| 222 - | Franch Ones Setting Desires 1 | OMB No. 1545-0047 |
|--|--|---------------------------|
| Form 990-T | Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) | 2020 |
| | For calendar year 2020 or other tax year beginning $0.7/0.1/2.0$, and ending $0.6/3.0/2.1$ | Open to Public Inspection |
| Department of the Treasury Internal Revenue Service | ▶ Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). | for 501(c)(3) |
| A Check box if | | Organizations Only |
| address changed. | Name of organization (Check box if name changed and see instructions.) D Employer idea | ntification number |
| B Exempt under section | Print COMMUNITY ACTION, INC. 25-115 | 6265 |
| X 501(C)(3) | Or Number, street, and room or suite no. If a P.O. box, see instructions. | |
| 408(e) 220(e) | Type 105 GRACE WAY (see instruction | |
| 5 8 8 | City or town, state or province, country, and ZIP or foreign postal code | |
| 408A 530(a) | PUNXSUTAWNEY PA 15767-1209 F Check | c box if |
| 529(a) 529A | | nended return. |
| G Check organization type | X 501(c) corporation 501(c) trust 401(a) trust Other trust Applic | able reinsurance entity |
| H Check if filing only to ▶ | Claim a refund shown on Form 2439 | |
| Check if a 501(c)(3) org | anization filing a consolidated return with a 501(c)(2) titleholding corporation | |
| J Enter the number of att | ached Schedules A (Form 990-T) | ▶ 1 |
| K During the tax year, was | s the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? | ▶ ∐ Yes X No |
| | and identifying number of the parent corporation | |
| The best on in a con- | CA DONNA CHAMEC | 014 000 0000 |
| | f ► DONNA STATES Telephone number ► related Business Taxable income | 814-938-3302 |
| | iness taxable income computed from all unrelated trades or businesses (see | |
| | | 70,914 |
| | | 10,914 |
| 6 644 5 | 3 | 70,914 |
| | ns (see instructions for limitation rules) | .0,021 |
| 5 Total unrelated busine | ess taxable income before net operating losses. Subtract line 4 from line 3 | 70,914 |
| 6 Deduction for net ope | rating loss. See instructions 6 | 0 |
| 7 Total of unrelated bus | iness taxable income before specific deduction and section 199A deduction. | |
| Subtract line 6 from lin | | 70,914 |
| 8 Specific deduction (get | enerally \$1,000, but see instructions for exceptions) 8 | 1,000 |
| 9 Trusts. Section 199A | deduction. See instructions 9 | |
| 10 Total deductions. Ac | Id lines 8 and 9 | 1,000 |
| 11 Unrelated business | taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, | |
| enter zero | | 69,914 |
| Part II Tax Com | iputation | 14 600 |
| 1 Organizations taxable | as corporations. Multiply Part I, line 11 by 21% (0.21) | 14,682 |
| 2 Trusts taxable at tru | st rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041) 2 | 0 |
| 3 Proxy tax. See instr. | | <u> </u> |
| | ee instructions 3 4 | |
| 5 Alternative minimum t | ax (trusts only) 5 | |
| 6 Tax on noncomplian | nt facility income. See instructions 6 | |
| | ough 6 to line 1 or 2, whichever applies | 14,682 |
| | Act Notice, see instructions. | Form 990-T (2020) |

For Paperwork Reduction Act Notice, see instructions.

| -111111-11111 | 990-T (2020) COMMUNITY ACTION, INC. | 25-1156265 | 5 | Page 2 |
|---------------|--|------------------------------|--|--|
| | art III Tax and Payments | | | |
| 1a | | 1a | | |
| þ | | 1b | Later and the second | |
| C | | 1c | | |
| d | | 1d | | |
| е | Total credits. Add lines 1a through 1d | | 1e | |
| 2 | Subtract line 1e from Part II, line 7 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 | | 2 | 14,682 |
| 3 | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Other (attach_statement) | _ | 3 | |
| 4 | Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously def | ferred under | | |
| | section 1294. Enter tax amount here | - | . 4 | 14,682 |
| 5 | 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line | 4 | 5 | |
| 6a | Payments: A 2019 overpayment credited to 2020 | 6a 3 | ,121 | |
| b | | 6b 15 | ,008 | |
| c | - · | 6c | | |
| d | | 6d | | |
| e | | 6e | THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA | |
| f | | 6f | | |
| ġ | Other credits, adjustments, and payments: Form 2439 | | | |
| | | 6g | | |
| 7 | Total payments. Add lines 6a through 6g | | 7 | 18,129 |
| 8 | | | ▶ 8 | |
| 9 | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | | ▶ 9 | 0 |
| 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpai | | ▶ 10 | 3,447 |
| 11 | Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ | 3,447 Refun | ded ▶ 11 | |
| Pa | art IV Statements Regarding Certain Activities and Other Inform | nation (see instruc | ctions) | |
| | | | | Yes No |
| 1 | At any time during the 2020 calendar year, did the organization have an interest in or a | signature or other au | thority | |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the on | ganization may have | to file | Marie Control |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the | name of the foreign c | ountry | |
| | here ▶ | | | X |
| 2 | During the tax year, did the organization receive a distribution from, or was it the granto | or of, or transferor to, a | a | |
| | foreign trust? | | | X |
| | If "Yes," see instructions for other forms the organization may have to file. | | | |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year | > | \$ | |
| 4a | Did the organization change its method of accounting? (see instructions) | | | X |
| b | If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PI | F, or Form 1128? If "N | No," | |
| | explain in Part V | | ********** | |
| Pa | art V Supplemental Information | | | |
| Provi | ide the explanation required by Part IV, line 4b. Also, provide any other additional information | ation. See instructions | | |
| | | | | |
| | | | | |
| C:- | Under penalties of perjury, I declare that I have exagrined this returny including accompanying schedules and stater | ments, and to the best of my | knowledge and belief, it s | a IPS discuss this return |
| Sig | | arer has any knowledge. | with the | e IRS discuss this return e preparer shown below astructions)? |
| He | | RECTOR | | X Yes No |
| | Signature of officer Date Table | 1. | | |
| | -Print/Type preparer's name Preparer's signature | De | | ™N |
| Paid | | 1.2 | | 200596532 |
| | parer Firm's name > ZELENKOFSKE AXELROD LLC | | Firm's EIN ▶ 2. | 3-3022325 |
| Use | Only 210 TOLLGATE HILL ROAD | | = | 004 0151 |
| | Firm's address FGREENSBURG, PA 15601 | | | <u>-834-2151</u> |
| | | | Fo | rm 990-T (2020) |

