

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2012, or fiscal year beginning 7/01, 2012, and ending 6/30, 2013

▶ Do not send to the IRS. Keep for your records.

**2012**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**COMMUNITY ACTION, INC.**

Employer identification number

**25-1156265**

Name and title of officer

**ROBERT A. CARDAMONE  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>5,428,224</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize SARP & COMPANY, CPAS to enter my PIN 15601 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Robert A. Cardamone

Date ▶ 02/15/14

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**25231915601**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ JARED EWING

Date ▶

**ERO Must Retain This Form—See Instructions**

**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8868**

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

OMB No. 1545-1709

(Rev. January 2013)

Department of the Treasury  
Internal Revenue Service

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- 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](http://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. <b>COMMUNITY ACTION, INC.</b>	Employer identification number (EIN) or <b>25-1156265</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>105 GRACE WAY</b>	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PUNXSUTAWNEY PA 15767-1209</b>	

Enter filer's identifying number, see instructions

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

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	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

**ERNEST E. CERTO, JR.**  
**105 GRACE WAY**

• The books are in the care of ► **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 **02/18/14**, 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 **07/01/12**, and ending **06/30/13**

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 Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 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	\$
c <b>Balance due.</b> 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	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

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

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-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**ERNEST E. CERTO, JR.**  
**105 GRACE WAY**

• The books are in the care of **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.

4 I request an additional 3-month extension of time until **05/15/14**.

5 For calendar year , or other tax year beginning **07/01/12**, and ending **06/30/13**.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension

**SEE STATEMENT 1**

<b>8a</b> 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.	<b>8a</b>	\$
<b>b</b> If this application is for Form 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 and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title **CPA**

Date **02/11/14**



**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047  
**2012**  
Open to Public Inspection

**A For the 2012 calendar year, or tax year beginning 07/01/12, and ending 06/30/13**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: **COMMUNITY ACTION, INC.**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address): **105 GRACE WAY**  
 Room/suite  
 City, town or post office, state, and ZIP code: **PUNXSUTAWNEY PA 15767-1209**

**D** Employer identification number: **25-1156265**

**E** Telephone number: **814-938-3302**

**F** Name and address of principal officer:  
**ROBERT A. CARDAMONE**  
**105 GRACE WAY**  
**PUNXSUTAWNEY PA 15767-1209**

**G** Gross receipts \$: **5,448,069**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.JCCAP.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1965** **M** State of legal domicile: **PA**

**H(c)** Group exemption number ▶

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>MISSION STATEMENT - TO PROVIDE AND COORDINATE ACTIVITIES WHICH ALLEVIATE POVERTY, PROMOTE FAMILY SELF-SUFFICIENCY AND ADVANCE COMMUNITY PROSPERITY.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>75</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>573</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>141,046</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>59,358</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>6,120,396</b>	<b>4,942,661</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>165,525</b>	<b>126,500</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>47,097</b>	<b>25,950</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>214,875</b>	<b>333,113</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>6,547,893</b>	<b>5,428,224</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>2,135,124</b>	<b>2,033,080</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>25,404</b>		<b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,276,328</b>	<b>3,341,603</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>6,411,452</b>	<b>5,374,683</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>136,441</b>	<b>53,541</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,136,180</b>	<b>2,157,737</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>502,885</b>	<b>468,339</b>
		<b>1,633,295</b>	<b>1,689,398</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer: **ROBERT A. CARDAMONE** *RMW* Date: **3/4/14**  
 Type or print name and title: **EXECUTIVE DIRECTOR**

**Paid Preparer Use Only** Print/Type preparer's name: **JARED EWING** Preparer's signature: *Jared Ewing* Date: **02/14/14** Check  if self-employed  PTIN: **P00596532**  
 Firm's name: **SARP & COMPANY, CPAS** Firm's EIN: **25-1479220**  
 Firm's address: **210 TOLLGATE HILL ROAD GREENSBURG, PA 15601-8718** Phone no.: **724-834-2151**

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

**MISSION STATEMENT - TO PROVIDE AND COORDINATE ACTIVITIES WHICH ALLEVIATE POVERTY, PROMOTE FAMILY SELF-SUFFICIENCY AND ADVANCE COMMUNITY PROSPERITY.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **1,343,760** including grants of \$ ) (Revenue \$ **1,343,760** )

**CCIS - HELPS ELIGIBLE FAMILIES PAY FOR CHILD CARE EXPENSES AT THEIR CHOSEN PROVIDER. OFFERS CHILD CARE PROVIDER LISTINGS, COMMUNITY RESOURCE AND REFERRAL SERVICES TO FAMILIES AND PROVIDES "GETTING STARTED" INFORMATION TO PERSONS INTERESTED IN OPENING A CHILD CARE FACILITY.**

4b (Code: ) (Expenses \$ **1,660,765** including grants of \$ ) (Revenue \$ **1,660,765** )

**MEDICAL TRANSPORTATION - PROVIDES NON-EMERGENCY MILEAGE REIMBURSEMENT AND PARA-TRANSIT TRANSPORTATION TO COVERED SERVICES TO PERSONS WITH A VALID DEPARTMENT OF PUBLIC WELFARE PA ACCESS CARD.**

4c (Code: ) (Expenses \$ **537,448** including grants of \$ ) (Revenue \$ **537,448** )

**ENERGY CONSERVATION & WEATHERIZATION PROJECT - INSTALLS HOUSING MATERIALS TO REDUCE ENERGY CONSUMPTION AND HEALTH AND SAFETY CONCERNS; ALSO PROVIDES ENERGY CONSERVATION EDUCATION.**

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **1,223,062** including grants of \$ ) (Revenue \$ **1,223,062** )

4e Total program service expenses **4,765,035**



**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		<b>X</b>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>X</b>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<b>X</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		<b>X</b>
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<b>X</b>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		<b>X</b>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		<b>X</b>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>X</b>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		<b>X</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		<b>X</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		<b>X</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<b>X</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<b>X</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<b>X</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		<b>X</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>X</b>	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>X</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		



