Form **990-T**

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

OMB	No.	1545	0687

For calendar year 2003 or other tax year beginning 7/01 2003. 2003 and ending 6/30 Department of the Treasury Internal Revenue Service See separate instructions. Check box if check box if name changed and see instructions) Employer identification number <u>address changed</u> (Employees' trust, see instructions for Block D.) Exempt under Section Please COMMUNITY ACTION, INC. 25-1156265 X 501(C)(3) Print or MILL CREEK CENTER, 105 GRACE WAY Type New unrelated business 408(e) 220(e) activity codes (See instructions for Block E.) PUNXSUTAWNEY, PA 15767-1209 408A 530(a) 529(a) 541500 Book value of all assets at end of year F Group exemption number (see instructions for Block F). G Check organization type..... ► |X| 501(c) corporation 501(c) trust 401(a) trust Other trust Describe the organization's primary unrelated business activity. COMPUTER SALES During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?... > If 'Yes,' enter the name and identifying number of the parent corporation.. The books are in care of. ► BETTY LOWMASTER Telephone number ► (814) 938-3302 Part I Unrelated Trade or Business Income (B) Expenses (A) Income (C) Net 1 a Gross receipts or sales . . **b** Less returns and allowances . . . 46,482 1 c 28,994. 2 Cost of goods sold (Schedule A, line 7)..... 2 3 Gross profit (subtract line 2 from line 1c)..... 17,488 3 17,488 4a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 18) (attach Form 4797) 4b 4 c Income (loss) from partnerships and S corporations 5 (attach statement)..... 6 Unrelated debt-financed income (Schedule E)..... 7 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)..... Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)... 9 Exploited exempt activity income (Schedule I)..... 10 Advertising income (Schedule J)..... 11 Other income (see instructions - attach schedule) 12 12 13 Total (combine lines 3 through 12)... 13 17,488 0. 17,488 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K)..... 8,748. 15 Salaries and wages..... 15 16 16 17 17 Interest (attach schedule)..... 18 708. 19 19 20 Charitable contributions (see instructions for limitation rules)..... 20 21 Depreciation (attach Form 4562).... Less depreciation claimed on Schedule A and elsewhere on return 93. 22 22b 23 23 24 Contributions to deferred compensation plans..... Employee benefit programs.... 677. Excess exempt expenses (Schedule I).... 26 27 Excess readership costs (Schedule J). 27 3,179. 28 Other deductions (attach schedule) SEE STATEMENT 1 Total deductions (add lines 14 through 28). 13,405. Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13) 4,083. 4,083. Unrelated business taxable income before specific deduction (subtract line 31 from line 30)...... 0. 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions).

Unrelated business taxable income (subtract line 33 from line 32). If line 33 is greater than line 32, enter

. 5	Total — Add-lines	1 through 4b	5	28	,994.		ation?	
Sign	Loorroot form on	mplete/Declaration of preparer (other than taxp	oayer) is base	d on all infor	nation of which preparer	has any knowledge.	of my knowledge and belief, it is true,
Here		effadamment of officer	ల	2-//5 Pate	12005	Title	DIRECTOR	May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No
Paid Pre-	Preparer's signature	- M.S	10	I CH	PA	Date /9/0	Check if self-employed	Preparer's SSN or PTIN P00069201
pare	r's Firm's name (o	STAMBAUGH NES	S, PC			-7 .1	EIN 23-	2846715
Use	yours if self- employed)	2600 EASTERN	BLVD.,	SUITE	101			
Only	address, and ZIP code	YORK, PA 1740.	2 -				Phone no.	(717) 757-6999

Schedule C — Rent Inco	ome (From			nd Perso	onal Propert	v Le	eas	ed with Re	al Pro	ρę	erty) (see instructions)
1 Description of property						,		,			•
(1)				· · · · · · · · · · · · · · · · · · ·							
(2)											
(3)			····								
(4)											
		ceived	or accrued					3 Dog	luctions	c di	rectly connected
(a) From personal personal (if the percentage of ren property is more that not more than 5	property t for personal 10% but 50%)	***	(b) From r (if the personal if the rent is	real and personal property percentage of rent for property exceeds 50% or s based on profit or income)				3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)											
(2)											
(3)											
(4)											
Total		Tot	tal].	Total deduct	ione F	nto	r
Total income (Add totals of cohere and on line 6, column (A), Part I, page	1.)						here and on umn (B), Par	line 6,	col-	
Schedule E - Unrelated	Debt-Finar	iced I	ncome (see	<u>instructi</u>	ons)						
1 Description of o	debt-financed p	property	<i>f</i>	ora	s income from			debi	t-financ	ed	ted with or allocable to property
			· · · · · · · · · · · · · · · · · · ·	debt-fin	anced property			a) Straight lin ciation (attac		_	(b) Other deductions (attach schedule)
(1)				-	***	+				-	
(2)						-				 	
(3)						-				 	
(4)					<u> </u>	┼				-	Allocable deductions
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocat	ole tó d	sted basis of ebt-financed h schedule)	divided by				7 Gross income reportable column 2 x column 6)		(column 6 x total of columns 3(a) and 3(b))	
(1)					%					<u></u>	
(2)					ို	+					
(3)					%						
(4)					%	+					
Totals					•	En: colu	ter I umn	nere and on I (A), Part I, I	ine 7, page 1	En	iter here and on line 7, umn (B), Part I, page 1
Total dividends-received dedu	ctions include	d in co	lumn 8						►		
Schedule F - Interest, A										ruc	tions)
Schedule i interesti i			Exempt Contr			-	J				
1 Name of Controlled Organization	2 Employ Identificati Number	on	3 Net unre income ((see instru	loss)	4 Total of sp payments r			5 Part of c that is in in the cor organiza gross in	cluded itrolling ition's	1	6 Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)							l				
Nonexempt Controlled Organiza	ations								,		
7 Taxable Income	8 Net unrel income (lo (see instruct	ss)	9 Total of payment		included	in th	e co	n 9 that is ontrolling as income		onn	eductions directly ected with income in column 10
(1)											
(2)					2						V
(3)											
(4)											
					Add column here and or Part I, page	line				and	mns 6 and 11. Enter on line 8, column (B), age 1.
atolo					F						