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

▶Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury

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

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

B Employer identification number A Name of the organization COMMUNITY ACTION, INC. 25-1156265 C Unrelated Business Activity Code (see instructions) ▶ 541519 1 D Sequence: 1 of E Describe the unrelated trade or business ► UNRELATED BUSINESS ACTIVITY Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 115,747 1a Gross receipts or sales Less returns and allowances 115,747 b __ c Balance 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 115,747 115,747 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) 4a Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) b 4b Capital loss deduction for trusts 4c Income (loss) from partnership and S corporation (attach statement) 5 Rent income (Part IV) ß 6 Unrelated debt-financed income (Part V) 7 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organization (Part VII) 9 Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 Other income (see instructions; attach statement) 12 115,747 115,747 13 Total. Combine lines 3 through 12. 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly Part II connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 1 2 28,936 2 Salaries and wages Repairs and maintenance 3 3 4 Bad debts 5 5 Interest (attach statement) (see instructions) Taxes and licenses 6 4,195 6 7 Depreciation (attach Form 4562) (see instructions) Less depreciation daimed in Part III and elsewhere on return 8a 8Ь 8 9 9 _____ 10 Contributions to deferred compensation plans 10 4,897 11 Employee benefit programs 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX)
Other deductions (attach statement)
SEE STATEMENT 13 13 6,805 14 14 44,833 Total deductions. Add lines 1 through 14 15 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 70,914 16 Deduction for net operating loss (see instructions) 17 17 70,914 18 Unrelated business taxable income. Subtract line 17 from line 16

For Paperwork Reduction Act Notice, see Instructions.

Schedule A (Form 990-T) 2020

| Sched | lule A (Form 990-T) 2020 COMMUNITY | ACTION, INC. | | 25-1156265 | Page 2 |
|--------|--|--------------------------------|-----------------------------|---------------------|--------------------------|
| Part | | | ventory valuation > | | |
| 1 | Inventory at beginning of year | | | 1 | |
| 2 | Purchases | | | 2 | |
| 3 | Cost of labor | | | 3 | |
| 4 | Additional section 263A costs (attach statement | nt) | | 4 | |
| 5 | Other costs (attach statement) | | | 5 | |
| 6 7 | Total. Add lines 1 through 5 | | | ····· | |
| | Inventory at end of year Cost of goods sold. Subtract line 7 from line | 6 Enter here and in Part I | | | |
| | Do the rules of section 263A (with respect to p | | | | Yes No |
| | t IV Rent Income (From Real Pi | roperty and Personal | Property Leased v | vith Real Property) | |
| 1 | Description of property (property street addres | s, city, state, ZIP code). Che | eck if a dual-use (see ins | structions) | |
| | A 🔲 | | | | |
| | В | | | | |
| | C | | | | |
| | D | | n 1 | | |
| | Don't making an approad | Α | В | С | <u> </u> |
| | Rent received or accrued From personal property (if the percentage of | | | | |
| а | 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) | | | | |
| C | Total rents received or accrued by property. | | | | |
| | Add lines 2a and 2b, columns A through D | | <u> </u> | | |
| 3 | Total rents received or accrued. Add line 2c or | olumns A through D. Enter h | ere and on Part I, line 6, | column (A) > | |
| 4 | Deductions directly connected with the income | | | | |
| | in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 | Total deductions. Add line 4 columns A throi | ugh D. Enter here and on Pa | urt I line 6 column (B) | • | |
| | | | | | |
| | t V Unrelated Debt-Financed I | | | oo instructions\ | |
| 1 | Description of debt-financed property (street a | eddress, city, state, ZIP code |). Check if a dual-use (s | ee msaacaons) | |
| | â H | | | | |
| | c | | | | |
| | D T | | | | |
| | | Α | В | СС | D |
| 2 | Gross income from or allocable to debt-financed | | | | |
| | property | | | | |
| 3 | Deductions directly connected with or allocable | | | | |
| _ | to debt-financed property Straight line depreciation (attach statement) | | | | |
| | Other deductions (attach statement) | | | | |
| | Total deductions (add lines 3a and 3b, | | | | |
| | columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable | | | | |
| | to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to deb | † | | | |
| | financed property (attach statement) | % | % | 0, | % |
| 6 | Divide line 4 by line 5 | <u> </u> | <u>%</u> | 7 | 70 |
| 7 | Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 | Total gross income (add line 7, columns A | through D). Enter here and o | n Part I, line 7, column (| A) ► | |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, colu | ımns A through D. Enter her | e and on Part I, line 7, co | olumn (B) | |
| 11 | Total dividends-received deductions inclu- | ded in line 10 | | | |
| | | | | | dule A (Form 990-T) 2020 |