**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **ERNEST E. CERTO, JR.**      **105 GRACE WAY**

**PUNXSUTAWNEY**

**PA 15767-1209 814-938-3302**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>ERNEST CERTO</b> CONTROLLER	43.80 0.00	X					54,351	0	8,380	
(2) <b>JAMES P MCINTYRE</b> DIRECTOR	0.67 0.00	X					0	0	0	
(3) <b>SAMUEL H SMITH</b> DIRECTOR	0.13 0.00	X					0	0	0	
(4) <b>DONNA R OBERLANDER</b> DIRECTOR	0.52 0.00	X					0	0	0	
(5) <b>REBECCA MITCHELL</b> DIRECTOR	0.28 0.00	X					0	0	0	
(6) <b>LEE N STEWART</b> TREAS. / SEC.	0.47 0.00	X		X			0	0	0	
(7) <b>RONALD WILSHIRE</b> VICE PRES	0.22 0.00	X		X			0	0	0	
(8) <b>GRANVILLE E CARTER</b> DIRECTOR	0.20 0.00	X					0	0	0	
(9) <b>CLARA W BELLOIT</b> DIRECTOR	0.22 0.00	X					0	0	0	
(10) <b>LORI BROWN</b> DIRECTOR	0.33 0.00	X					0	0	0	
(11) <b>RENEE VOWINKEL</b> DIRECTOR	0.27 0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>STEVE J MEHOK</b>	0.58									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(13) <b>PAMELA M JOHNSON</b>	0.82									
<b>ASST. SEC.</b>	0.00	X		X			0	0	0	
(14) <b>RICHARD FETTERMAN</b>	0.83									
<b>PRESIDENT</b>	0.00	X		X			0	0	0	
(15) <b>JUDITH GARDNER</b>	0.16									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(16) <b>G BUTCH CAMPBELL</b>	0.14									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(17) <b>MELVA MCGRANOR</b>	0.14									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(18) <b>SCOTT HUTCHINSON</b>	0.27									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(19) <b>JAMES WHERLE</b>	0.13									
<b>DIRECTOR</b>	0.00	X					0	0	0	
<b>1b Sub-total</b>							<b>54,351</b>		<b>8,380</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>108,221</b>		<b>9,569</b>	
<b>d Total (add lines 1b and 1c)</b>							<b>162,572</b>		<b>17,949</b>	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>HEALTH RIDE PLUS</b> <b>NORTHERN CAMBRIA PA 15714</b>	<b>404 MAGNOLIA STREET</b> <b>MEDICAL TRANSP.</b>	<b>1,289,409</b>
<b>JANDENI ENTERPRISES, INC.</b> <b>SHIPPENVILLE PA 16254</b>	<b>PO BOX 313</b> <b>CHILDCARE PROVI</b>	<b>123,227</b>
<b>PLAYHOUSE CHILDRENS CENTER, LLC</b> <b>PUNXSUTAWNEY PA 15767</b>	<b>218 LANE AVENUE</b> <b>CHILDCARE PROV.</b>	<b>120,468</b>

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>ROBERT CARDAMONE</b> <b>EXECUTIVE DIRECTOR</b>	<b>51.43</b> <b>0.00</b>			<b>X</b>				<b>108,221</b>	<b>0</b>	<b>9,569</b>
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b>								<b>108,221</b>		<b>9,569</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	1,620				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	4,815,803				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	125,238				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		4,632				
	<b>h Total.</b> Add lines 1a-1f		4,942,661				
	<b>Program Service Revenue</b>	<b>2a</b> COPOS	Busn. Code 541519	126,500		126,500	
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			126,500				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)		3,434		16	3,418
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real	35,592				
		(ii) Personal					
		<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)		35,592				
	<b>d Net rental income or (loss)</b>		35,592			35,592	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other	42,361				
		<b>b</b> Less: cost or other basis & sales exps.		19,845			
		<b>c</b> Gain or (loss)		22,516			
	<b>d Net gain or (loss)</b>		22,516	22,516			
	<b>8a</b> Gross income from fundraising events (not including \$ 1,620 of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses					
<b>c Net income or (loss) from fundraising events</b>							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c Net income or (loss) from gaming activities</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	14,530					
	<b>b</b> Less: cost of goods sold						
	<b>c Net income or (loss) from sales of inventory</b>		14,530		14,530		
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>					
<b>11a</b> OTHER SERVICE FEES			142,617			142,617	
<b>b</b> OTHER PROGRAM SERVICE FEES			116,682			116,682	
<b>c</b> MISCELLANEOUS			23,692			23,692	
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			282,991				
<b>12 Total revenue.</b> See instructions.			5,428,224	22,516	141,046	322,001	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX 

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,558,063	1,153,718	389,391	14,954
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,780	19,235	8,146	399
9	Other employee benefits	328,884	267,767	59,864	1,253
10	Payroll taxes	118,353	87,121	30,100	1,132
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	31,450		31,450	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	87,950	81,651	5,054	1,245
14	Information technology				
15	Royalties				
16	Occupancy	93,250	87,941	4,803	506
17	Travel	42,341	33,624	7,882	835
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,723	1,075	648	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,714	11,714		
23	Insurance	30,240	29,059	1,078	103
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<b>CLIENT TRAVEL AND ASSISTANCE</b>	1,338,878	1,338,878		
b	<b>CHILD CARE FEES</b>	1,121,010	1,121,010		
c	<b>WEATHERIZATION SERVICES</b>	237,403	237,403		
d	<b>HOUSING ASSISTANCE</b>	74,340	74,340		
e	All other expenses	271,304	220,499	45,828	4,977
25	<b>Total functional expenses.</b> Add lines 1 through 24e	5,374,683	4,765,035	584,244	25,404
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X 

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	831,889	1	705,553
	2 Savings and temporary cash investments	62,440	2	62,531
	3 Pledges and grants receivable, net	505,886	3	631,095
	4 Accounts receivable, net	123,485	4	138,930
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	14,331	8	19,492
	9 Prepaid expenses and deferred charges	52,917	9	103,268
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 879,756		
	b Less: accumulated depreciation	10b 431,701	10c 498,981	448,055
	11 Investments—publicly traded securities	46,251	11	48,813
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,136,180	16	2,157,737	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	467,900	17	419,014
	18 Grants payable		18	
	19 Deferred revenue	34,985	19	49,325
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	502,885	26	468,339
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,557,979	27	1,624,654
	28 Temporarily restricted net assets	75,316	28	64,744
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances</b>	1,633,295	33	1,689,398	
34 <b>Total liabilities and net assets/fund balances</b>	2,136,180	34	2,157,737	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,428,224
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,374,683
3	Revenue less expenses. Subtract line 2 from line 1	3	53,541
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,633,295
5	Net unrealized gains (losses) on investments	5	2,562
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,689,398

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**COMMUNITY ACTION, INC.**

Employer identification number

**25-1156265**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,907,402	6,810,730	7,466,280	6,120,396	4,942,661	31,247,469
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	5,907,402	6,810,730	7,466,280	6,120,396	4,942,661	31,247,469
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						31,247,469

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	5,907,402	6,810,730	7,466,280	6,120,396	4,942,661	31,247,469
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,681	84,393	64,005	56,889	39,010	246,978
9 Net income from unrelated business activities, whether or not the business is regularly carried on	22,030	3,945	27,113	246,021	342,349	641,458
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	222,630	120,403	174,149	156,020	282,991	956,193
11 <b>Total support.</b> Add lines 7 through 10						33,092,098

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	94.43%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	95.70%

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**PART II, LINE 10 - OTHER INCOME DETAIL**

\$ 956,193

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

COMMUNITY ACTION, INC.

Employer identification number

25-1156265

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6 are empty.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		<b>X</b>	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		<b>X</b>	
<b>c</b> Media advertisements?		<b>X</b>	
<b>d</b> Mailings to members, legislators, or the public?		<b>X</b>	
<b>e</b> Publications, or published or broadcast statements?		<b>X</b>	
<b>f</b> Grants to other organizations for lobbying purposes?		<b>X</b>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		<b>X</b>	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<b>X</b>	
<b>i</b> Other activities?	<b>X</b>		<b>1,050</b>
<b>j</b> Total. Add lines 1c through 1i			<b>1,050</b>
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<b>X</b>	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?		