Total - Enter here and on line 14, Part II, page 1.....

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Form 4562

Depreciation and Amortization (Including Information on Listed Property) ► See separate instructions. ► Attach to your tax return.

OMB No. 1545-0172

2003

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Department of the Treasury Internal Revenue Service

Name(s) shown on return COMMUNITY ACTION, INC. Identifying number

25-1156265 Business or activity to which this form relates FORM 990-T Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See instructions for a higher limit for certain businesses..... \$100,000 1 2 Total cost of section 179 property placed in service (see instructions)..... 2 3 \$400,000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions..... 5 6 (b) Cost (business use only) (a) Description of property (c) Elected cost 7 Listed property. Enter the amount from line 29..... 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 9 Tentative deduction. Enter the smaller of line 5 or line 8..... 9 10 Carryover of disallowed deduction from line 13 of your 2002 Form 4562..... 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs). 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.... 12 Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions)..... Property subject to section 168(f)(1) election (see instructions)..... 15 Other depreciation (including ACRS) (see instructions)..... Part III MACRS Depreciation (Do not include listed property.) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2003..... 93 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here..... Section B - Assets Placed in Service During 2003 Tax Year Using the General Depreciation System (c) Basis for depreciation (a) (b) Month and (e) (f) (q) Depreciation (business/investment use Classification of property ear placed in service Recovery period only - see instructions) 19a 3-year property..... **b** 5-year property.... c 7-year property... d 10-year property. e 15-year property.... f 20-year property... g 25-year property..... 25 vrs S/L 27.5 vrs S/L h Residential rental MM property..... 27.5 yrs MM S/L i Nonresidential real 39 vrs MM S/L MM S/L Section C - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System 20 a Class life..... S/L **b** 12-year..... 12 yrs S/L **c** 40-year......... 40 yrs MM S/L Part IV Summary (see instructions) Listed property. Enter amount from line 28..... Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines

For assets shown above and placed in service during the current year, enter

93

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2003	FEDERAL STATEMENTS	PAGE 1
CLIENT 30044	COMMUNITY ACTION, INC.	25-1156265
INFORMATION TECHNOLOGY INSURANCE OFFICE SPACE POSTAGE PRINTING\COPYING SUPPLIES TELEPHONE	TOTAI	98. 1,655. 340. 83. 331. 125. 7. 14. 190. 336. 3,179.

STATEMENT 2 FORM 990-T, PART II, LINE 31 NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	(DRIGINAL LOSS	LOSS PREVIOUSLY USED		OSS [LABLE
6/30/91 6/30/93 6/30/94 6/30/96 6/30/97 6/30/99 6/30/00 NET OPERATING LOSS A TAXABLE INCOME NET OPERATING LOSS I		8,352. 25,032. 19,187. 11,832. 10,343. 3,048. 2,729.	\$ 3,267 0 0 0 0 0 0 0 0 XABLE INCOME)	\$ \$	5,085. 25,032. 19,187. 11,832. 10,343. 3,048. 2,729. 77,256. 4,083. 4,083.



February 9, 2005

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

RE:

Community Action Inc.

25-1156265

0426030663

Form 990

Community Action Inc.

25-1156265

0426030663

Form 990T

Dear Ms. Waters,

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

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

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

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

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

Sincerely,

Trent A. Hivner, CPA

Just a Him

smh /enclosures

1.800.745.8233

Web Site: www.stambaughness.com Phone: 717.757.6999 • Fax: 717.757.4550

2600 Eastern Boulevard, Suite 101 York, Pennsylvania 17402-2916 DGDEN UT 84201-0034

OMB Clearance No.: 1545-0687

In reply refer to: 0426030663 Jan. 19, 2005 LTR 36990 Y 25-1156265 200406 34 000

11556

BODC: TE

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



000294

Taxpayer Identification Number: 25-1156265

Tax Period Ended: June 30, 2004

Form: 990T



Dear Taxpayer:

We received your extension for the tax period listed above.