| Schedule A (Form | 990-T) 2020 | O COMMUNI | TY ACTIO | ON, INC. | | | 25 | -115620 | 65 | Page 3 |
|------------------------------|-----------------------------------|--------------------|---|---|--|-------------------------------|--|---|---------------------------|---|
| Part VI In | terest, Ar | nnuities, Ro | yalties, and | Rents from | n Controlle | ed Organiz | zations | (see inst | truction | s) |
| | | | | = ==== | | Exempt/Nonex | | | | |
| | ame of controlled organization | d | 2. Employer identification number | inco | t unrelated me (loss) nstructions) | 4. Total of spe payments m | | 5. Part of co that is includ controlling org gross inc | ed in the panization's | Deductions directly connected with income in column 5 |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | ····· | | | | | | | | |
| (4) | | | | | | | | | | |
| | | | No | nexempt Contr | olled Organiz | ations | | | | |
| 7. Taxable in | come | incom | unrelated e (loss) structions) | 1 | of specified ofs made | that contro | Part of cold is included olling organ gross incol | in the lization's | | Deductions directly connected with come in column 10 |
| (1) | | | | | - | | | ******* | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | vestment Description of in | | a Section 5 | 01(c)(7), (9), ount of income | 3. Ded | rganization | , , | ., | | 5. Total deductions |
| | | | | | | statement) | ,20 | aur dansmeny | | (add cotumns 3 and 4) |
| (1) | | | | | · | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| Totals | | | Enter he | ounts in column 2. are and on Part I, 9, column (A) | | | | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Part VIII Ex | ploited E | xempt Acti | vity Income | Other Tha | n Advertis | ing Incom | e (see | instruction | ns) | |
| 1 Description of | | | | | | | ,,,,,,, | | | *************************************** |
| | | | rade or busines | s. Enter here a | nd on Part I, I | line 10, colum | ın (A) | | 2 | |
| | | | tion of unrelate | | | | | | | |
| line 10, colu | mn (B) | | | | | | | l | 3 | |
| 4 Net income | (loss) from u | inrelated trade of | or business. Sub | otract line 3 fron | n line 2. If a g | jain, complete | | menon l | | |
| lines 5 through | gh 7 | | | | | | | | 4 | |
| 5 Gross incom | e from activ | rity that is not u | nrelated busines | s income | | | | L | 5 | |
| 6 Expenses at | tributable to | income entered | on line 5 | | | | | | 6 | |
| 7 Excess exen | npt expenses | s. Subtract line | 5 from line 6, bu | at do not enter r | more than the | amount on li | ne | | | |
| Enter here | and on Par | rt II, line 12 | | | | | | | 7 | |

