

EXTENDED TO MAY 15, 2017

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2015 or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016

2015

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing organization name (COMMUNITY ACTION, INC.), address (105 GRACE WAY, PUNXSUTAWNEY, PA 15767-1209), and identification number (25-1156265).

Section H: Describe the organization's primary unrelated business activity. SEE STATEMENT 1. Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No.

J The books are in care of JENNIFER M. SLEPPY Telephone number 814-938-3302

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (150,339), Total (150,339), and Unrelated business taxable income before net operating loss deduction (61,893).

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Deductions Not Taken Elsewhere (Total 88,446) and Unrelated business taxable income (60,893).

Part III Tax Computation

| | | |
|---|------------|---------|
| 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: | | |
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): | | |
| (1) \$ _____ (2) \$ _____ (3) \$ _____ | | |
| b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ | | |
| (2) Additional 3% tax (not more than \$100,000) \$ _____ | | |
| c Income tax on the amount on line 34 | 35c | 10,223. |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: | | |
| <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 36 | |
| 37 Proxy tax. See instructions | 37 | |
| 38 Alternative minimum tax | 38 | |
| 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies | 39 | 10,223. |

Part IV Tax and Payments

| | | | |
|--|------------|---------|--|
| 40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 40a | | |
| b Other credits (see instructions) | 40b | | |
| c General business credit. Attach Form 3800 | 40c | | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 40d | | |
| e Total credits. Add lines 40a through 40d | 40e | | |
| 41 Subtract line 40e from line 39 | 41 | 10,223. | |
| 42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 42 | | |
| 43 Total tax. Add lines 41 and 42 | 43 | 10,223. | |
| 44a Payments: A 2014 overpayment credited to 2015 | 44a | | |
| b 2015 estimated tax payments | 44b | 10,453. | |
| c Tax deposited with Form 8868 | 44c | | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 44d | | |
| e Backup withholding (see instructions) | 44e | | |
| f Credit for small employer health insurance premiums (Attach Form 8941) | 44f | | |
| g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total | 44g | | |
| 45 Total payments. Add lines 44a through 44g | 45 | 10,453. | |
| 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/> | 46 | | |
| 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed | 47 | | |
| 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid | 48 | 230. | |
| 49 Enter the amount of line 48 you want: Credited to 2016 estimated tax _____ Refunded _____ | 49 | 230. | |

Part V Statements Regarding Certain Activities and Other Information (see instructions)

| | | |
|---|-----|----|
| 1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here | Yes | No |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | | X |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____ | | X |

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

| | | | | | |
|---|-----------|--|---|----------|----|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | 6 | |
| 2 Purchases | 2 | | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | |
| 3 Cost of labor | 3 | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| 4a Additional section 263A costs (att. schedule) | 4a | | | | |
| b Other costs (attach schedule) | 4b | | | | |
| 5 Total. Add lines 1 through 4b | 5 | | | | |

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Title **EXECUTIVE DIRECTOR**

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

Paid Preparer Use Only

| | | | | |
|---|---------------------------------|----------|---|-----------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| STEPHANIE A. STOHN | <i>Stephanie A. Stohn, CPA</i> | 11/04/16 | | P01231282 |
| Firm's name WESSEL & COMPANY, CPAS | Firm's EIN 25-1390233 | | | |
| Firm's address 215 MAIN STREET JOHNSTOWN, PA 15901 | Phone no. (814) 536-7864 | | | |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

| |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

| 2. Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total 0. |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** **(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
|--|---|--|--|
| | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |

| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
|---|---|---------------------------------|--|---|
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |

| | | |
|---------------------|---|---|
| Totals | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B). |
| | 0. | 0. |

Total dividends-received deductions included in column 8 **0.**

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

| | | |
|---------------------|---|---|
| Totals | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |
| | 0. | 0. |