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) if Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE C, PART II-B, LINE 1**

**NATIONAL COMMUNITY ACTION FOUNDATION (NCAF.ORG) DUES -**

**THE NATIONAL COMMUNITY ACTION FOUNDATION (NCAF) IS A PRIVATE, NON-PROFIT ORGANIZATION WHICH SERVES AS AN ADVOCATE AND LOBBYIST FOR PROGRAMS THAT ASSIST LOW-INCOME FAMILIES AND INDIVIDUALS. FOUNDED IN 1981, NCAF**

**Part IV** Supplemental Information (continued)

REPRESENTS COMMUNITY ACTION AGENCIES (CAAS) AS WELL AS THEIR STATE AND REGIONAL ASSOCIATIONS TO HELP AMPLIFY AND ENHANCE THEIR WORK IN LOCAL COMMUNITIES THROUGHOUT THE COUNTRY, PROMOTING SELF-SUFFICIENCY AND SUSTAINABLE POVERTY REDUCTION. NCAF IS GOVERNED BY AN ELECTED, VOLUNTEER BOARD OF DIRECTORS.

NCAF WORKS CLOSELY WITH MEMBERS OF CONGRESS, FEDERAL AND STATE AGENCIES, AND A VARIETY OF PUBLIC INTEREST GROUPS TO MAINTAIN ADEQUATE FUNDING FOR CAA PROGRAMS AND TO SHAPE FUTURE POLICY DIRECTIONS. WE ADVOCATE FOR BROAD RANGE OF ISSUES, INCLUDING: THE COMMUNITY SERVICES BLOCK GRANT, WELFARE REFORM, HEAD START, CHILD CARE, THE LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM, WORKFORCE DEVELOPMENT, HOUSING AND SHELTER FOR THE HOMELESS, HEALTH, NUTRITION, TAX AND INCOME POLICY, AND ENERGY CONSERVATION PROGRAMS.

NCAF PROVIDES RESEARCH, DATA AND TRAINING, AS WELL AS POLICY, LEGAL AND LEGISLATIVE SUPPORT, AND WORKS ON BEHALF OF CAAS, WHICH PROVIDE SERVICES TO MORE THAN A QUARTER OF ALL AMERICANS LIVING IN POVERTY AND TO SEVERAL MILLION MORE FAMILIES WITH INCOMES ONLY SLIGHTLY HIGHER THAN THE POVERTY THRESHOLD EVERY YEAR.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

COMMUNITY ACTION, INC.

25-1156265

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and two yes/no questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  %
  - b** Permanent endowment  %
  - c** Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		<b>33,865</b>		<b>33,865</b>
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		<b>845,891</b>	<b>431,701</b>	<b>414,190</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>448,055</b>

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)		

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII







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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

**COMMUNITY ACTION, INC.**

Employer identification number

**25-1156265**

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT**

**OTHER PROGRAM SERVICES:**

**HOMELESS SERVICES - PROVIDES EMERGENCY SHELTER,  
TRANSITIONAL HOUSING, HELP IN LOCATING A RESIDENCE, CASE  
MANAGEMENT, LIMITED FINANCIAL ASSISTANCE AND ADVOCACY  
SERVICES.**

**FAMILY / FOOD SERVICES - PROVIDES LIMITED ASSISTANCE FOR  
RENT, MORTGAGE, UTILITY BILLS AND FOOD; OFFERS ASSISTANCE  
IN THE COMPLETION OF FOOD STAMP APPLICATIONS.**

**CASE MANAGEMENT - STAFF WORK CLOSELY WITH FAMILIES TO  
DEVELOP GOAL PLANS SO THEY MAY WORK TOWARDS OVERCOMING  
BARRIERS AND ACHIEVE SELF-SUFFICIENCY.**

**HOUSING DEVELOPMENT - DEVELOPS AND MAINTAINS DECENT, SAFE  
AND AFFORDABLE HOUSING.**

**DOMESTIC VIOLENCE INTERVENTION / PREVENTION - PROVIDES  
EMERGENCY SHELTER, 24-HOUR HOTLINE, EDUCATIONAL PROGRAMS,  
OPTIONS COUNSELING, LEGAL ADVOCACY AND GROUP SUPPORT TO  
VICTIMS OF DOMESTIC VIOLENCE.**

**PARENTING SERVICES - PROVIDES EDUCATION, INFORMATION,  
ADVOCACY AND SUPPORT THROUGH A FACILITATED PARENT  
LEADERSHIP MODEL.**

**ADULT EDUCATION - PROVIDES INDIVIDUAL INSTRUCTION FOR  
ADULTS VIA TUTOR OR CLASSROOM TO IMPROVE SKILLS IN  
READING, MATH, JOB READINESS, COLLEGE / TECHNOLOGY  
TRAINING, COMPUTER OR TO PREPARE FOR THE GENERAL EDUCATION**

Name of the organization

COMMUNITY ACTION, INC.

Employer identification number  
25-1156265

DEVELOPMENT (GED) EXAM.

YOUTH OPPORTUNITIES - COMMUNITY ACTION, INC. PARTNERS WITH OTHERS TO PROVIDE YOUTH WITH MENTORING ACTIVITIES, FINANCIAL LITERACY AND WORK READINESS EDUCATION AND SKILLS.

INFORMATION TECHNOLOGY - PROVIDES TECHNOLOGY CONSULTING INCLUDING: NETWORKING; SOFTWARE DEVELOPMENT; AND THE SALE OF TECHNOLOGY HARDWARE, SOFTWARE AND ACCESSORIES. A 990 - T IS FILED FOR UNRELATED BUSINESS INCOME.

SENIOR CORPS - RSVP - UTILIZES TALENTS OF PERSONS AGES 55 AND OVER TO MEET COMMUNITY NEEDS THROUGH VOLUNTEERING AT NON-PROFIT ORGANIZATIONS.

NEW CHOICES CAREER DEVELOPMENT - PROVIDES PERSONS SKILLS AND KNOWLEDGE TO ENABLE THEM TO MAKE NEW CAREER CHOICES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 DUE TO THE TIMING OF THE PREPARATION OF THE 990 AND THE FILING DUE DATE, THE 990 HAS BEEN REVIEWED BY MANAGEMENT. A COPY WILL BE PROVIDED TO THE AUDIT/FINANCE COMMITTEE AFTER THE FORM 990 HAS BEEN FILED FOR REVIEW PRIOR TO PROVIDING A COPY TO THE FULL BOARD.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY A CONFLICT OF INTEREST POLICY COVERING THE AGENCY'S BOARD MEMBERS IS DEFINED IN THE ORGANIZATION'S BYLAWS. ALL BOARD MEMBERS ARE REQUIRED TO ANNUALLY COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT OR WHEN THERE IS A CHANGE IN THE BOARD MEMBER'S STATUS REGARDING A CONFLICT OF INTEREST. A WRITTEN POLICY IS CONTAINED IN THE EMPLOYEE HANDBOOK. EMPLOYEES ARE

Name of the organization

COMMUNITY ACTION, INC.