| | dule A (Form 990-T) 2020 COMMUNITY of IX Advertising Income | ACTION, IN | C. | 25-1156265 | Page 4 |
|--------------------------|---|--------------------------|-----------------------------|---|---|
| 1 | Name(s) of periodical(s). Check box if reporting BCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC | ng two or more period | icals on a consolidated bas | is. | |
| Ente | r amounts for each periodical listed above in the | ne correspondina colur | nn. | | |
| | | А | В | С | D |
| 2 | Gross advertising income | | | | |
| а | Add columns A through D. Enter here and or | n Part I, line 11, colum | n (A) | ··· | |
| 3 | Direct advertising costs by periodical | | | | |
| a | Add columns A through D. Enter here and or | n Part I, line 11, colum | n (A) | - _ | |
| 4 | Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 | | | | |
| 5 | Readership costs | | | | |
| 7 | Circulation income Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero | | | | |
| 8 | Excess readership costs allowed as a | | | | |
| _ | deduction. For each column showing a gain on | | | | |
| | line 4, enter the lesser of line 4 or line 7 | <u> </u> | | | |
| а | Add line 8, columns A through D. Enter the g | | | | |
| | | | | | |
| Da | Part II, line 13 | | | | |
| Pa | rt X Compensation of Officers, | | | | Compensation attributable to unrelated business |
| | rt X Compensation of Officers, | | Trustees (see instruc | 3. Percentage of time devoted to business | attributable to |
| (1) | rt X Compensation of Officers, | | Trustees (see instruc | 3. Percentage of time devoted to business | attributable to unrelated business |
| (1) | rt X Compensation of Officers, | | Trustees (see instruc | 3. Percentage of time devoted to business | attributable to unrelated business % % % % |
| (1) (2) | rt X Compensation of Officers, | | Trustees (see instruc | 3. Percentage of time devoted to business | attributable to unrelated business % % |
| (1) (2) (3) (4) | rt X Compensation of Officers, 1. Name | Directors, and | Trustees (see instruc | 3. Percentage of time devoted to business | attributable to unrelated business % % % % |
| (1) (2) (3) (4) | rt X Compensation of Officers, 1. Name | Directors, and | Trustees (see instruc | 3. Percentage of time devoted to business | attributable to unrelated business % % % % |
| (1) (2) (3) (4) | 1. Name | Directors, and | Trustees (see instruc | 3. Percentage of time devoted to business | attributable to unrelated business % % % % |
| (1) (2) (3) (4) | 1. Name | Directors, and | Trustees (see instruc | 3. Percentage of time devoted to business | attributable to unrelated business % % % % |
| (1) (2) (3) (4) | 1. Name | Directors, and | Trustees (see instruc | 3. Percentage of time devoted to business | attributable to unrelated business % % % % |
| (1) (2) (3) (4) | 1. Name | Directors, and | Trustees (see instruc | 3. Percentage of time devoted to business | attributable to unrelated business % % % % |
| (1) (2) (3) (4) | 1. Name | Directors, and | Trustees (see instruc | 3. Percentage of time devoted to business | attributable to unrelated business % % % % |
| (1) (2) (3) (4) | 1. Name | Directors, and | Trustees (see instruc | 3. Percentage of time devoted to business | attributable to unrelated business % % % % |
| (1) (2) (3) (4) | 1. Name | Directors, and | Trustees (see instruc | 3. Percentage of time devoted to business | attributable to unrelated business % % % % |
| (1) (2) (3) (4) | 1. Name | Directors, and | Trustees (see instruc | 3. Percentage of time devoted to business | attributable to unrelated business % % % % |
| (1) (2) (3) (4) | 1. Name | Directors, and | Trustees (see instruc | 3. Percentage of time devoted to business | attributable to unrelated business % % % % |
| (1) (2) (3) (4) | 1. Name | Directors, and | Trustees (see instruc | 3. Percentage of time devoted to business | attributable to unrelated business % % % % |
| (1) (2) (3) (4) | 1. Name | Directors, and | Trustees (see instruc | 3. Percentage of time devoted to business | attributable to unrelated business % % % % |
| (1) (2) (3) (4) | 1. Name | Directors, and | Trustees (see instruc | 3. Percentage of time devoted to business | attributable to unrelated business % % % % |

CAI COMMUNITY ACTION, INC.

25-1156265 FYE: 6/30/2021

Federal Statements

12/8/2021 4:05 PM

Page 1

Unrelated Business Activity
Statement 1 - Schedule A (990T), Part II, Line 14 - Other Deductions

| Description | Amount |
|---|--|
| OFFICE SPACE HUMAN RESOURCES & FISCAL SERVICES INFORMATION TECHNOLOGY PROFESSIONAL FEES INSURANCE OFFICE SUPPLIES | \$ 2,632 2,188 769 1,025 186 |
| TOTAL | \$ 6,805 |

COMMUNITY ACTION, INC.

25-1156265 FORM 990-T ESTIMATES

(Worksheet)

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations)

▶ Go to www.irs.gov/Form990W for instructions and the latest information.

