

**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)

OMB No. 1545-0047

**2007**

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2007 calendar year, or tax year beginning 7/01/07, and ending 6/30/08

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

**C** Name of organization  
**COMMUNITY ACTION, INC.**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**105 GRACE WAY**

City or town, state or country, and ZIP + 4  
**PUNXSUTAWNEY PA 15767**

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

**E** Telephone number

**F** Accounting method:  Cash  
 Accrual  Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G** Website: *ex* **WWW.JCCAP.ORG**

**J** Organization type (check only one)  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **5,798,650**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	1a			
	<b>b</b> Direct public support (not included on line 1a)	1b		161,048	
	<b>c</b> Indirect public support (not included on line 1a)	1c			
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d		5,376,912	
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <u>5,537,960</u> noncash \$ _____)	1e			5,537,960
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2			30,268
	<b>3</b> Membership dues and assessments	3			
	<b>4</b> Interest on savings and temporary cash investments	4			22,058
	<b>5</b> Dividends and interest from securities	5			789
	<b>6a</b> Gross rents	6a		87,213	
	<b>b</b> Less: rental expenses	6b			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6c			87,213	
<b>7</b> Other investment income (describe _____)	7				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
	Less: cost or other basis and sales expenses	8c			
	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
	<b>b</b> Less: direct expenses other than fundraising expenses	9b			
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
<b>10a</b> Gross sales of inventory, less returns and allowances		10a	9,263		
	<b>b</b> Less: cost of goods sold	10b	9,208		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		STMT 1	55
<b>11</b> Other revenue (from Part VII, line 103)	11			111,099	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			5,789,442	
Expenses	<b>13</b> Program services (from line 44, column (B))	13		5,378,337	
	<b>14</b> Management and general (from line 44, column (C))	14		409,654	
	<b>15</b> Fundraising (from line 44, column (D))	15		7,977	
	<b>16</b> Payments to affiliates (attach schedule)	16			
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	17			5,795,968
Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18		-6,526	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,259,747	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 2</b>	20		5,245	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			1,258,466

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>SEE STATEMENT 3</b>	234,331		234,331	
<b>25b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
<b>25c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	1,337,728	1,240,673	93,666	3,389
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	28,904	24,675	4,168	61
<b>28</b>	Employee benefits not included on lines 25a - 27	154,894	140,254	14,387	253
<b>29</b>	Payroll taxes	105,412	93,481	11,760	171
<b>30</b>	Professional fundraising fees				
<b>31</b>	Accounting fees				
<b>32</b>	Legal fees				
<b>33</b>	Supplies	87,142	86,425	674	43
<b>34</b>	Telephone	56,703	53,661	2,972	70
<b>35</b>	Postage and shipping	23,715	23,268	417	30
<b>36</b>	Occupancy	114,416	111,019	3,319	78
<b>37</b>	Equipment rental and maintenance	1,372	1,289	83	
<b>38</b>	Printing and publications	14,337	12,381	945	1,011
<b>39</b>	Travel	64,718	58,388	6,265	65
<b>40</b>	Conferences, conventions, and meetings	1,074	100	974	
<b>41</b>	Interest				
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	16,704	16,704		
<b>43a</b>	Other expenses not covered above (itemize): <b>SEE STATEMENT 4</b>	3,554,518	3,516,019	35,693	2,806
<b>43b</b>					
<b>43c</b>					
<b>43d</b>					
<b>43e</b>					
<b>43f</b>					
<b>43g</b>					
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	5,795,968	5,378,337	409,654	7,977

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

◆ **VARIOUS COMMUNITY SERVICE PROGRAMS**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