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

| 1. Description of income | 2. Amount of income | 3. 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) | | | | |
| Totals | | Enter here and on page 1, Part I, line 9, column (A). 0. | | Enter here and on page 1, Part I, line 9, column (B). 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

| 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. | 5. 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) | | | | | | |
| (4) | | | | | | |
| Totals | | Enter here and on page 1, Part I, line 10, col. (A). 0. | Enter here and on page 1, Part I, line 10, col. (B). 0. | | | Enter here and on page 1, Part II, line 26. 0. |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | | 0. | 0. | | | 0. |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|------------------------------------|-----------------------------|--|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | | 0. | 0. | | | 0. |
| Totals, Part II (lines 1-5) | | Enter here and on page 1, Part I, line 11, col. (A). 0. | Enter here and on page 1, Part I, line 11, col. (B). 0. | | | Enter here and on page 1, Part II, line 27. 0. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 0. |

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

2015

| | | |
|--|--|---|
| Name COMMUNITY ACTION, INC. | | Employer identification number 25-1156265 |
| Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e). | | |
| 1 | Taxable income or (loss) before net operating loss deduction | 60,893. |
| 2 | Adjustments and preferences: | |
| a | Depreciation of post-1986 property | |
| b | Amortization of certified pollution control facilities | |
| c | Amortization of mining exploration and development costs | |
| d | Amortization of circulation expenditures (personal holding companies only) | |
| e | Adjusted gain or loss | |
| f | Long-term contracts | |
| g | Merchant marine capital construction funds | |
| h | Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) | |
| i | Tax shelter farm activities (personal service corporations only) | |
| j | Passive activities (closely held corporations and personal service corporations only) | |
| k | Loss limitations | |
| l | Depletion | |
| m | Tax-exempt interest income from specified private activity bonds | |
| n | Intangible drilling costs | |
| o | Other adjustments and preferences | |
| 3 | Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o | 60,893. |
| 4 | Adjusted current earnings (ACE) adjustment: | |
| a | ACE from line 10 of the ACE worksheet in the instructions | 60,893. |
| b | Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions) | 0. |
| c | Multiply line 4b by 75% (.75). Enter the result as a positive amount | |
| d | Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive) | |
| e | ACE adjustment. <ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount | 0. |
| 5 | Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT | 60,893. |
| 6 | Alternative tax net operating loss deduction (see instructions) | |
| 7 | Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions | 60,893. |
| 8 | Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c): | |
| a | Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- | 0. |
| b | Multiply line 8a by 25% (.25) | 0. |
| c | Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- | 40,000. |
| 9 | Subtract line 8c from line 7. If zero or less, enter -0- | 20,893. |
| 10 | Multiply line 9 by 20% (.20) | 4,179. |
| 11 | Alternative minimum tax foreign tax credit (AMTFTC) (see instructions) | |
| 12 | Tentative minimum tax. Subtract line 11 from line 10 | 4,179. |
| 13 | Regular tax liability before applying all credits except the foreign tax credit | 10,223. |
| 14 | Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return | 0. |

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2015)

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

| | | | | |
|-----------|--|--------------|-----------|----------------|
| 1 | Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 | | 1 | 60,893. |
| 2 | ACE depreciation adjustment: | | | |
| a | AMT depreciation | 2a | | |
| b | ACE depreciation: | | | |
| | (1) Post-1993 property | 2b(1) | | |
| | (2) Post-1989, pre-1994 property | 2b(2) | | |
| | (3) Pre-1990 MACRS property | 2b(3) | | |
| | (4) Pre-1990 original ACRS property | 2b(4) | | |
| | (5) Property described in sections 168(f)(1) through (4) | 2b(5) | | |
| | (6) Other property | 2b(6) | | |
| | (7) Total ACE depreciation. Add lines 2b(1) through 2b(6) | 2b(7) | | |
| c | ACE depreciation adjustment. Subtract line 2b(7) from line 2a | | 2c | |
| 3 | Inclusion in ACE of items included in earnings and profits (E&P): | | | |
| a | Tax-exempt interest income | 3a | | |
| b | Death benefits from life insurance contracts | 3b | | |
| c | All other distributions from life insurance contracts (including surrenders) | 3c | | |
| d | Inside buildup of undistributed income in life insurance contracts | 3d | | |
| e | Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) | 3e | | |
| f | Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e | | 3f | |
| 4 | Disallowance of items not deductible from E&P: | | | |
| a | Certain dividends received | 4a | | |
| b | Dividends paid on certain preferred stock of public utilities that are deductible under section 247 | 4b | | |
| c | Dividends paid to an ESOP that are deductible under section 404(k) | 4c | | |
| d | Nonpatronage dividends that are paid and deductible under section 1382(c) | 4d | | |
| e | Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) | 4e | | |
| f | Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e | | 4f | |
| 5 | Other adjustments based on rules for figuring E&P: | | | |
| a | Intangible drilling costs | 5a | | |
| b | Circulation expenditures | 5b | | |
| c | Organizational expenditures | 5c | | |
| d | LIFO inventory adjustments | 5d | | |
| e | Installment sales | 5e | | |
| f | Total other E&P adjustments. Combine lines 5a through 5e | | 5f | |
| 6 | Disallowance of loss on exchange of debt pools | | 6 | |
| 7 | Acquisition expenses of life insurance companies for qualified foreign contracts | | 7 | |
| 8 | Depletion | | 8 | |
| 9 | Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property | | 9 | |
| 10 | Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626 | | 10 | 60,893. |