OMB No. 1545-0047

| 2 Tax on the amount on line 1. See instructions for tax computation 3 Alternative minimum tax for trusts. See instructions 4 Total. Add lines 2 and 3 4 14,682 5 Estimated tax credits. See instructions 5 Subtract line 5 from line 4 6 14,682 7 Other taxes. See instructions 7 Total. Add lines 6 and 7 8 14,682 9 Credit for federal tax paid on fuels. See instructions 9 Credit for federal tax paid on fuels. See instructions 9 Credit for federal tax paid on fuels. See instructions 9 Lines of the federal tax paid on fuels. See instructions 10a Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions 10 Enter the tax shown on the 2020 return. See instructions, caution: If zero or the tax year was for loss than 12 months, skip this line and enter the amount from line 10a on line 10c 10b 14,682 11 10/15/21 12/15/21 03/15/22 06/15/22 12 Required installment Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the instructions installment method, or is a "large organization." 12 202 Overpayment. See instructions 13 3,447 14 Payment due (Subtract line 13 | Intern | al Revenue Service | Keer | for your records. Do not | send to the Internal Rever | nue Service. | |
|---|--------|--|------------------------------|---|----------------------------|--------------|----------|
| 3 Alternative minimum tax for trusts. See instructions | 1 | Unrelated business taxable income ex | pected | in the tax year | | 1 | 69,914 |
| 4 Total Add lines 2 and 3 | 2 | Tax on the amount on line 1. See instruc | tions fo | or tax computation | | 2 | 14,682 |
| 5 Estimated tax credits. See instructions 6 Subtract line 5 from line 4 6 14,692 7 Other taxes. See instructions 7 8 Total. Add lines 6 and 7 8 14,692 9 Credit for federal tax paid on fuels. See instructions 9 Credit for federal tax paid on fuels. See instructions 10a Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions b Enter the tax shown on the 2020 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c c 2021 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c (a) (b) (c) (d) 11 Installment due dates. See instructions 11 10/15/21 12/15/21 03/15/22 06/15/22 12 Required installments. Enter 25% of line 10b in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, or is a "large organization." 12 3,680 3,680 3,680 3,680 3,680 3,680 3,680 4 Payment due (Subtract line 13 | 3 | Alternative minimum tax for trusts. Se | e instr | uctions | | 3 | |
| 6 Subtract line 5 from line 4 6 14,682 7 Other taxes. See instructions 7 8 Total. Add lines 6 and 7 8 14,682 9 Credit for federal tax paid on fuels. See instructions 9 10a Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions b Enter the tax shown on the 2020 return. See instructions. Caution: If zero or the tax year was for less than 12 mornths, skip this line and enter the amount from line 10a on line 10c c 2021 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10c on line 10c 10c 14,682 (a) (b) (c) (d) 11 Installment due dates. See instructions If an installments. Enter 25% of line 10 in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, d). But see instructions if the organization uses the annualized income installment method, or is a "large organization." 12 3,680 3,680 3,680 3,680 3,680 3,680 13 2020 Overpayment. See instructions 13 3,447 14 Payment due (Subtract line 13 | 4 | Total. Add lines 2 and 3 | | | . 829 | 4 | 14,682 |
| 7 Other taxes. See instructions 7 Total. Add lines 6 and 7 8 114,682 9 Credit for federal tax paid on fuels. See instructions 9 Credit for federal tax paid on fuels. See instructions 9 Total. Add lines 6 and 7 9 Credit for federal tax paid on fuels. See instructions 10a Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions 10a 14,682 10a 14,682 10b 14,682 10c 2021 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c 11 Installment due datos. See instructions 11 Installment due datos. See instructions 12 Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions 13 Installment method, or is a large organization. 14 Installment method, or is a large organization. 15 Installment method, or is a large organization. 16 Installment method, or is a large organization. 17 Installment method, or is a large organization. 18 Installment method, or is a large organization. 19 Installment met | 5 | Estimated tax credits. See instructions | s | | | 5 | |
| 8 Total. Add lines 6 and 7 9 Credit for federal tax paid on fuels. See instructions 9 Credit for federal tax paid on fuels. See instructions 10a Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions 10a 14,682 10b 14,682 10c 14,682 | 6 | Subtract line 5 from line 4 | | | | 6 | 14,682 |
| 9 Credit for federal tax paid on fuels. See instructions 10a Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions b Enter the tax shown on the 2020 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c c 2021 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c (a) (b) (c) (d) 11 Installment due dates. See instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." 12 3,680 3,680 3,680 3,680 13 2020 Overpayment. See instructions 14 Payment due (Subtract line 13) | 7 | Other taxes. See instructions | | *************************************** | | 7 | |
| Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions b | 8 | Total. Add lines 6 and 7 | | | | 8 | 14,682 |
| required to make estimated tax payments. Private foundations, see instructions b Enter the tax shown on the 2020 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c c 2021 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c (a) (b) (c) (d) 11 Installment due dates. See instructions 11 10/15/21 12/15/21 03/15/22 06/15/22 12 Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, or is a "large organization." 12 3,680 3,680 3,680 3,680 3,680 13 2020 Overpayment. See instructions 14 Payment due (Subtract line 13 | 9 | Credit for federal tax paid on fuels. Se | e insti | ructions | | 9 | |
| Installment due dates. See instructions 11 | b | required to make estimated tax paymeinstructions Enter the tax shown on the 2020 retuthe tax year was for less than 12 monfrom line 10a on line 10c 2021 Estimated Tax. Enter the small | ents. F rn. Se ths, sk | Private foundations, see e instructions. Caution: If zer dip this line and enter the am ne 10a or line 10b. If the org | ro or ount 10b | 14,682 | 14,682 |
| instructions 11 10/15/21 12/15/21 03/15/22 06/15/22 12 Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." 12 3,680 3,680 3,680 3,680 13 2020 Overpayment. See instructions 14 Payment due (Subtract line 13 | | | | (a) | (b) | (c) | (d) |
| 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." 12 3,680 3,680 3,680 3,680 3,680 13 2020 Overpayment. See instructions 13 3,447 | 11 | | 11 | 10/15/21 | 12/15/21 | 03/15/22 | 06/15/22 |
| 14 Payment due (Subtract line 13 | | 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." 2020 Overpayment. See | | , | 3,680 | 3,680 | 3,680 |
| | 14 | Payment due (Subtract line 13 | | 233 | 3,680 | 3,680 | 3,680 |

For Paperwork Reduction Act Notice, see instructions.

| Form 990-T | Business | income Activity Su | ummary | | 2020 |
|----------------------------------|--|--------------------|---|----------------|-------------------------------------|
| me COMMUNITY A | ACTION, INC. | | | Taxpayer 25-11 | L Identification Number 56265 |
| siness Activity | Income (and allocation of Prior- | 2018 NOL) | | | |
| • | Operating Losses Carried Forward | | | N/A A | |
| Total Pre-2018 Net | Operating Loss allocated to Sch A activities | | | E | |
| Total Pre-2018 Net | Operating Loss allocated to Form 990-T, Li | ne 6 | | c | , |
| . Pre-2018 Applied (S | Sum of B and C) | | • | D |), |
| Pre-2018 Remaining | (Line A minus Line D) | | | E | |
| Pre-2018 Net Opera | ating Losses Expiring this Year | | | F | |
| . Pre-2018 Net Opera | ating Losses Carried Forward | | | ······ |). |
| 5 16: 5: 5:0 1·5 | | | Net Income | | ocated Pre2018 NO |
| Unrelated Bu | siness income Activity with income | Code | Net income | All | ocated Frezurs NO |
| UNRELATED | BUSINESS ACTIVITY | 541519 | 1. 70,914 | 4 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | 5. | | |
| | | | | | |
| | | | 7. | | |
| | | | _ | | |
| | | | 9 | | |
| | | | 10. | | |
| | | | 11 | | |
| · | | | 12 | | |
| | | | 13 | | |
| · | | | 14 | | |
| . All other revenue | ome | | 15 | | |
| . Total taxable inco | ome | | 16. <u>70,91</u> | 4 | |
| usiness Activity Unrelated Bu | Losses | Code | | | Current Year Los |
| | | | | 1 | |
| | | | | | |
| | | | | | |
| | | | | | |
| . All other activities | | | | 5. | |
| | | | | | |