<p><b>a COMMUNITY SERVICES BLOCK GRANT - NUTRITION, EDUCATION, CONSUMER TRANSPORTATION, TRAINING, AND CASE MANAGEMENT SERVICES THROUGH A COMPREHENSIVE SELF SUFFICIENCY PROJECT.</b></p>	<p>109,166</p>
<p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ◆ <input type="checkbox"/></p> <p><b>b WEATHERIZATION PROGRAMS PROVIDE HOME WEATHERIZATION TO LOW INCOME FAMILIES IN JEFFERSON AND CLARION COUNTIES.</b></p>	<p>476,303</p>
<p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ◆ <input type="checkbox"/></p> <p><b>c FOOD AND SHELTER PROGRAMS - PROVIDES FOOD AND SHELTER TO THE HOMELESS AND DISADVANTAGED INDIVIDUALS.</b></p>	<p>212,785</p>
<p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ◆ <input type="checkbox"/></p> <p><b>d EMPLOYMENT SERVICES - THROUGH VARIOUS FUDNING SERVICES THE AGENCY PROVIDES PRE-EMPLOYMENT TRAINING AS WELL AS TRAINING ON COPING WITH STRESS IN THE WORKPLACE AND TIME BUDGETING.</b></p>	<p>113,371</p>
<p><b>e Other program services (attach schedule) SEE STMT 5</b></p>	<p>4,466,712</p>
<p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ◆ <input type="checkbox"/></p> <p><b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b></p>	<p><b>5,378,337</b></p>

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year		
Assets	45	Cash—non-interest-bearing	672,414	45	748,325	
	46	Savings and temporary cash investments	53,317	46	56,252	
	47a	Accounts receivable	32,810			
	b	Less: allowance for doubtful accounts	18,291	47c	32,810	
	48a	Pledges receivable				
	b	Less: allowance for doubtful accounts		48c		
	49	Grants receivable	312,740	49	188,591	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b		
	51a	Other notes and loans receivable (attach schedule)				
	b	Less: allowance for doubtful accounts		51c		
	52	Inventories for sale or use	1,579	52	1,177	
	53	Prepaid expenses and deferred charges	24,608	53	58,833	
	54a	Investments—publicly-traded securities <b>SEE STATEMENT 6</b>	45,631	54a	47,943	
	b	Investments—other securities (attach schedule)		54b		
	55a	Investments—land, buildings, and equipment: basis				
	b	Less: accumulated depreciation (attach schedule)		55c		
	56	Investments—other (attach schedule)		56		
	57a	Land, buildings, and equipment: basis	1,083,971			
b	Less: accumulated depreciation (attach schedule) <b>SEE STATEMENT 7</b>	418,126	685,975	57c	665,845	
58	Other assets, including program-related investments (describe ♦ )			58		
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	1,814,555	59	1,799,776		
Liabilities	60	Accounts payable and accrued expenses	456,546	60	505,130	
	61	Grants payable		61		
	62	Deferred revenue <b>SEE STATEMENT 8</b>	98,262	62	36,180	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a	Tax-exempt bond liabilities (attach schedule)		64a		
	b	Mortgages and other notes payable (attach schedule)		64b		
	65	Other liabilities (describe ♦ )		65		
66	<b>Total liabilities.</b> Add lines 60 through 65	554,808	66	541,310		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted	1,210,861	67	1,203,301	
	68	Temporarily restricted	48,886	68	55,165	
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
	73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,259,747	73	1,258,466	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,814,555	74	1,799,776		

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	5,832,883
<b>b</b>	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	<b>b1</b>	5,248
2	Donated services and use of facilities	<b>b2</b>	28,988
3	Recoveries of prior year grants	<b>b3</b>	
4	Other (specify):	<b>b4</b>	9,205
	SEE STATEMENT 9		
	Add lines b1 through b4	<b>b</b>	43,441
<b>c</b>	Subtract line b from line a	<b>c</b>	5,789,442
<b>d</b>	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify):	<b>d2</b>	
	Add lines d1 and d2	<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12). Add lines c and d	<b>e</b>	5,789,442

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	5,834,164
<b>b</b>	Amounts included on line a but not Part I, line 17:		
1	Donated services and use of facilities	<b>b1</b>	28,988
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
3	Losses reported on Part I, line 20	<b>b3</b>	
4	Other (specify):	<b>b4</b>	9,208
	SEE STATEMENT 10		
	Add lines b1 through b4	<b>b</b>	38,196
<b>c</b>	Subtract line b from line a	<b>c</b>	5,795,968
<b>d</b>	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify):	<b>d2</b>	
	Add lines d1 and d2	<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17). Add lines c and d	<b>e</b>	5,795,968

