Form <b>990-T</b>	Exempι Organization Βι	usine	ss Inconie	Tax Retu	'n	OMB No. 1545-0687
Department of the Tre	(and proxy tax u					2004
Internal Revenue Serv	To describe year 2004 or other tax year beginning OOD					AUUT  over identification number
A Check box	anged	_	l and see instructions)	)	(Empl for BI	loyees' trust, see instructions ock D on page 7.)
B Exempt under			0.70			5-1156265
X 501(c)(3	Number, street, and room or suite no. (If a P.O.	box, see	page 7 of instructions	i.)	(see ir	unrelated bus, activity codes astructions for Block E
<del></del>	Type MILL CREEK CENTER, 10	J5 GR	ACE WAY		on pa	ge 7.)
408A 529(a)	City or town, state, and ZIP code PUNXSUTAWNEY, PA 157	767 1	200		541	E10
	ssets F Group exemption number (see instructions for Block F		403		[341	213
at end of year	G Check organization type X 501(c) corpora		501(c) trust	401(a) trus	t	Other trust
1,710,8		LIOIT _	301(0) 11431	401(a) tius	·	Other trust
	nization's primary unrelated business activity.   COMPUT	ER C	ONSULTING	AND COMPU	TER :	SALES
I During the tax ye	r, was the corporation a subsidiary in an affiliated group or a pa	arent-subs	idiary controlled group	p? ▶	Ye	s X No
	name and identifying number of the parent corporation.					
	are of ► BETTY LOWMASTER			phone number		
	lated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
1a Gross receipt			00 013			
b Less returns a			90,013 17,835			
2 Cost of goods 3 Gross profit (s	sold (Schedule A, line 7) btract line 2 from line 1c)	3	72,178		619007	72,178.
4a Canital gain n	income (attach Schedule D)	4a	/2,1/0			12,110.
	(Form 4797, Part II, line 17) (attach Form 4797)					
	luction for trusts					
5 Income (loss)	rom partnerships and S corporations (attach statement)	5				
6 Rent income (		·			PALICAS PROFESSION AND ADDRESS OF THE PARIS	
7 Unrelated deb	financed income (Schedule E)	. 7				
	es, royalties, and rents from controlled organizations (Sch. F) $_{\dots}$					
9 Investment inc	me of a section 501(c)(7), (9), or (17) organization				ļ	
(Schedule G)		. 9				
	ot activity income (Schedule I)					
11 Advertising inc	me (Schedule J)	. 11			NO WARREN WAR	
	ee instructions - attach schedule)		72,178			70 170
	ne lines 3 through 12)  ctions Not Taken Elsewhere (See instructions					72,178.
(Exce	t for contributions, deductions must be directly connect	ted with t	he unrelated busine	ess income.)	· · ·	——————————————————————————————————————
	of officers, directors, and trustees (Schedule K)					27 522
<ul><li>15 Salaries and v</li><li>16 Repairs and n</li></ul>	ages				15	27,532.
17 Bad debts	intenance		•••••••		16	70
18 Interest (attac	schedule)		***************************************			
19 Taxes and lice	Ses		•••••	***************************************	19	2,205.
20 Charitable cor	ributions (see instructions for limitation rules)	************		•••••	20	
	ttach Form 4562)					
	on claimed on Schedule A and elsewhere on return				22b	
23 Depletion					23	
24 Contributions	deferred compensation plans				24	
25 Employee ben	fit programs				25	2,146.
26 Excess exemp	expenses (Schedule I)	· · · · · · · · · · · · · · · · · · ·			26	
<ul><li>27 Excess reader</li><li>28 Other deduction</li></ul>	nip costs (Schedule J)		CEE CUV	חוד אוים או	27	15 126
	is (attach schedule)				28	15,136. 47,019.
Unrelated bus	ons (add lines 14 through 28) ess taxable income before net operating loss deduction (subtra	ct line 20	from line 13)		30	25,159.
	ss deduction				31	73,173.
2 Unrelated busi	ess taxable income before specific deduction (subtract line 31 f	from line 3	10)		32	$\frac{73,273.}{<48,014.}>$
	on (Generally \$1,000, but see instructions for exceptions)				33	1,000.
	siness taxable income (subtract line 33 from line 32). If line					
of zero or line	<u>, and the second secon</u>	-			34	<48.014.>