| | Form 990 | Two Year | Com | parison Report | | 2019 & 2020 |
|-------------------|--------------------|---|--------|----------------|------------------|--------------------------|
| | | For calendar year 2020, or tax year beginn | ning (| 07/01/20 .en | ding 06/30/21 | 2013 & 2020 |
| Nar | me | | | | | er Identification Number |
| , | 1016 ATTT | | | | | |
| _ | COMMONTA | Y ACTION, INC. | 1 1 | | 25-1 | 156265 |
| | | | | 2019 | 2020 | Differences |
| | 1. Contribution | ns, gifts, grants | 1. | 191,363 | 138,214 | -53,149 |
| | 2. Membershi | p dues and assessments | 2. | | | |
| 0 | 3. Governmer | nt contributions and grants | 3. | 1,796,492 | | 443,051 |
| 3 | 4. Program se | ervice revenue | 4. | 2,014,504 | 1,733,424 | |
| e | 5. Investment | income | 5. | 1,745 | 1,068 | -677 |
| > | 6. Proceeds fi | rom tax exempt bonds | 6. | | | |
| œ | 7. Net gain or | (loss) from sale of assets other than inventory | 7. | | | |
| | 8. Net income | or (loss) from fundraising events | 8. | -2,210 | - 105 | 2,105 |
| | 9. Net income | e or (loss) from gaming | 9. | | | |
| | 10. Net gain or | (loss) on sales of inventory | 10. | | | |
| | 11. Other rever | nue | 11. | 30,524 | 65,527 | 35,003 |
| | 12. Total rever | nue. Add lines 1 through 11 | 12. | 4,032,418 | 4,177,671 | 145,253 |
| | 13. Grants and | similar amounts paid | 13. | | | |
| | 14. Benefits pa | id to or for members | 14. | | | |
| e | 15. Compensat | tion of officers, directors, trustees, etc. | 15. | 175,924 | 192,933 | 17,009 |
| S | 16. Salaries, ot | her compensation, and employee benefits | 16. | 1,594,139 | 1,498,213 | -95,926 |
| Φ | 17. Professiona | If fundraising fees | 17. | | • | |
| × | 18. Other profe | essional fees | | 7,204 | 7,282 | 78 |
| Ш | 19. Occupancy | , rent, utilities, and maintenance | 19. | 86,127 | 83,930 | -2,197 |
| | 20. Depreciation | n and Depletion | 20. | 13,534 | 15,274 | 1,740 |
| | 21. Other expe | nses | 21. | 2,018,114 | 2,262,780 | 244,666 |
| | 22. Total expe | nses. Add lines 13 through 21 | 22. | 3,895,042 | 4,060,412 | 165,370 |
| | | (Deficit). Subtract line 22 from line 12 | 23. | 137,376 | 117,259 | -20,117 |
| | 24. Total exem | pt revenue | 24. | 4,032,418 | 4,177,671 | 145,253 |
| _ | 25. Total unrela | ated revenue | 25. | 162,305 | 115,747 | -46,558 |
| 亞 | 26. Total exclud | dable revenue | 26. | 1,882,258 | 1,684,167 | -198,091 |
| E | 27. Total asset | s | 27. | 2,386,582 | 2,558,864 | 172,282 |
| Other Information | 28. Total liabilit | ies | 28. | 301,052 | 341,731 | 40,679 |
| 프 | 29. Retained e | amings | 29. | 2,085,530 | 2,217,133 | 131,603 |
| je. | 1 | voting members of governing body | 30. | 18 | 18 | |
| ŏ | | independent voting members of governing body | 31. | 18 | 18 | |
| | 32. Number of | | 32. | 62 | 61 | |
| | 33. Number of | | 33. | | 18 | |