Employer identification number

25-1156265

REQUIRED TO SUPPORT THE MISSION, POLICIES, PROCEDURES AND GOALS AND CONDUCT THEMSELVES IN AN ETHICAL MANNER. EMPLOYEES ARE PERMITTED TO REQUEST PERMISSION TO PERFORM WORK PERTAINING TO OR SIMILAR TO WORK PERFORMED BY COMMUNITY ACTION, INC., BY SUBMITTING A WRITTEN REQUEST TO THEIR IMMEDIATE SUPERVISOR 30 DAYS PRIOR TO THE PROPOSED COMMENCEMENT OF THE WORK START DATE. THE EMPLOYEE'S IMMEDIATE SUPERVISOR WILL REVIEW THE REQUEST AND FORWARD IT WITH THEIR RECOMMENDATION TO THE EXECUTIVE DIRECTOR FOR FINAL DECISION MAKING AUTHORITY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
 THE BOARD OF DIRECTORS ARE RESPONSIBLE FOR EMPLOYING AND EVALUATING THE EXECUTIVE DIRECTOR'S COMPENSATION AND PERFORMANCE. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS CHARGED WITH MAKING RECOMMENDATIONS TO THE BOARD REGARDING THE HIRING AND TERMINATION OF THE EXECUTIVE DIRECTOR'S EMPLOYMENT.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
 THE HIRING OF COMMUNITY ACTION, INC. KEY EMPLOYEES IS THE RESPONSIBILITY OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.JCCAP.ORG, OR UPON REQUEST.



## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>										
1	Shelter Building	9/01/90	23,000				23,000	35 MO S/L	14,348	657
2	Land - 500W	9/01/90	2,000				2,000	0 -- Land	0	0
8	Land - 112 Bey	1/01/92	750				750	0 -- Land	0	0
9	Buildings - 11	1/01/92	6,750				6,750	30 MO S/L	4,850	225
12	Building Imp	6/15/95	4,334				4,334	40 MO S/L	1,851	108
13	Renovations	6/28/96	2,722				2,722	40 MO S/L	1,089	68
15	Renovations	5/01/96	973				973	40 MO S/L	393	24
16	Renovations	3/01/96	973				973	40 MO S/L	397	25
17	Furnace - (Mar	5/01/96	298				298	15 MO S/L	298	0
18	Furnace - (Mar	3/01/96	298				298	15 MO S/L	298	0
19	Renovations	1/01/96	8,729				8,729	40 MO S/L	3,601	218
20	Renovations	12/28/95	3,898				3,898	40 MO S/L	1,608	97
21	Marble, PA Property	5/01/96	5,500				5,500	40 MO S/L	2,223	137
22	Marble, PA Property	3/01/96	5,500				5,500	40 MO S/L	2,246	137
23	Harmony House Property	6/30/96	16,500				16,500	40 MO S/L	6,600	378
	Sold/Scrapped: 6/01/13									
24	Remove Water Line - (Harmony)	9/18/96	990				990	40 MO S/L	390	23
	Sold/Scrapped: 6/01/13									
25	Harmony Renovations	9/30/96	2,231				2,231	40 MO S/L	878	51
	Sold/Scrapped: 6/01/13									
27	Marble Renovations	9/30/96	2,098				2,098	40 MO S/L	826	53
29	Grace Way (Transferred from CAM Enterpr	12/18/97	131,642				131,642	40 MO S/L	47,720	3,291
30	Grace Way Land	12/18/97	9,015				9,015	0 -- Land	0	0
32	Land - Greenview	7/07/98	4,500				4,500	0 -- Land	0	0
33	Building - Sykesville Property	6/30/99	10,800				10,800	40 MO S/L	3,533	270
34	Grace Way B	12/18/97	36,093				36,093	40 MO S/L	36,093	0
35	Grace Way F	8/15/99	39,300				39,300	40 MO S/L	12,691	982
36	Land - Sykesville	6/30/99	1,200				1,200	0 -- Land	0	0
37	Improvements	8/31/99	4,800				4,800	40 MO S/L	1,550	120
38	Flood Wall - Drains	8/31/99	1,000				1,000	40 MO S/L	323	25
39	Removal/Disp	8/31/99	2,600				2,600	40 MO S/L	840	65
40	Plumbing - Heating - Sykes	11/30/99	894				894	20 MO S/L	566	45
41	Land - 228 N. M	5/11/00	15,000				15,000	0 -- Land	0	0
42	Excavating - Land Improvements - Sykesvil	5/25/00	805				805	40 MO S/L	245	20
49	Siding - Parad - Sykesville	4/01/01	5,000				5,000	40 MO S/L	1,406	125
50	Sewer - Sykesville	6/01/01	900				900	40 MO S/L	249	23
55	Windows - Marble (9)	6/30/97	1,328				1,328	40 MO S/L	498	33
60	Graceway - Roof Replacement	10/02/98	9,330				9,330	20 MO S/L	6,414	467
61	Sewer Line In - Harmony	4/29/99	743				743	40 MO S/L	246	17
	Sold/Scrapped: 6/01/13									
62	Mahoning - Basement Election	6/28/99	780				780	40 MO S/L	255	20
67	Furniture	7/01/85	4,040				4,040	5 MO S/L	4,040	0
68	Office Equipment	9/01/90	5,735				5,735	10 MO S/L	5,735	0
69	Other Equipment	10/21/87	73,732				73,732	7 MO S/L	73,732	0
95	MIP Software	5/26/98	5,850				5,850	3 MO S/L	5,850	0
98	Upgrade - MIP	10/01/99	500				500	1 MO S/L	500	0
99	Clarion Office	11/15/99	816				816	5 MO S/L	816	0
103	Sewer (Forming)	5/19/00	993				993	3 MO S/L	993	0
105	Samsung Dc Telephone System	11/01/00	16,225				16,225	10 MO S/L	16,225	0
107	Land - 201 Gre	1/01/92	1,400				1,400	0 -- Land	0	0
109	Building - 228 N Main Street	12/01/01	281,183				281,183	40 MO S/L	74,396	7,030
110	Additional R - Handrails - 228 N Main	12/31/01	2,417				2,417	40 MO S/L	635	60
113	4-24 Button P	9/13/01	996				996	2 MO S/L	996	0
117	Server Moun	4/23/03	869				869	3 MO S/L	869	0
122	(4) Sets Server	5/29/03	800				800	3 MO S/L	800	0
	Sold/Scrapped: 1/01/13									
126	Computer Room Air Conditioner	6/24/03	4,800				4,800	10 MO S/L	4,320	80
	Sold/Scrapped: 9/01/12									
130	Gutters & Downspouts - Harmony Gutters	10/21/05	1,000				1,000	39 MO S/L	172	24
	Sold/Scrapped: 6/01/13									
131	Roof - Harmony - Front Section	10/21/05	1,600				1,600	39 MO S/L	275	38
	Sold/Scrapped: 6/01/13									
132	Electrical Entry - Harmony	11/16/05	1,190				1,190	39 MO S/L	202	28
	Sold/Scrapped: 6/01/13									
133	Holmes House Attic Furnace	2/01/07	2,556				2,556	15 MO S/L	923	170
134	Sykes Roof Replacement	10/10/06	5,200				5,200	20 MO S/L	1,495	260
136	Beyer Down Furnace	11/08/06	2,000				2,000	15 MO S/L	756	133
137	Grace Way drains/upflush toilet	10/12/06	2,800				2,800	40 MO S/L	403	70