Form **990-T** (2004)

423711 01-13-05

Form 990-1	(2004) COMMUNITY AC. (ON, INC.		25-11	56265	Page
Part I	II Tax Computation				
35	Organizations Taxable as Corporations (see instructions for tax computation).				
	Controlled group members (sections 1561 and 1563) - check here . See instructions and:				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
_	(1) \$   (2)  \$   (3)  \$	I			
h	Enter organization's share of: (1) additional 5% tax (not more than \$11,750)				
b					
_	(2) additional 3% tax (not more than \$100,000)			05-	0
	Income tax on the amount on line 34		<b>-</b>	- 35c	
36	Trusts Taxable at Trust Rates (see instructions for tax computation). Income tax on the amount or		_		
	Tax rate schedule or Schedule D (Form 1041)			36	
	Proxy tax (see instructions)				
38	Alternative minimum tax			38	
39	Total (add lines 37 and 38 to line 35c or 36, whichever applies)	***************************************		39	0
and the state of t	/ Tax and Payments				
	, , , , , , , , , , , , , , , , , , ,	40a			
b	Other credits (see instructions)	40b			
C	General business credit - Check here and indicate which forms are attached:				
i	Form 3800 Form(s) (specify) >>	40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
е	Total credits (add lines 40a through 40d)			40e	
41	Subtract line 40e from line 39			41	0
42	Subtract line 40e from line 39 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (att	ach schedule)	42	
43	Total tax (add lines 41 and 42)			43	0
	Payments: A 2003 overpayment credited to 2004				
	2004 estimated tax payments				
	<del></del>	14c	······		
		14d			
		14e		7	
	Other credits and payments: Form 2439	110		7	
	Other credits and payments: Form 2439 Form 4136 Other Total	444			
45	Total payments (add lines 44a through 44f)	771		45	
46	Estimated tax penalty (see instructions). Check  if Form 2220 is attached		••••••	46	
	Tax due - If line 45 is less than the total of lines 43 and 46, enter amount owed				0
	Overpayment - If line 45 is larger than the total of lines 43 and 46, enter amount overpaid				0
	Enter the amount of line 48 you want: <b>Credited to 2005 estimated tax</b>			48	
	Statements Regarding Certain Activities and Other Information		ons on pag		
A CONTRACTOR OF THE PROPERTY O					Vac Na
	y time during the 2004 calendar year, did the organization have an interest in or a signature or other	-			Yes No
	organization of the form of th	ngamzation may	mave to me	FOITH	PARAMONINA DE PROPERTO DE PROP
	90-22.1. If "Yes," enter the name of the foreign country here				
	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	to, a foreign tri	ist?		X
	s," see page 15 of the instructions for other forms the organization may have to file.				
	the amount of tax-exempt interest received or accrued during the tax year >\$				
Scheat	Ile A - Cost of Goods Sold - Enter method of inventory valuation ▶ N/A				
				T . I	
	tory at beginning of year 1 0 6 Inventory at end of year			6	0
2 Purch					17 025
	of labor from line 5. (Enter here and			7	17,835
	onal section 263A costs 4a 8 Do the rules of section 263				Yes No
	costs (attach schedule) 4b property produced or acqu	-			
5 Total					Х
<b>3</b> 1	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer have	ments, and to the as any knowledge.	oest of my kno	wledge and beli	ef, it is true,
Sign			М	lay the IRS discu	iss this return with
Here				ne preparer show	_ `
	Signature of officer Date Title			structions)?	
		Check if	Pre	eparer's SSN (	
Paid Preparer's	signature M. SCOTT HURSH, CPA 02/02/06			P0006	
Ise Only	Firm's name (or STAMBAUGH NESS, PC			3-28467	
-	employed), 2600 EASTERN BLVD, STE 101	Ī	Phone no.	717/75	7-6999
23711 1-13-05	ZIP code YORK, PA 17402-2916			F	orm <b>990-T</b> (2004