Two Year Comparison Report Form 990T 2019 & 2020 For calendar year 2020, or tax year beginning 07/01/20 06/30/21 Name Taxpayer Identification Number COMMUNITY ACTION, INC. 25-1156265 2019 2020 Differences Gross profit/loss on business activities 1. 162,305 115,747 -46,5582. Capital gains/losses 2. 3. Income/loss from partnerships and S corporations 3. 4. Rent income (net of expense) 4. 5. Unrelated debt-financed income (net of expense) 5. 6. Income from controlled organizations (net of expense) 6. 7. Section 501(c)(7)(9)(17) organization income (net of expense) 7. 8. Exploited exempt activity income (net of expense) 8. 9. Advertising income (net of expense) 9. 10. Other income 10. 162,305 115,747 -46,55811. Total trade or business income. Combine lines 1 through 10 11. 12. Compensation of officers, directors, and trustees 12. 67,890 13. Other salaries and wages 13. 28,936 -38,95414. Repairs and maintenance 14. 15. Bad debts 15. 16. Interest 16. 17. Taxes and licenses 8,526 4,195 -4,331 17. 18. Charitable contributions 18. 19. Depreciation and Depletion 19. 20. Contributions to deferred compensation plans 20. 21. Employee benefit programs 13,110 4,897 -8,213 21. 22. Other deductions -10,911 22. 17,716 6,805 23. Total deductions. Add lines 12 through 22 -62,409107,242 44,833 23. 24. Net income (990T/first activity); Subtract line 23 from 11 55,063 70,914 15,851 24. 25. Number of unrelated business activities for this return 25. 55,063 70,914 15,851 26. Unrelated business taxable income from all trades 26. 27. Disallowed employee fringe benefits 27. 28. Charitable contributions 28. 55,063 70,914 15,851 29. Taxable income before NOL loss 29. 30. Net operating loss (pre-2018) 30. 1,000 1,000 31. Specific deduction 31. 54,063 69,914 15,851 32. Unrelated business taxable income. 32. 11,353 14,682 3,329 33. 33. Income tax (corporate or trust) 34. 34. Proxy tax 35. Other taxes 35. 11,353 14,682 3,329 36. Total taxes ್ರೈ 37. Other credits 37. 38. General business credit 38. 39. Credit for prior year minimum tax 39. 40. Total credits 40. 3,329 11,353 14,682 41. Net tax after credits 41. 42. Recapture taxes and 965 tax 42. 14,682 3,329 11,353 43. Total Taxes 43. 14,474 18,129 3,655 ▼ 44. Prior year overpayment and estimated tax payments 44. 45. Payment made with extension 45. 46. Backup withholding and foreign withholding 46. 47. Other payments 47. 18,129 3,655 14,474 48. Total payments 48.

49.

50. 51.

49. Balance due/(Overpayment)

51. Penalties

52. Total due/(Refund)

50. Overpayment applied to next year

-3,121

3,121

-3,447

3,447

-326

326

Form SchM

Two Year Comparison for Unrelated Business Activity

For calendar year 2020, or tax year beginning 07/01/20 , ending 06/30,

, ending 06/30/21

2019 & 2020

Organization Name

COMMUNITY ACTION, INC.

Taxpayer Identification Number 25-1156265

| | corporated Business Income Tax Code: 541519 Activity: UNREL | | 2019 | 2020 | Differences |
|-----|--|-----|---------------------------------------|---------|-------------|
| | 1. Gross profit/loss on business activities | 1. | 162,305 | 115,747 | -46,558 |
| | 2. Capital gains/losses | 2. | | | |
| n e | 3. Income/loss from partnerships and S corporations | 3. | | | |
| = | 4. Rental income (net of expense) | 4. | · · · · · · · · · · · · · · · · · · · | | |
| > | 5. Unrelated debt-financed income (net of expense) | 5. | | | |
| 8 | 6. Interest, and other income from controlled organizations (net of expense) | 6. | | | |
| | 7. Investment income of specific organizations (net of expense) | 7. | | | |
| | 8. Exploited exempt activity income (net of expense) | 8. | | | |
| | 9. Advertising income (net of expense) | 9. | | | |
| | 10. Other income | 10. | | | |
| | 11. Total trade or business income. Combine lines 1 through 10 | 11. | 162,305 | 115,747 | -46,558 |
| | 12. Compensation of officers, directors, and trustees | 12. | | | |
| | 13. Other salaries and wages | 13. | 67,890 | 28,936 | -38,954 |
| | 14. Repairs and maintenance | 14. | | | |
| | 15. Bad debts | 15. | | | |
| w | 16. Interest | 16. | | | |
| 8 | 17. Taxes and licenses | 17. | 8,526 | 4,195 | -4,331 |
| 6 | 18. Depreciation and Depletion | 18. | | | |
| ā | 19. Contributions to deferred compensation plans | 19. | | | |
| ũ | 20. Employee benefit programs | 20. | 13,110 | 4,897 | -8,213 |
| | 21. Other deductions | 21. | 17,716 | 6,805 | -10,911 |
| | 22. Total deductions. Add lines 12 through 22 | 22. | 107,242 | 44,833 | -62,409 |
| | 23. Taxable income before deductions. Subtract line 23 from 11 | | 55,063 | 70,914 | 15,851 |
| | 24. Deductible losses | 24. | | | |
| _ | 25. Unrelated business taxable income (loss) | 25. | 55,063 | 70,914 | 15,851 |