| | | | |
|------------|---|-----------|---|
| FORM 990-T | DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY | STATEMENT | 1 |
|------------|---|-----------|---|

SOFTWARE DEVELOPMENT AND TECHNOLOGY CONSULTATION

TO FORM 990-T, PAGE 1

| | | | |
|------------|------------------|-----------|---|
| FORM 990-T | OTHER DEDUCTIONS | STATEMENT | 2 |
|------------|------------------|-----------|---|

| DESCRIPTION | AMOUNT |
|--------------------------------------|---------|
| LOCAL TRAVEL | 2,241. |
| OFFICE SPACE | 2,390. |
| TELEPHONE | 1,942. |
| HUMAN RESOURCES & FISCAL SERVICES | 6,494. |
| FRINGE BENEFITS | 2,634. |
| INFORMATION TECHNOLOGY | 1,988. |
| PROFESSIONAL FEES | 1,056. |
| MISCELLANEOUS EXPENSES | 11,456. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28 | 30,201. |

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-T**

2015

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

| | |
|---------------------------------------|---|
| Name COMMUNITY ACTION, INC. | Employer identification number 25-1156265 |
|---------------------------------------|---|

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

| Part I Required Annual Payment | | | |
|---|----|-----------|----------------|
| 1 Total tax (see instructions) | | 1 | 10,223. |
| 2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 | 2a | | |
| b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method | 2b | | |
| c Credit for federal tax paid on fuels (see instructions) | 2c | | |
| d Total. Add lines 2a through 2c | | 2d | |
| 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty | | 3 | 10,223. |
| 4 Enter the tax shown on the corporation's 2014 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 | | 4 | 5,508. |
| 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 | | 5 | 5,508. |

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

6 The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

| Part III Figuring the Underpayment | | | | | |
|--|-----------|----------|----------|----------|----------|
| | | (a) | (b) | (c) | (d) |
| 9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year | 9 | 10/15/15 | 12/15/15 | 03/15/16 | 06/15/16 |
| 10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. | 10 | | 2,754. | 1,377. | 823. |
| 11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 | 11 | 2,807. | 3,951. | | 3,695. |
| Complete lines 12 through 18 of one column before going to the next column. | | | | | |
| 12 Enter amount, if any, from line 18 of the preceding column | 12 | | 2,807. | 4,004. | 2,627. |
| 13 Add lines 11 and 12 | 13 | | 6,758. | 4,004. | 6,322. |
| 14 Add amounts on lines 16 and 17 of the preceding column | 14 | | | | |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 2,807. | 6,758. | 4,004. | 6,322. |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- | 16 | | 0. | 0. | |
| 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 | 17 | | | | |
| 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column | 18 | 2,807. | 4,004. | 2,627. | |

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2015)