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current	
138	(2) Halotron Fire Extinguishers	4/01/07	800			800	10 MO S/L	420	80	
145	Powervault Tape Drive	6/01/07	1,319			1,319	3 MO S/L	1,319	0	
147	Fire Alarm System Upgrade	7/11/07	1,280			1,280	10 MO S/L	640	128	
148	Trilogy exit lock and software	9/01/07	631			631	3 MO S/L	631	0	
149	Back-up Exec Software	3/01/08	890			890	3 MO S/L	890	0	
150	(4) Cisco 24 port switch + access point	3/05/08	1,112			1,112	5 MO S/L	964	148	
151	Sheridan Road Agency Sign	5/16/08	885			885	5 MO S/L	723	74	
	Sold/Scrapped: 12/01/12									
152	MIP Software Allocation Module	6/20/08	2,495			2,495	3 MO S/L	2,495	0	
185	Omni Form V5.0 Govt & Filter	7/01/08	2,203			2,203	3 MO S/L	2,203	0	
186	Toshiba Copier w/ Large Capacity Tray	10/10/08	6,218			6,218	5 MO S/L	4,560	1,244	
187	Toshiba Copier	10/10/08	5,988			5,988	5 MO S/L	4,391	1,198	
189	Office Pro, Visio Pro, Exchange Server	12/01/08	1,340			1,340	3 MO S/L	1,340	0	
190	Viewpoint Network Pro 2040 & TZ-170	12/01/08	591			591	3 MO S/L	411	0	
	Out Of Service: 1/15/11									
191	Sentry Fire/Water Resistant Safe 200 E. Ma	12/01/08	579			579	10 MO S/L	207	58	
192	Sentry Fire/Water Resistant Safe 105 Grace	12/01/08	579			579	10 MO S/L	207	58	
193	Seagate Black Armournr Staorage Server	6/01/09	1,000			1,000	3 MO S/L	1,000	0	
194	Sykesville Carpeting	9/01/09	975			975	3 MO S/L	921	54	
195	Fellows Powershred Shredder	5/10/10	1,446			1,446	3 MO S/L	1,004	442	
196	Dell Computer	3/01/10	940			940	3 MO S/L	731	209	
197	Dell Computer	3/01/10	940			940	3 MO S/L	731	209	
198	HP LaserJet M3035XS Printer	7/06/09	1,822			1,822	5 MO S/L	1,093	365	
199	HP LaserJet P015TN Printer	9/01/09	1,449			1,449	5 MO S/L	821	290	
200	HP LaserJet M3035XS Printer	7/06/09	1,822			1,822	5 MO S/L	1,093	365	
201	Sonicwall NSA 2400 Router Server Romm	3/01/10	1,741			1,741	5 MO S/L	812	348	
202	Office Professional Plus 2010 (50) Licenses	9/01/10	1,550			1,550	3 MO S/L	947	517	
203	Suncast Storage Shed	10/21/10	710			710	3 MO S/L	394	237	
204	R710 Server Storage & Memory Upgrades	4/01/11	1,072			1,072	3 MO S/L	447	357	
205	STORECENTER Grace Way	5/01/11	678			678	3 MO S/L	264	225	
206	STORECENTER 200 E. Mahoning	5/01/11	678			678	3 MO S/L	264	225	
207	Symantec Backup Agen S/N# M564596053	6/13/11	645			645	3 MO S/L	233	215	
208	(2) Attic Ventilators + Installation	6/22/11	700			700	10 MO S/L	70	70	
209	Sonic Wall TX 170	11/21/06	511			511	3 MO S/L	511	0	
210	Spam Firewall	5/30/07	2,149			2,149	3 MO S/L	2,149	0	
211	TX 170 Wireless Router	7/01/07	542			542	3 MO S/L	542	0	
	Sold/Scrapped: 1/01/13									
212	(41) Microsoft Office Pro	6/22/11	31,365			31,365	3 MO S/L	10,455	10,455	
213	(2) MS Server w/SQL	6/22/11	1,514			1,514	3 MO S/L	505	504	
214	(2) Compass Donated Notebooks	9/28/10	3,139			3,139	3 MO S/L	1,831	1,046	
215	Beyer Ave. Partial Roof Replacement	1/01/12	3,460			3,460	20 MO S/L	87	173	
216	(50) Sharepoint User Licenses Microsoft Dc	8/15/11	19,771			19,771	3 MO S/L	6,041	6,590	
217	4 To Ducane Air Conditioner Grace Way	5/10/12	2,085			2,085	15 MO S/L	23	139	
218	3.5 Ton Ducane Air Conditioner Grace Wa	7/21/11	4,825			4,825	15 MO S/L	295	322	
219	5 Ton Ducane Air Conditioner Grace Way	7/21/11	7,425			7,425	15 MO S/L	454	495	
220	Clean Mail Server Software 100 recipients	5/15/12	974			974	3 MO S/L	54	325	
221	2.5 Ton A/C Unit Grace Server Room	8/30/12	3,100			3,100	10 MO S/L	0	258	
222	Clarion Office Sign Replacement	11/30/12	647			647	5 MO S/L	0	76	
223	EM Domain Controller Server	12/31/12	1,520			1,520	3 MO S/L	0	253	
224	Marble Front-Hot Water Tank	1/09/13	766			766	5 MO S/L	0	77	
225	Sonicwall TZ 205 Security (Dub)	2/01/13	438			438	3 MO S/L	0	61	
226	Sonicwall TZ 205 Security (Grace)	2/01/13	438			438	3 MO S/L	0	61	
227	Sonicwall TZ 205 Security (Brkv)	2/01/13	438			438	3 MO S/L	0	61	
228	Sonicwall TZ 205 Security (Clfd)	2/01/13	438			438	3 MO S/L	0	61	
229	Sonicwall TZ 205 Security (500 Mah)	2/01/13	438			438	3 MO S/L	0	61	
	<b>Total Other Depreciation</b>		<u>911,037</u>			<u>911,037</u>		<u>403,831</u>	<u>43,731</u>	
	<b>Total ACRS and Other Depreciation</b>		<u>911,037</u>			<u>911,037</u>		<u>403,831</u>	<u>43,731</u>	
	<b>Grand Totals</b>		911,037			911,037		403,831	43,731	
	<b>Less: Dispositions and Transfers</b>		31,281			31,281		15,148	713	
	<b>Less: Start-up/Org Expense</b>		0			0		0	0	
	<b>Net Grand Totals</b>		<u>879,756</u>			<u>879,756</u>		<u>388,683</u>	<u>43,018</u>	