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

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

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

Telephone	Number:	()	Hours	

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

Sincerely yours,

Marlene Waters

Dept. Manager, Input Corrections

Enclosure(s):
Copy of this letter

Form **8868**

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury

OMB No. 1545-1709

Form 8868 (12-2000)

Number, street, and room or sulte number. If a P.O.box, see instructions due date for filing your retrutn. See instructions. MILL CREEK CENTER, 105 GRACE WAY retrutn. See instructions. State ZIP code	Internal Revenue				arate application for each re			
Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filled Form 8868. Automatic 3-Month Extension of Time — Only submit original (no copies needed) Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only	 If you are 	e filing for an .	Automatic 3-Mont	th Extension, com	plete only Part I and check	this box		▶ ∑
Automatic 3-Month Extension of Time — Only submit criginal (no copies needed) Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only. All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 873 fo to request an extension of time to file Form 1065, 1066, or 1041. Type or print in the file of the foliation of the complete Part I only. All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 873 fo to request an extension of time to file Form 1065, 1066, or 1041. Employer identification number COMMUNITY ACTION, INC. 100-11-12-12-12-12-12-12-12-12-12-12-12-12-								,
Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only	Note: <i>Do no</i> <i>Form 8868.</i>	t complete Pa	rt II unless you ha	ave already been g	granted an automätic 3-mon	nth extension on a pre	eviously filed	
Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only All other corporations (including Form 990-C liters) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICS and trusts must use Form 8706 to request an extension of time to file income tax returns. Partnerships, REMICS and trusts must use Form 8706 to request an extension of time to file Form 1085, 1066, or 1041. Type or print lie by the due date for litery by the date for litery by the due date for litery by the due date f	Parille	Automatic 3	3-Month Exten	sion of Time -	- Only submit original (no co	opies needed)		
Type or print Type or prin							t I only	► [∑
Type or print rile by the due date for full due due for full due fue full due fue		trusts must us	se Form 8736 to re				ax returns. Partnersh	nips,
COMMUNITY ACTION, INC. 25-1156265	Type or	Name of Exempt	Organization				Employer identification	on number
MILL CREEK CENTER, 105 GRACE WAY City, town or post office. For a foreign address, see instructions. Check type of return to be filed (file a separate application for each return): Form 990 Form 990-BL Form 990-T (corporation) Form 990-EZ Form 990-Form 990-Form 990-T (trust other than above) Form 990-Form 8870 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the extension will cover. I request an automatic 3-month (6-month, for 990-T corporation) extension of time until Calendar year 20 Or X and ending 7/01 20 03 and ending 6/30 20 04 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Form 990-PF or 990-T, enter any refundable credits. See instructions. S o. Bif this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. C Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification	print					25-1156265		
MILL CREK CENTER, 10.5 GRACE WAY City, town or post office. For a foreign address, see instructions. City, town or post office. For a foreign address, see instructions. City, town or post office. For a foreign address, see instructions. City, town or post office. For a foreign address, see instructions. City, town or post office. For a foreign address, see instructions. City, town or post office. For a foreign address, see instructions. City, town or post office. For a foreign address, see instructions. City, town or post office. For a foreign address, see instructions. City, town or post office. For a foreign address, see instructions. City, town or post office. For a foreign address, see instructions. City, town or post office. For a foreign address, see instructions. City, town or post office. For a foreign address, see instructions. City, town or post office. For a foreign address, see instructions. City, town or post office. For a foreign address, see instructions. State ZIP code Town 990. Form 6069 Form 8870 Form 8870 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 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 this is for a Group Return, enter the organization Number (GEN) If this is for a Group Return, enter the organization of time whole group, check this box. If this is for a Group Return, enter the organization of time whole group, and attach a list with the names and EINs of all members the extension will cover. If the organization of the group of the group organization return for the organization named above. The extension is for the organization return for: Leading a fit it is for p								
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Check type of return to be filed (file a separate application for each return): Form 990 Form 990-BL Form 990-BL Form 990-EZ Form 990-EZ Form 990-FO 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) check this box. If it is for part of the group, check this box. If it is for part of the group, check this box. If the extension will cover. I request an automatic 3-month (6-month, for 990-T corporation) extension of time until Form 990-BC If this tax year beginning Form 990-Form 9	return. See instructions.	1					state ZIP cod	ie
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Form 990-PF Form 1041-A Form 8870 If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return , enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box. If 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 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 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 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 this is an automatic 3-month (6-month, for 990-T corporation) extension of time until5/15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for: If the exempt organization return for the organization named above. The extension is for the organization's return for: If this tax year is for less than 12 months, check reason:	⊢ ∤		ļ	· ·	• • • • • • • •	t) Form 52	.27	
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the extension will cover. 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 5/15 , 20 0.5, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 or X tax year beginning 7/01 , 20 0.3 , and ending 6/30 , 20 0.4. 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ 0. c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0. Signature and Verification where 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 implete, and that I am authorized to prepare this form.								
to file the exempt organization return for the organization named above. The extension is for the organization's return for: Calendar year 20				the group, check t	his box F and attach a	ist with the names a	and EINs of all men	nbers
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BAA For Paperwork Reduction Act Notice, see instructions.