Part IV Figuring the Penalty

| | (a) | (b) | (c) | (d) |
|---|-----|-----|-----|-----|
| 19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.) | 19 | | | |
| 20 Number of days from due date of installment on line 9 to the date shown on line 19 | 20 | | | |
| 21 Number of days on line 20 after 4/15/2015 and before 7/1/2015 | 21 | | | |
| 22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{365}$ | 22 | \$ | \$ | \$ |
| 23 Number of days on line 20 after 06/30/2015 and before 10/1/2015 | 23 | | | |
| 24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{365}$ | 24 | \$ | \$ | \$ |
| 25 Number of days on line 20 after 9/30/2015 and before 1/1/2016 | 25 | | | |
| 26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{365}$ | 26 | \$ | \$ | \$ |
| 27 Number of days on line 20 after 12/31/2015 and before 4/1/2016 | 27 | | | |
| 28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{366}$ | 28 | \$ | \$ | \$ |
| 29 Number of days on line 20 after 3/31/2016 and before 7/1/2016 | 29 | | | |
| 30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times 3\%}{366}$ | 30 | \$ | \$ | \$ |
| 31 Number of days on line 20 after 6/30/2016 and before 10/01/2016 | 31 | | | |
| 32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times 3\%}{366}$ | 32 | \$ | \$ | \$ |
| 33 Number of days on line 20 after 9/30/2016 and before 1/1/2017 | 33 | | | |
| 34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times 3\%}{366}$ | 34 | \$ | \$ | \$ |
| 35 Number of days on line 20 after 12/31/2016 and before 2/16/2017 | 35 | | | |
| 36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times 3\%}{365}$ | 36 | \$ | \$ | \$ |
| 37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36 | 37 | \$ | \$ | \$ |
| 38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns | 38 | \$ | | 0. |

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method (see instructions)

Form 1120S filers: For lines 1, 2, 3, and 21, below, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

Part I Adjusted Seasonal Installment Method (Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.)

| | | (a) | (b) | (c) | (d) |
|-----|---|----------------|----------------|----------------|-----------------|
| | | First 3 months | First 5 months | First 8 months | First 11 months |
| 1 | Enter taxable income for the following periods: | | | | |
| a | Tax year beginning in 2012 | 1a | | | |
| b | Tax year beginning in 2013 | 1b | | | |
| c | Tax year beginning in 2014 | 1c | | | |
| 2 | Enter taxable income for each period for the tax year beginning in 2015 (see instructions for the treatment of extraordinary items) ... | 2 | | | |
| 3 | Enter taxable income for the following periods: | | First 4 months | First 6 months | First 9 months |
| a | Tax year beginning in 2012 | 3a | | | Entire year |
| b | Tax year beginning in 2013 | 3b | | | |
| c | Tax year beginning in 2014 | 3c | | | |
| 4 | Divide the amount in each column on line 1a by the amount in column (d) on line 3a | 4 | | | |
| 5 | Divide the amount in each column on line 1b by the amount in column (d) on line 3b | 5 | | | |
| 6 | Divide the amount in each column on line 1c by the amount in column (d) on line 3c | 6 | | | |
| 7 | Add lines 4 through 6 | 7 | | | |
| 8 | Divide line 7 by 3.0 | 8 | | | |
| 9a | Divide line 2 by line 8 | 9a | | | |
| b | Extraordinary items (see instructions) | 9b | | | |
| c | Add lines 9a and 9b | 9c | | | |
| 10 | Figure the tax on the amt on ln 9c using the instr for Form 1120, Sch J, ln 2 (or comparable ln of corp's return) ... | 10 | | | |
| 11a | Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a | 11a | | | |
| b | Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b | 11b | | | |
| c | Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c | 11c | | | |
| 12 | Add lines 11a through 11c | 12 | | | |
| 13 | Divide line 12 by 3.0 | 13 | | | |
| 14 | Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d) | 14 | | | |
| 15 | Enter any alternative minimum tax for each payment period (see instructions) | 15 | | | |
| 16 | Enter any other taxes for each payment period (see instr) | 16 | | | |
| 17 | Add lines 14 through 16 | 17 | | | |
| 18 | For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c (see instructions) | 18 | | | |
| 19 | Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0- | 19 | | | |