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ROBERT CARDAMONE 105 GRACE WAY PUNXSUTAWNEY PA 15767	EXECUTIVE DI 51	95,559	0	0
ERNEST CERTO 105 GRACE WAY PUNXSUTAWNEY PA 15767	ASSOC. CONTR 42	44,569	0	0
BETTY LOWMASTER 105 GRACE WAY PUNXSUTAWNEY PA 15767	CONTROLLER 41	43,284	0	0
SUE FUSCO 105 GRACE WAY PUNXSUTAWNEY PA 15767	CUST SVC DIR 49	52,161	0	0
ROD RHODES 105 GRACE WAY PUNXSUTAWNEY PA 15767	DIR H-P-E 44	48,372	0	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

		Yes	No
<b>75a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">◆</span>		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	<b>75b</b>	<b>X</b>
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	<b>75c</b>	<b>X</b>
<b>d</b>	Does the organization have a written conflict of interest policy?	<b>75d</b>	<b>X</b>

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

**Part VI Other Information (See the instructions.)**

		Yes	No
<b>76</b>	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	<b>76</b>	<b>X</b>
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	<b>77</b>	<b>X</b>
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year?	<b>78b</b>	<b>X</b>
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	<b>X</b>
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the organization <span style="float: right;">◆</span> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b>	Enter direct and indirect political expenditures. (See line 81 instructions.) <span style="float: right;"><b>81a</b></span>	0	
<b>b</b>	Did the organization file Form 1120-POL for this year?	<b>81b</b>	<b>X</b>

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b			
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85b			
c	Dues, assessments, and similar amounts from members		
85c			
d	Section 162(e) lobbying and political expenditures		
85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h			
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86b	Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 $\blacklozenge$ 0 ; section 4912 $\blacklozenge$ 0 ; section 4955 $\blacklozenge$ 0		
89b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 $\blacklozenge$ 0		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization $\blacklozenge$ 0		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed $\blacklozenge$ PA		
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	62	
91a	The books are in care of $\blacklozenge$ ERNEST E. CERTO, JR. 105 GRACE WAY Located at $\blacklozenge$ PUNXSUTAWNEY, PA	Telephone no. $\blacklozenge$ 814-938-3302 ZIP + 4 $\blacklozenge$ 15767-1209	
91b	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)? If "Yes," enter the name of the foreign country $\blacklozenge$		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information (continued)**

Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country
- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a <b>INFORMATION TECHNOLOGY</b>	541519	30,268			
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	22,058	
96 Dividends and interest from securities			14	789	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	87,213	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	541519	55			
103 Other revenue: a					
b <b>ADVERTISING</b>			1	10,741	
c <b>OTHER SERVICE FEES</b>			1	90,385	
d <b>MISCELLANEOUS</b>			1	9,973	
e					
104 Subtotal (add columns (B), (D), and (E))		30,323		221,159	0
105 Total (add line 104, columns (B), (D), and (E))					251,482

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
<input type="checkbox"/>	
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

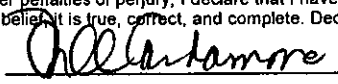
	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

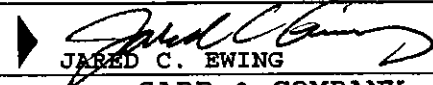
Yes	No

**Please Sign Here**

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


2/12/2009  
 Signature of officer Date  
 Robert A. Cardamone, Executive Director  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature	 JARED C. EWING	Date	2/10/09	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X) P00596532
Firm's name (or yours if self-employed), address, and ZIP + 4	SARP & COMPANY, CPAS 210 TOLL GATE HILL ROAD GREENSBURG, PA 15601-8718			EIN	25-1479220
				Phone no.	724-834-2151