25-1156265

## AMT Asset Report

FYE: 6/30/2013

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current	
<b>Other Depreciation:</b>												
1	Shelter Building	9/01/90	0					0	0	HY	0	0
2	Land - 500W	9/01/90	0					0	0	HY	0	0
8	Land - 112 Bey	1/01/92	0					0	0	HY	0	0
9	Buildings - 11	1/01/92	0					0	0	HY	0	0
12	Building Imp	6/15/95	0					0	0	HY	0	0
13	Renovations	6/28/96	0					0	0	HY	0	0
15	Renovations	5/01/96	0					0	0	HY	0	0
16	Renovations	3/01/96	0					0	0	HY	0	0
17	Furnace - (Mar	5/01/96	0					0	0	HY	0	0
18	Furnace - (Mar	3/01/96	0					0	0	HY	0	0
19	Renovations	1/01/96	0					0	0	HY	0	0
20	Renovations	12/28/95	0					0	0	HY	0	0
21	Marble, PA Property	5/01/96	0					0	0	HY	0	0
22	Marble, PA Property	3/01/96	0					0	0	HY	0	0
23	Harmony House Property	6/30/96	0					0	0	HY	0	0
	Sold/Scrapped: 6/01/13											
24	Remove Water Line - (Harmony)	9/18/96	0					0	0	HY	0	0
	Sold/Scrapped: 6/01/13											
25	Harmony Renovations	9/30/96	0					0	0	HY	0	0
	Sold/Scrapped: 6/01/13											
27	Marble Renovations	9/30/96	0					0	0	HY	0	0
29	Grace Way (Transferred from CAM Enterpr	12/18/97	0					0	0	HY	0	0
30	Grace Way Land	12/18/97	0					0	0	HY	0	0
32	Land - Greenview	7/07/98	0					0	0	HY	0	0
33	Building - Sykesville Property	6/30/99	0					0	0	HY	0	0
34	Grace Way B	12/18/97	0					0	0	HY	0	0
35	Grace Way F	8/15/99	0					0	0	HY	0	0
36	Land - Sykesville	6/30/99	0					0	0	HY	0	0
37	Improvements	8/31/99	0					0	0	HY	0	0
38	Flood Wall - Drains	8/31/99	0					0	0	HY	0	0
39	Removal/Disp	8/31/99	0					0	0	HY	0	0
40	Plumbing - Heating - Sykes	11/30/99	0					0	0	HY	0	0
41	Land - 228 N. M	5/11/00	0					0	0	HY	0	0
42	Excavating - Land Improvements - Sykesvil	5/25/00	0					0	0	HY	0	0
49	Siding - Parad - Sykesville	4/01/01	0					0	0	HY	0	0
50	Sewer - Sykesville	6/01/01	0					0	0	HY	0	0
55	Windows - Marble (9)	6/30/97	0					0	0	HY	0	0
60	Graceway - Roof Replacement	10/02/98	0					0	0	HY	0	0
61	Sewer Line In - Harmony	4/29/99	0					0	0	HY	0	0
	Sold/Scrapped: 6/01/13											
62	Mahoning - Basement Election	6/28/99	0					0	0	HY	0	0
67	Furniture	7/01/85	0					0	0	HY	0	0
68	Office Equipment	9/01/90	0					0	0	HY	0	0
69	Other Equipment	10/21/87	0					0	0	HY	0	0
95	MIP Software	5/26/98	0					0	0	HY	0	0
98	Upgrade - MIP	10/01/99	0					0	0	HY	0	0
99	Clarion Office	11/15/99	0					0	0	HY	0	0
103	Sewer (Forming)	5/19/00	0					0	0	HY	0	0
105	Samsung Dc Telephone System	11/01/00	0					0	0	HY	0	0
107	Land - 201 Gre	1/01/92	0					0	0	HY	0	0
109	Building - 228 N Main Street	12/01/01	0					0	0	HY	0	0
110	Additional R - Handrails - 228 N Main	12/31/01	0					0	0	HY	0	0
113	4-24 Button P	9/13/01	0					0	0	HY	0	0
117	Server Moun	4/23/03	0					0	0	HY	0	0
122	(4) Sets Server	5/29/03	0					0	0	HY	0	0
	Sold/Scrapped: 1/01/13											
126	Computer Room Air Conditioner	6/24/03	0					0	0	HY	0	0
	Sold/Scrapped: 9/01/12											
130	Gutters & Downspouts - Harmony Gutters	10/21/05	0					0	0	HY	0	0
	Sold/Scrapped: 6/01/13											
131	Roof - Harmony - Front Section	10/21/05	0					0	0	HY	0	0
	Sold/Scrapped: 6/01/13											
132	Electrical Entry - Harmony	11/16/05	0					0	0	HY	0	0
	Sold/Scrapped: 6/01/13											
133	Holmes House Attic Furnace	2/01/07	0					0	0	HY	0	0
134	Sykes Roof Replacement	10/10/06	0					0	0	HY	0	0
136	Beyer Down Furnace	11/08/06	0					0	0	HY	0	0
137	Grace Way drains/upflush toilet	10/12/06	0					0	0	HY	0	0

