**County:** Clarion  
**Committee:** Bylaws  
Executive-Finance  
**Term:** 6/2000 - End of Term

**Community Action, Inc.**  
**Board Listing**  
(3/25/2005)

**Ms. Rita Wilson - Representative McIlhattan Appointee, 21 North 6th Avenue, Clarion, PA 16214 - (814) 226-9000**

**Sector:** Elected Public Officials

**County:** Clarion

**Committee:** Nominating-Membership  
Planning-Evaluation  
Bylaws

**Term:** 3/2004 - End of Term

**Commissioner Donna R Oberlander - 421 Main Street, Clarion, PA 16214 - (814) 226-4000**

**Sector:** Elected Public Officials

**County:** Clarion

**Committee:** Audit  
Executive-Finance

**Term:** 3/2004 - End of Term

**Mr. Ronald J Wilshire - Clarion University of Pennsylvania, 56 North 3rd Avenue, Clarion, PA 16214 - (814) 393-2334**

**Sector:** Private Sector

**County:** Clarion

**Committee:** Nominating-Membership (*Vice Chairperson*)  
Planning-Evaluation (*Chairperson*)

**Term:** 4/2003 - 4/2005

**Mr. Lee N Stewart - (*Secretary/Treasurer*) - Stewart Laboratories, 21639 Route 322, Strattanville, PA 16258 - (814) 379-3663**

**Sector:** Private Sector

**County:** Clarion

**Committee:** Executive-Finance  
Bylaws (*Chairperson*)  
Audit

**Term:** 9/2004 - 9/2006

**Community Action, Inc.**  
**Board Listing**  
(3/25/2005)

**Ms. Kimberly A Fye - Punxsutawney Area Community Center, 220 North Jefferson Street,  
Punxsutawney, PA 15767 - (814) 938-1008**

**Sector:** Private Sector  
**County:** Jefferson  
**Committee:** Bylaws  
Nominating-Membership  
**Term:** 2/2003 - 2/2005

**Mr. David N Gillespie - First Commonwealth Bank, 1983 Johnsonburg Road, Rossiter, PA  
15772 - (724) 463-5624**

**Sector:** Private Sector  
**County:** Jefferson  
**Committee:** Executive-Finance  
Audit (*Vice Chairperson*)  
**Term:** 4/2003 - 4/2005

**Mr. Granville E Carter - (*Vice President*) - Laurel Legal Services, 201 Main Street, Brookville, PA  
15825 - (814) 849-3044**

**Sector:** Private Sector  
**County:** Jefferson  
**Committee:** Executive-Finance (*Vice Chairperson*)  
Bylaws  
**Term:** 2/2004 - 2/2006

**Mr. Gregory E Pacelli - Clarion County Assistance Office, 71 Lincoln Drive PO Box 629,  
Clarion, PA 16214 - (814) 226-1750**

**Sector:** Private Sector  
**County:** Clarion  
**Committee:** Audit  
Planning-Evaluation  
**Term:** 3/2004 - 3/2006

**Community Action, Inc.**  
**Board Listing**  
(3/25/2005)

**Ms. Pamela M Johnson - (*Assistant Secretary*) - Jefferson/Clarion Head Start, Inc., 51 Euclid Avenue, Suite C, Brookville, PA 15825 - (814) 849-3660**

**Sector:** Representatives of the Low-Income

**County:** Jefferson

**Committee:** Bylaws  
Audit (*Chairperson*)

**Term:** 6/2004 - 6/2006

**Mr. Richard G Fetterman - (*President*) - Jefferson County Assistance Office, PO Box 720, 100 Prushnok Drive, Punxsutawney, PA 15767 - (814) 938-2990**

**Sector:** Representatives of the Low-Income

**County:** Jefferson

**Committee:** Executive-Finance (*Chairperson*)  
Bylaws (*Vice Chairperson*)

**Term:** 8/2004 - 8/2006

**Mr. Larry DeChurch - Saint Vincent DePaul Society, 104 Lois Lane, Punxsutawney, PA 15767 - (814) 938-9667**

**Sector:** Representatives of the Low-Income

**County:** Jefferson

**Committee:** Nominating-Membership  
Planning-Evaluation

**Term:** 1/2005 - 1/2007

**Reverend Clara W Belloit - Clarion Ministerium, 17953 Route 68, Sligo, PA 16255**

**Sector:** Representatives of the Low-Income

**County:** Clarion

**Committee:** Executive-Finance  
Nominating-Membership (*Chairperson*)

**Term:** 9/2003 - 9/2005

**Community Action, Inc.**  
**Board Listing**  
(3/25/2005)

**Ms. Lori Brown - Clarion County Housing Authority, 8 West Main Street, Clarion, PA 16214 - (814) 226-8919**

**Sector:** Representatives of the Low-Income

**County:** Clarion

**Committee:** Audit  
Bylaws

**Term:** 3/2005 - 3/2007