Part II Annualized Income Installment Method

| | | (a) | (b) | (c) | (d) | |
|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| | | First <u>2</u> months | First <u>3</u> months | First <u>6</u> months | First <u>9</u> months | |
| 20 | Annualization periods (see instructions) | 20 | | | | |
| 21 | Enter taxable income for each annualization period (see instructions for the treatment of extraordinary items) | 21 | 18,711. | 45,051. | 24,770. | |
| 22 | Annualization amounts (see instructions) | 22 | 6.000000 | 4.000000 | 2.000000 | 1.333330 |
| 23a | Annualized taxable income. Multiply line 21 by line 22 | 23a | 74,844. | 90,102. | 33,027. | |
| 23b | Extraordinary items (see instructions) | 23b | | | | |
| 23c | Add lines 23a and 23b | 23c | 74,844. | 90,102. | 33,027. | |
| 24 | Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2 (or comparable line of corporation's return) | 24 | 13,711. | 18,885. | 4,954. | |
| 25 | Enter any alternative minimum tax for each payment period (see instructions) | 25 | | | | |
| 26 | Enter any other taxes for each payment period (see instr) | 26 | | | | |
| 27 | Total tax. Add lines 24 through 26 | 27 | 13,711. | 18,885. | 4,954. | |
| 28 | For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c (see instructions) | 28 | | | | |
| 29 | Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0- | 29 | 13,711. | 18,885. | 4,954. | |
| 30 | Applicable percentage | 30 | 25% | 50% | 75% | 100% |
| 31 | Multiply line 29 by line 30 | 31 | 6,856. | 14,164. | 4,954. | |

Part III Required Installments

| Note: Complete lines 32 through 38 of one column before completing the next column. | | 1st installment | 2nd installment | 3rd installment | 4th installment |
|--|--|--------------------|--------------------|--------------------|--------------------|
| 32 | If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31 | 0. | 6,856. | 14,164. | 4,954. |
| 33 | Add the amounts in all preceding columns of line 38 (see instructions) | | | 2,754. | 4,131. |
| 34 | Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0- | | 6,856. | 11,410. | 823. |
| 35 | Enter 25% of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter | 1,377. | 1,377. | 1,377. | 1,377. |
| 36 | Subtract line 38 of the preceding column from line 37 of the preceding column | | 1,377. | | |
| 37 | Add lines 35 and 36 | 1,377. | 2,754. | 1,377. | 1,377. |
| 38 | Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10 (see instructions) | 0. | 2,754. | 1,377. | 823. |

Form 2220 (2015)

**** ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION**

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- 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).

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 file 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.

| | | |
|----------------------|--|---|
| Type or print | Name of exempt organization or other filer, see instructions. COMMUNITY ACTION, INC. | Enter filer's identifying number Employer identification number (EIN) or 25-1156265 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 105 GRACE WAY | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. PUNXSUTAWNEY, PA 15767-1209 | |

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 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

JENNIFER M. SLEPPY

- The books are in the care of ▶ **105 GRACE WAY - PUNXSUTAWNEY, PA 15767-1209**
Telephone No. ▶ **814-938-3302** Fax No. ▶ _____
- 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 **FEBRUARY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

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

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- 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).

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 file 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 |
|--|--|--|
| Type or print | Name of exempt organization or other filer, see instructions. COMMUNITY ACTION, INC. | Employer identification number (EIN) or 25-1156265 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 105 GRACE WAY | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. PUNXSUTAWNEY, PA 15767-1209 | |

Enter the Return code for the return that this application is for (file a separate application for each return) 07

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

JENNIFER M. SLEPPY

- The books are in the care of ▶ **105 GRACE WAY - PUNXSUTAWNEY, PA 15767-1209**
Telephone No. ▶ **814-938-3302** Fax No. ▶ _____
- 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 **MAY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**

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 Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 10,223. |
| b If this application is for Forms 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. | 3b | \$ | 10,453. |
| c 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. | 3c | \$ | 0. |

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.