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2007**

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**COMMUNITY ACTION, INC.**

Employer identification number

**25-1156265**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BARKER BROTHERS KITTANNING PA 16201	MEDICAL TRANS.	806,738
PITTSBURGH NORTH AIRE-RIDE PLAYHOUSE CHILDRENS CENTER LLC 218 LANE AVE PUNXSUTAWNEY PA 15767	CCIS-CHILD CARE	130,536
CRAYON CASTLE INC. 41 WEST MAIN ST BROOKVILLE PA 15825	CCIS-CHILD CARE	117,902
BLOOM HEATING ELECTRIC PLUMBING & AC PO BOX 93 GRAMPIAN PA 16838	WEATHERIZATION	114,925
CREATVIE KIDS LEARNING CENTER 15898 ROUTE 322 SUITE 2 CLARION PA 16214	CCIS-CHILD CARE	78,982
Total number of other contractors receiving over \$50,000 for other services ▶		6

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

Schedule A (Form 990 or 990-EZ) 2007

**Part III Statements About Activities (See page 2 of the instructions.)**

Yes No

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p>	1		X
<p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>			
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>			
<p><b>a</b> Sale, exchange, or leasing of property?</p>	2a		X
<p><b>b</b> Lending of money or other extension of credit?</p>	2b		X
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	2c		X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b></p>	2d	X	
<p><b>e</b> Transfer of any part of its income or assets?</p>	2e		X
<p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>	3a		X
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		X
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	3c		X
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		X
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a		X
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	4b		
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ◆ _____</p>			
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ◆ _____</p>			
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ◆ _____</p>			0
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ◆ _____</p>			0

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
  - Type I
  - Type II
  - Type III-Functionally Integrated
  - Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					

14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,602,223	4,461,669	4,175,274	3,745,099	16,984,265
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	370,081	364,477	474,727	256,474	1,465,759
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	4,972,304	4,826,146	4,650,001	4,001,573	18,450,024
<b>24</b> Line 23 minus line 17	4,972,304	4,826,146	4,650,001	4,001,573	18,450,024
<b>25</b> Enter 1% of line 23	49,723	48,261	46,500	40,016	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 369,000
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 18,450,024
d Add: Amounts from column (e) for lines: 18 <u>1,465,759</u> 19 _____					26d 1,465,759
22 _____ 26b _____					26e 16,984,265
e Public support (line 26c minus line 26d total)					26f 92.0555%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
<b>27</b> Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					N/A
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					N/A
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					27c
17 _____ 20 _____ 21 _____					27d
d Add: Line 27a total _____ and line 27b total _____					27e
e Public support (line 27c total minus line 27d total)					27f
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 9 of the instructions.)

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table-		
	<b>If the amount on line 40 is-</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is-</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**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 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
  - b Paid staff or management (Include compensation in expenses reported on lines c through h.)
  - c Media advertisements
  - d Mailings to members, legislators, or the public
  - e Publications, or published or broadcast statements
  - f Grants to other organizations for lobbying purposes
  - g Direct contact with legislators, their staffs, government officials, or a legislative body
  - h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
  - i Total lobbying expenditures (Add lines c through h.)
- If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount





**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of organization

Employer identification number

**COMMUNITY ACTION, INC.**

**25-1156265**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

**General Rule—**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules—**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization <b>COMMUNITY ACTION, INC.</b>	Employer identification number <b>25-1156265</b>
---	---

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	PCADV 6400 FLANK DRIVE HARRISBURG PA 17112	\$ 328,189	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

## Federal Statements

### Statement 1 - Form 990, Line 10c - Sales of Inventory

<u>Description</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Gross Profit</u>
INFORMATION TECHNOLOGY	\$ 9,263	\$ 9,208	\$ 55
TOTAL	<u>\$ 9,263</u>	<u>\$ 9,208</u>	<u>\$ 55</u>

### Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS ON INVESTMENTS	\$ 5,248
DATA PROCESSING COST OF GOODS SOLD	9,208
ROUNDING	-3
DATA PROCESSING COST OF GOODS SOLD	<u>-9,208</u>
TOTAL	<u>\$ 5,245</u>

18700 COMMUNITY ACTION, INC.

25-1156265

FYE: 6/30/2008

### Federal Statements

#### Statement 3 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	\$	\$	\$
OFFICER COMPENSATION		234,331	
COMPENSATION	\$ 0	\$ 234,331	\$ 0
TOTAL			