1 Description of property								
(1)				<del></del>		<u> </u>		<del> </del>
(2)								-
(3)	· · · · · · · · · · · · · · · · · ·							
(4)								
	2 Rent received	d or accrued		7.3		05.1.11		
(a) From personal property (if the p rent for personal property is mo 10% but not more than 509	re than	of rent for	and personal prop personal property ent is based on pro	exceeds 50% or	entage rif	3 Deductions columns	directly co s 2(a) and :	onnected with the income in 2(b) (attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.	Takal daduaklara		
Total income (Add totals of columns 2	(a) and 2(b). Enter	here			•	Total deductions. Enter here and on line	e 6,	
and on line 6, column (A), Part I, page 1	·)	•			0.	column (B), Part I, pa	ge 1	·
Schedule E - Unrelated De	bt-Financed	income (See	instructions of	on page 17.	)	9 Dadaadaa diina	A)	
				ncome from			tiy connec -financed	cted with or allocable property
1 Description of debt-	inanced property			ole to debt- I property	(a)	(a) Straight-line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)					-			
(1) (2)					<del> </del>			
(3)					<del> </del>			
(4)			†				$\dashv$	
4 Amount of average acquisition	5 Average	adjusted basis	6 Column	4 divided		7 Gross Income		8 Ailocable deductions
debt on or allocable to debt-financed		allocable to anced property ch schedule)			reportable (column 2 x column 6)		(column 6 x total of columns 3(a) and 3(b))	
(1)				%				
(2)				%				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(3)				%				
(4)				%				
						nter here and on line 7, Iumn (A), Part I, page 1		Enter here and on line 7, column (B), Part I, page 1.
Totals							0.	0
Total dividends-received deductions in						·····		0
Schedule F - Interest, Annu	ities. Rovalt	ies. and Rer	nts From C	ontrolled	Organ	nizations (See	instruc	
- · · · · · · · · · · · · · · · · · · ·			ot Controlled C			(2.1.		
1 Name of Controlled Organization	Employer Ider Numb	ntification Net ur	3 nrelated income see instructions)	1	4 specified			6 Deductions directly connected with income in column (5)
(1)								
(1)								
(2)	<del> </del>							
(3)								
(4) Nonexempt Controlled Organization:				<u> </u>				<u>.                                    </u>
····	Net unrelated income	(lana) 0 Ta			Dank of cal	(O) that is is alondon	. 44-	D. d 47
7 Taxable income	(see instructions)	(1055)	tal of specified pay made	ments 10	in the contr	umn (9) that is included rolling organization's oss income		Deductions directly connected with income in column (10)
(1)							+	
(2)				<del>-  </del> -			1	
(3)							1	
(4)						1.50	1	
		1		Ent	d columns ter here and		Enter h	olumns 6 and 11. nere and on line 8, in (B), Part i, page 1.
				Col	umm (A), Pa	ui, paye i.	Colum	in (D), rait i, page 1.
				. [		0	i i	0 -