25-1156265

## AMT Asset Report

FYE: 6/30/2013

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
138	(2) Halotron Fire Extinguishers	4/01/07	0				0	0	HY	0	0
145	Powervault Tape Drive	6/01/07	0				0	0	HY	0	0
147	Fire Alarm System Upgrade	7/11/07	0				0	0	HY	0	0
148	Trilogy exit lock and software	9/01/07	0				0	0	HY	0	0
149	Back-up Exec Software	3/01/08	0				0	0	HY	0	0
150	(4) Cisco 24 port switch + access point	3/05/08	0				0	0	HY	0	0
151	Sheridan Road Agency Sign	5/16/08	0				0	0	HY	0	0
	Sold/Scrapped: 12/01/12										
152	MIP Software Allocation Module	6/20/08	0				0	0	HY	0	0
185	Omni Form V5.0 Govt & Filter	7/01/08	0				0	0	HY	0	0
186	Toshiba Copier w/ Large Capacity Tray	10/10/08	0				0	0	HY	0	0
187	Toshiba Copier	10/10/08	0				0	0	HY	0	0
189	Office Pro, Visio Pro, Exchange Server	12/01/08	0				0	0	HY	0	0
190	Viewpoint Network Pro 2040 & TZ-170	12/01/08	0				0	0	HY	0	0
	Out Of Service: 1/15/11										
191	Sentry Fire/Water Resistant Safe 200 E. Ma	12/01/08	0				0	0	HY	0	0
192	Sentry Fire/Water Resistant Safe 105 Grace	12/01/08	0				0	0	HY	0	0
193	Seagate Black Armourn Staorage Server	6/01/09	0				0	0	HY	0	0
194	Sykesville Carpeting	9/01/09	975				975	3	MO S/L	921	54
195	Fellows Powershred Shredder	5/10/10	1,446				1,446	3	MO S/L	1,004	442
196	Dell Computer	3/01/10	940				940	3	MO S/L	731	209
197	Dell Computer	3/01/10	940				940	3	MO S/L	731	209
198	HP LaserJet M3035XS Printer	7/06/09	0				0	0	HY	0	0
199	HP LaserJet P015TN Printer	9/01/09	0				0	0	HY	0	0
200	HP LaserJet M3035XS Printer	7/06/09	1,822				1,822	5	MO S/L	1,093	365
201	Sonicwall NSA 2400 Router Server Romm	3/01/10	1,741				1,741	5	MO S/L	812	348
202	Office Professional Plus 2010 (50) Licenses	9/01/10	0				0	0	HY	0	0
203	Suncast Storage Shed	10/21/10	0				0	0	HY	0	0
204	R710 Server Storage & Memory Upgrades	4/01/11	0				0	0	HY	0	0
205	STORECENTER Grace Way	5/01/11	0				0	0	HY	0	0
206	STORECENTER 200 E. Mahoning	5/01/11	0				0	0	HY	0	0
207	Symantec Backup Agen S/N# M564596053	6/13/11	0				0	0	HY	0	0
208	(2) Attic Ventilators + Installation	6/22/11	0				0	0	HY	0	0
209	Sonic Wall TX 170	11/21/06	0				0	0	HY	0	0
210	Spam Firewall	5/30/07	0				0	0	HY	0	0
211	TX 170 Wireless Router	7/01/07	0				0	0	HY	0	0
	Sold/Scrapped: 1/01/13										
212	(41) Microsoft Office Pro	6/22/11	0				0	0	HY	0	0
213	(2) MS Server w/SQL	6/22/11	0				0	0	HY	0	0
214	(2) Compass Donated Notebooks	9/28/10	0				0	0	HY	0	0
215	Beyer Ave. Partial Roof Replacement	1/01/12	0				0	0	HY	0	0
216	(50) Sharepoint User Licenses Microsoft Dc	8/15/11	0				0	0	HY	0	0
217	4 To Ducane Air Conditioner Grace Way	5/10/12	0				0	0	HY	0	0
218	3.5 Ton Ducane Air Conditioner Grace Wa	7/21/11	0				0	0	HY	0	0
219	5 Ton Ducane Air Conditioner Grace Way	7/21/11	0				0	0	HY	0	0
220	Clean Mail Server Software 100 recipients	5/15/12	0				0	0	HY	0	0
221	2.5 Ton A/C Unit Grace Server Room	8/30/12	0				0	0	HY	0	0
222	Clarion Office Sign Replacement	11/30/12	0				0	0	HY	0	0
223	EM Domain Controller Server	12/31/12	0				0	0	HY	0	0
224	Marble Front-Hot Water Tank	1/09/13	0				0	0	HY	0	0
225	Sonicwall TZ 205 Security (Dub)	2/01/13	0				0	0	HY	0	0
226	Sonicwall TZ 205 Security (Grace)	2/01/13	0				0	0	HY	0	0
227	Sonicwall TZ 205 Security (Brkv)	2/01/13	0				0	0	HY	0	0
228	Sonicwall TZ 205 Security (Clfd)	2/01/13	0				0	0	HY	0	0
229	Sonicwall TZ 205 Security (500 Mah)	2/01/13	0				0	0	HY	0	0
	<b>Total Other Depreciation</b>		<u>7,864</u>				<u>7,864</u>			<u>5,292</u>	<u>1,627</u>
	<b>Total ACRS and Other Depreciation</b>		<u>7,864</u>				<u>7,864</u>			<u>5,292</u>	<u>1,627</u>
	<b>Grand Totals</b>		7,864				7,864			5,292	1,627
	<b>Less: Dispositions and Transfers</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>7,864</u>				<u>7,864</u>			<u>5,292</u>	<u>1,627</u>

# Depreciation Adjustment Report

## All Business Activities

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Form Unit Asset

Description

Tax

AMT

AMT  
Adjustments/  
Preferences

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	Shelter Building	9/01/90	23,000	657	0
2	Land - 500W	9/01/90	2,000	0	0
8	Land - 112 Bey	1/01/92	750	0	0
9	Buildings - 11	1/01/92	6,750	225	0
12	Building Imp	6/15/95	4,334	108	0
13	Renovations	6/28/96	2,722	68	0
15	Renovations	5/01/96	973	25	0
16	Renovations	3/01/96	973	24	0
17	Furnace - (Mar	5/01/96	298	0	0
18	Furnace - (Mar	3/01/96	298	0	0
19	Renovations	1/01/96	8,729	218	0
20	Renovations	12/28/95	3,898	98	0
21	Marble, PA Property	5/01/96	5,500	138	0
22	Marble, PA Property	3/01/96	5,500	138	0
27	Marble Renovations	9/30/96	2,098	52	0
29	Grace Way (Transferred from CAM Enterprises	12/18/97	131,642	3,291	0
30	Grace Way Land	12/18/97	9,015	0	0
32	Land - Greenview	7/07/98	4,500	0	0
33	Building - Sykesville Property	6/30/99	10,800	270	0
34	Grace Way B	12/18/97	36,093	0	0
35	Grace Way F	8/15/99	39,300	983	0
36	Land - Sykesville	6/30/99	1,200	0	0
37	Improvements	8/31/99	4,800	120	0
38	Flood Wall - Drains	8/31/99	1,000	25	0
39	Removal/Disp	8/31/99	2,600	65	0
40	Plumbing - Heating - Sykes	11/30/99	894	45	0
41	Land - 228 N. M	5/11/00	15,000	0	0
42	Excavating - Land Improvements - Sykesville	5/25/00	805	20	0
49	Siding - Parad - Sykesville	4/01/01	5,000	125	0
50	Sewer - Sykesville	6/01/01	900	22	0
55	Windows - Marble (9)	6/30/97	1,328	33	0
60	Graceway - Roof Replacement	10/02/98	9,330	466	0
62	Mahoning - Basement Election	6/28/99	780	19	0
67	Furniture	7/01/85	4,040	0	0
68	Office Equipment	9/01/90	5,735	0	0
69	Other Equipment	10/21/87	73,732	0	0
95	MIP Software	5/26/98	5,850	0	0
98	Upgrade - MIP	10/01/99	500	0	0
99	Clarion Office	11/15/99	816	0	0
103	Sewer (Forming)	5/19/00	993	0	0
105	Samsung Dc Telephone System	11/01/00	16,225	0	0
107	Land - 201 Gre	1/01/92	1,400	0	0
109	Building - 228 N Main Street	12/01/01	281,183	7,030	0
110	Additional R - Handrails - 228 N Main	12/31/01	2,417	60	0
113	4-24 Button P	9/13/01	996	0	0
117	Server Moun	4/23/03	869	0	0
133	Holmes House Attic Furnace	2/01/07	2,556	171	0
134	Sykes Roof Replacement	10/10/06	5,200	260	0
136	Beyer Down Furnace	11/08/06	2,000	133	0
137	Grace Way drains/upflush toilet	10/12/06	2,800	70	0
138	(2) Halotron Fire Extinguishers	4/01/07	800	80	0
145	Powervault Tape Drive	6/01/07	1,319	0	0
147	Fire Alarm System Upgrade	7/11/07	1,280	128	0
148	Trilogy exit lock and software	9/01/07	631	0	0
149	Back-up Exec Software	3/01/08	890	0	0
150	(4) Cisco 24 port switch + access point	3/05/08	1,112	0	0
152	MIP Software Allocation Module	6/20/08	2,495	0	0
185	Omni Form V5.0 Govt & Filter	7/01/08	2,203	0	0
186	Toshiba Copier w/ Large Capacity Tray	10/10/08	6,218	414	0
187	Toshiba Copier	10/10/08	5,988	399	0
189	Office Pro, Visio Pro, Exchange Server	12/01/08	1,340	0	0
190	Viewpoint Network Pro 2040 & TZ-170	12/01/08	591	0	0
191	Sentry Fire/Water Resistant Safe 200 E. Mah	12/01/08	579	58	0
192	Sentry Fire/Water Resistant Safe 105 Grace	12/01/08	579	58	0
193	Seagate Black Armourn Storage Server	6/01/09	1,000	0	0
194	Sykesville Carpeting	9/01/09	975	0	0
195	Fellows Powershred Shredder	5/10/10	1,446	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
196	Dell Computer	3/01/10	940	0	0
197	Dell Computer	3/01/10	940	0	0
198	HP LaserJet M3035XS Printer	7/06/09	1,822	364	0
199	HP LaserJet P015TN Printer	9/01/09	1,449	290	0
200	HP LaserJet M3035XS Printer	7/06/09	1,822	364	364
201	Sonicwall NSA 2400 Router Server Romm	3/01/10	1,741	348	348
202	Office Professional Plus 2010 (50) Licenses	9/01/10	1,550	86	0
203	Suncast Storage Shed	10/21/10	710	79	0
204	R710 Server Storage & Memory Upgrades	4/01/11	1,072	268	0
205	STORECENTER Grace Way	5/01/11	678	189	0
206	STORECENTER 200 E. Mahoning	5/01/11	678	189	0
207	Symantec Backup Agen S/N# M5645960537	6/13/11	645	197	0
208	(2) Attic Ventilators + Installation	6/22/11	700	70	0
209	Sonic Wall TX 170	11/21/06	511	0	0
210	Spam Firewall	5/30/07	2,149	0	0
212	(41) Microsoft Office Pro	6/22/11	31,365	10,455	0
213	(2) MS Server w/SQL	6/22/11	1,514	505	0
214	(2) Compass Donated Notebooks	9/28/10	3,139	262	0
215	Beyer Ave. Partial Roof Replacement	1/01/12	3,460	173	0
216	(50) Sharepoint User Licenses Microsoft Don.	8/15/11	19,771	6,591	0
217	4 To Ducane Air Conditioner Grace Way	5/10/12	2,085	139	0
218	3.5 Ton Ducane Air Conditioner Grace Way	7/21/11	4,825	321	0
219	5 Ton Ducane Air Conditioner Grace Way	7/21/11	7,425	495	0
220	Clean Mail Server Software 100 recipients	5/15/12	974	325	0
221	2.5 Ton A/C Unit Grace Server Room	8/30/12	3,100	310	0
222	Clarion Office Sign Replacement	11/30/12	647	129	0
223	EM Domain Controller Server	12/31/12	1,520	507	0
224	Marble Front-Hot Water Tank	1/09/13	766	153	0
225	Sonicwall TZ 205 Security (Dub)	2/01/13	438	146	0
226	Sonicwall TZ 205 Security (Grace)	2/01/13	438	146	0
227	Sonicwall TZ 205 Security (Brkv)	2/01/13	438	146	0
228	Sonicwall TZ 205 Security (Clfd)	2/01/13	438	146	0
229	Sonicwall TZ 205 Security (500 Mah)	2/01/13	438	146	0
	<b>Total Other Depreciation</b>		<u>879,756</u>	<u>39,635</u>	<u>712</u>
	<b>Total ACRS and Other Depreciation</b>		<u>879,756</u>	<u>39,635</u>	<u>712</u>
	<b>Grand Totals</b>		<u>879,756</u>	<u>39,635</u>	<u>712</u>