| Name COM | | | | | | |
|--|-----------------------|-----------|-----------|-----------|------------|---|
| | COMMUNITY ACTION, INC | | | | Employ 25- | Employer Identification Number 25-1156265 |
| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Contributions, gifts, grants | | 2,152,025 | 2,098,299 | 1,987,855 | 2,377,757 | |
| Membership dues | | | | | | |
| Program service revenue | | 2,455,059 | - ~ | 2,014,504 | 1,733,424 | |
| Capital gain or loss | | | 11,509 | | | |
| Investment income | | 1,251 | 1,807 | 1,745 | 1,068 | |
| Fundraising revenue (income/loss) | ome/loss) | -1,644 | | -2,210 | -105 | |
| Gaming revenue (income/loss) | (loss) | | | | | |
| Other revenue | | 81,764 | 59,241 | 30,524 | _ | |
| Total revenue | | 4,688,455 | 4,375,259 | 4,032,418 | 4,177,671 | |
| Grants and similar amounts paid | its paid | | | | | |
| Benefits paid to or for members | mbers | | | | | |
| Compensation of officers, etc. | etc. | 163 | 164,773 | 175, | | |
| Other compensation | | - 4 | 1,704,655 | 1,594,139 | ~ | |
| Professional fees | | 7,704 | 7,204 | 7,204 | 7,282 | |
| Occupancy costs | | 91,428 | 80,347 | 86,127 | 83,930 | |
| Depreciation and depletion | c | 14,538 | 13,580 | 13,534 | 15,274 | |
| Other expenses | | 2,425,293 | 2,334,798 | 018, | ~ | |
| Total expenses | | 4,562,499 | 4,305,357 | 3,895,042 | ~ | |
| Excess or (Deficit) | | 125,956 | 69,902 | 137,376 | 117,259 | |
| Colored to the Colored | | 4 688 455 | 4 375 259 | 4.032.418 | 4.177.671 | |
| Total exempt leveline | | ١. | 174 994 | 162,305 | | |
| Total evolutable revenue | | 2.238.641 | | 1.882,258 | 1.684.167 | |
| Total Assets | | 7 | | 2,386,582 | 558, | |
| Total Liabilities | | 4 | 439 | 301,052 | 341,731 | |
| Net Fund Balances | | 1,897,213 | 1,965,538 | 2,085,530 | 2,217,133 | |

| Form 990T | | Tax Retu | Tax Return History | | | 2020 |
|--|------------------------|----------|--------------------|---------|---------------|---|
| Name | COMMUNITY ACTION, INC. | | | | Employer 25-1 | Employer Identification Number 25–1156265 |
| * Income shown net of expenses | nses | | , | | • | |
| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Business activity profit/loss | | 297,789 | 174,994 | 162,305 | 115,747 | |
| Capital gains/losses | | | | | | |
| Partner and S Corp gain/loss | 55 | | | | | |
| Rental income* | | | | | | |
| ncome* | | | | | | |
| | come/interest* | | | | | |
| Investment income, specific organizations* | anizations* | | | | | |
| Exploited exempt activity income* | come* | | | | | |
| Other income | | | | | | |
| Total trade or business income. | come. | 297,789 | 174,994 | 162,305 | 115,747 | |
| Compensation of officers, ect. | id. | | | | | |
| Other salaries and wages | | 84,057 | 60,878 | 64, 890 | 28,936 | |
| Repairs and maintenance | | | | | | |
| Bad debts | | | | | | |
| Interest | | | | | | |
| Taxes and licenses | | 9,516 | 7,957 | 8,526 | 4,195 | |
| Charitable contributions | | | | | | |
| Depreciation and Depletion | | | | | | |
| Deferred compensation plans | Su | | | | | |
| Smelone honoff rmame | | | 12,945 | 13,110 | 4,897 | |

| Form 990T | | | Tax Retu | Tax Return History | | | 2020 |
|-------------------------------------|-----------------------|------|----------|--------------------|--------|---------------|---|
| Name COMMUN | COMMUNITY ACTION, INC | INC. | | | | Employer 25-1 | Employer Identification Number 25-1156265 |
| | 2016 | | 2017 | 2018 | 2019 | 2020 | 2021 |
| Other deductions | | | 41,130 | 17,300 | 17,716 | 6,805 | |
| Net income (990) first activity) | | | 163,086 | 75,914 | 55,063 | 70,914 | |
| LIBTI from all frades | | 0 | 163,086 | 75,914 | 55,063 | 70,914 | |
| Taxable employee fringe benefits | | | | 27 | | | |
| Charitable contributions | | | | | | | |
| Net operating loss deduction | | | | | | | |
| Specific deduction | | | 1,000 | 1,000 | 1,000 | 1,000 | |
| Income after expense and deductions | dions | | 162,086 | 74,941 | 54,063 | 69,914 | |
| Income tax (corporate or trust) | | | 40,301 | 15,738 | 11,353 | 14,682 | |
| Other taxes | | | | | | | |
| Total taxes | | | 40,301 | 15,738 | 11,353 | 14,682 | |
| General business credit | | | | | | | |
| Other credits | | | | | | | |
| Net tax after credits | | | 40,301 | 15,738 | 11,353 | 14,682 | |
| Estimated tax payments | | | 42,121 | 23,175 | 14,474 | 18,129 | |
| Other payments | | | | | | | |
| Balance due/Overnavment | | | -1,820 | -7,437 | -3,121 | -3,447 | |

CAI COMMUNITY ACTION, INC.

25-1156265 FYE: 6/30/2021

Federal Statements

12/8/2021 4:05 PM

Page 1

Taxable Interest on Investments

Description

Unrelated Exclusion Postal Acquired after US
Business Code Code 6/30/75 Obs (\$ or %) Amount

1,068

14

TOTAL

1,068