(See ins	structions on page 18.)		1	9 Dadiestine	1	F
1 Description of income			2 Amount of income	Deductions     directly connected     (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)						
(2)						
(3) (4)						
(4)						,
	***************************************		Enter here and on line 9, column (A), Part I, page 1.			Enter here and on line s column (B), Part I, page
			0.			0
Schedule I - Exploited (See instr	Exempt Activity ructions on page 18.)	Income, Othe	er Than Advertis	ing Income		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	<b>5</b> Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)				**************************************		
(3)					1	
(4)						
Totals	Enter here and on line 10, col. (A), Part I, page 1.	Enter here and on line 10, col. (B), Part I, page 1.				Enter here and on line 26, Part II, page 1.
Schedule J - Advertisi			e 19.)			
	Periodicals Repo				•	
OCCUPATION AND AND AND AND AND AND AND AND AND AN			4 Advertising	T		7 Excess
1 Name of periodical	<b>2</b> Gross advertising income	3 Direct advertising costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	readership costs (column 6 minus column 5, but not more than column 4).
(1)				14)		
(2)			4.0 be 2.55 p. 50 V.			
(3)						Gerier Constitution
(4)						
otals (carry to Part II, ne (5))	• 0	. 0	•			0 .
Part II Income From I	<b>Periodicals Repor</b> 7 on a line-by-line basis	ted on a Sepa	<b>arate Basis</b> (For e	ach periodical listed	d in Part II, fill in	
	T Off a lifte-by-lifte basis	5.)	1	Т.		
(1)						
(2)						
(3)		-	<u> </u>			
(4)		1		SMAN SHOWN IN THE SECOND SHOWS HE WAS IN THE SEC		
(5) Totals from Part I	Enter here and on	Enter here and on	• 35.25 (1.5)			0.
otals, Part II (lines 1-5)	line 11, col. (A), Part I, page 1.	line 11, col. (B), Part I, page 1.				Enter here and on line 27, Part II, page 1.
Schedule K - Compens				instructions on pag	e 19.)	
1 Na	· · · · · · · · · · · · · · · · · · ·		2 Title	3 Percen time devote busines	t of 4 Comp	ensation attributable related business
					%	
					%	
					%	
					%	
otal - Enter here and on line 14, P	art II, page 1				▶	0.
						Form <b>990-T</b> (2004)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 10
DESCRIPTION		AMOUNT
OFFICE SPACE INFORMATION TECHNOLOGY TRAVEL EXPENSE TELEPHONE POSTAGE PRINTING FISCAL SERVICES SUPPLIES INSURANCE ACCOUNTING FEES COMPUTER SOFTWARE PURCHASED SERVICES		1,377. 1,635. 4,004. 712. 298. 40. 4,826. 524. 342. 976. 183. 219.
TOTAL TO FORM 990-T, PAGE 1, L	INE 28	15,136.

Form **8868** 

(Rev. December 2004)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To ile an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

			. —
	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ ∐
	you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this		
Dο	not complete Part II unless you have already been granted an automatic 3-month extension on a previously	filed Form 8868.	
Pa	Automatic 3-Month Extension of Time - Only submit original (no copies needed)		
For	m 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only		<b>▶</b> X
All o retu	other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file inco Irms. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065,	ome tax 1066, or 1041.	
beld exte	ctronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time bw (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the addition ension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on a www.irs.gov/efile.	nal (not automatic) 3-r	nonth
Тур	e or Name of Exempt Organization	Employer identific	cation number
prir		25-11562	65
File b	COMMUNITY ACTION, INC.  Number, street, and room or suite no. If a P.O. box, see instructions.	25-11502	.00
	your MILL CREEK CENTER, 105 GRACE WAY		
	n. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	PUNXSUTAWNEY, PA 15767-1209		
Cho	ck type of return to be filed (file a separate application for each return):		
-	Form 990 X Form 990-T (corporation) Form 490-BI Form 990-T (sec. 401(a) or 408(a) trust) Form 5		
<u> </u>			
=	Form 990-EZ Form 990-T (trust other than above) Form 6 Form 990-PF Form 1041-A Form 8		
• 7	he books are in the care of  BETTY LOWMASTER		
	elephone No. ► (814) 938-3302 FAX No. ►		
	the organization does <b>not</b> have an office or place of business in the United States, check this box		▶ □
• 11	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the		
box	▶ . If it is for part of the group, check this box ▶ . and attach a list with the names and EINs of all	I members the extens	ion will cover.
	M7	AY 15, 2006	
1	I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until		
	calendar year or	13 letain ioi.	
	X tax year beginning JUL 1, 2004 , and ending JUN 30, 2005		
2	If this tax year is for less than 12 months, check reason: Initial return Final return	Change in acc	ounting 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	<u>\$</u>	0.
		ш	
С	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with		0.
	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions		
)au	ion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-EO for paymen	t instructions.
.HA	For Privacy Act and Paperwork Reduction Act Notice, see instructions.	Form <b>8868</b>	3 (Rev. 12-2004)