**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 2,145			14	PA	
INTEREST INCOME		16 541519			PA	
TOTAL	\$ <u>2,161</u>					

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDEND INCOME	\$ 1,273			14	PA	
TOTAL	\$ <u>1,273</u>					

**Federal Statements**

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACTED SERVICES	\$ 65,921	\$ 64,945		976
INFORMATION TECHNOLOGY UTILITIES	39,659	6,741		577
FOOD AND MEALS-C. ASSIST. AUTO EXPENSES	24,284	24,284	32,341	
BUILDING REPAIRS AND MAIN OTHER CONSUMER SUPPORT	23,747	23,747		
UNRELATED BUSINESS INC TAX ADVERTISING AND PUBLICATI	17,617	17,617		
VOLUNTEER RECOGNITION	17,438	17,438		
REGISTRATION AND MEMBERSH ADMINISTRATIVE FEES	13,989	13,989		
SMALL EQUIPMENT AND TOOLS FISCAL SERVICES	9,840	9,840		
IN-KIND MATERIALS & SUPPL HUMAN RESOURCES SERVICES	9,456	5,345	4,111	
LICENSES AND REGISTRATION PROPERTY TAXES	7,025	7,025		
FUNDS RETURNED	6,641	5,978	663	
FOOD AND MEALS	5,988	5,988		
SNOW REMOVAL	5,643	5,643		
MISCELLANEOUS	5,060			
TRAINING AND TECHNICAL AS BAD DEBT EXPENSE	4,632	4,632		
SOFTWARE	4,057			
TOTAL	\$ 271,304	\$ 220,499	\$ 45,828	\$ 4,977

# Federal Statements

## Schedule A, Part II, Line 1(e)

Description	Amount
CONTRIBUTED SUPPORT	\$ 4,815,803
CASH CONTRIBUTIONS	120,606
NON-CASH CONTRIBUTIONS	4,632
FUNDRAISING	
CASH CONTRIBUTION	1,620
TOTAL	<u>\$ 4,942,661</u>

## Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	\$ 2,145
DIVIDEND INCOME	1,273
RESIDENTIAL-PUNXSUTAWNEY, PA	35,592
TOTAL	<u>\$ 39,010</u>

## Schedule A, Part II, Line 9(e)

Description	Amount
INTEREST INCOME	\$ 16
MISCELLANEOUS	23,692
OTHER SERVICE FEES	142,617
OTHER PROGRAM SERVICE FEES	116,682
INFORMATION TECHNOLOGY	14,530
COPOS	126,500
LESS: DEDUCTIONS	-81,688
TOTAL	<u>\$ 342,349</u>

18700 COMMUNITY ACTION, INC.

25-1156265

FYE: 6/30/2013

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## Federal Statements

### Schedule A, Part II, Line 12

Description	Amount
FUNDRAISING	\$
TOTAL	\$ 0

**Federal Statements****Form 990-T - Other Deductions Not Taken Elsewhere**

<u>Description</u>	<u>Amount</u>
LOCAL TRAVEL	\$ 1,238
OFFICE SPACE	2,007
TELEPHONE	1,595
POSTAGE	53
PRINTING/COPIES	114
INSURANCE/BOND	446
INFO TECH EXPENSE	2,479
FISCAL SERVICES	7,016
HUMAN RESOURCE SERVICES	732
PROFESSIONAL SERVICES	1,298
MISCELLANEOUS	395
SUPPLIES	240
ADV/SUB/PUB	627
TOTAL	\$ <u>18,240</u>