## Federal Statements

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
EXPENSES				
SOFTWARE	153	153		
SMALL EQUIPMENT AND TOOLS	11,556	11,556		
LICENSES AND REGISTRATION	1,148	1,113	10	25
INSURANCE	38,123	36,935	1,164	24
AUTO EXPENSES	5,593	5,593		
INFORMATION TECHNOLOGY	52,124	49,341	2,700	83
ADVERTISING AND PUBLICATIONS	11,965	11,034	931	
REGISTRATION AND MEMBERSHIPS	5,959	2,191	3,768	
TRAINING AND TECHNICAL ASSIST	5,053	5,053		
ADMINISTRATIVE FEES	6,317	6,317		
VOLUNTEER RECOGNITION	7,406	7,406		
CONTRACTED SERVICES	33,359	6,226	27,120	13
SNOW REMOVAL	329	329		
UTILITIES	34,052	34,052		
FOOD AND MEALS	150,137	150,137		
BUILDING REPAIRS AND MAINT	8,346	8,346		
MISCELLANEOUS	2,928	2,928		
PROPERTY TAXES	7,646	7,646		
FUNDRAISING	2,661			2,661
BAD DEBT EXPENSE	15	15		
CHILD CARE FEES	1,773,495	1,773,495		
WEATHERIZATION SERVICES	279,427	279,427		
HOUSING ASSISTANCE	42,211	42,211		
CLIENT TRAVEL AND ASSISTANCE	1,006,287	1,006,287		
OTHER CONSUMER SUPPORT	43,489	43,489		
FUNDS RETURNED	14,565	14,565		
IN-KIND CONSUMMABLE SUPPLIES	4,778	4,778		
IN-KIND DONATED SOFTWARE/TECH	4,602	4,602		
IN-KIND FOOD	794	794		
TOTAL	<u>\$ 3,554,518</u>	<u>\$ 3,516,019</u>	<u>\$ 35,693</u>	<u>\$ 2,806</u>

**Federal Statements****Statement 5 - Form 990, Part III, Line e - Other Program Services****Description**

1,231,378

MEDICAL TRANSPORTATION -PAYS FOR THE COST OF  
TRANSPORTATION FOR LOW INCOME INDIVIDUALS TO MEDICAL  
FACILITIES IN ORDER FOR THEM TO GET MEDICAL ATTENTION.

8,727

HUMAN SERVICES DEVELOPMENT PROGRAM - HELPS DISADVANTAGED  
INDIVIDUALS TO RECOGNIZE THEIR SELF-WORTH AND WORK TO  
FUNCTION BETTER IN TODAY'S SOCIETY.

352,853

CROSSROADS & CROSSROADS MATCH - PROVIDES SHELTER AND  
COUNSELING FOR THOSE WOMEN AND THEIR CHILDREN WHO HAVE  
BEEN VICTIMS OF DOMESTIC VIOLENCE.

73,710

RETIRED SENIORS VOLUNTEER PROGRAM - PROVIDES THE  
OPPORTUNITY FOR RETIRED CITIZENS TO SERVE THE COMMUNITY  
IN A VOLUNTEER CAPACITY AT DIFFERENT ORGANIZATIONS,  
BUSINESSES, AND ESTABLISHMENTS THROUGHOUT THE COMMUNITY  
AND TO RECOGNIZE THOSE VOLUNTEERS FOR THEIR EFFORTS.

80,242

CRIME VICTIM ASSISTANCE - PROVIDES ASSISTANCE AND  
COUNSELING TO THOSE INDIVIDUALS WHO HAVE BEEN VICTIMS OF  
CRIME.

2,020,585

CCIS - PROVIDES ASSISTANCE WITH CHILD CARE FEES FOR THOSE  
FAMILIES THAT QUALIFY BY BEING BELOW THE FEDERAL  
POVERTY LEVEL.

17,984

DATA PROCESSING - INTERNALLY, PROVIDES ASSISTANCE FOR THE  
ACCOUNTABILITY FOR THE FINANCE ASPECT OF THE PROGRAMS.  
EXTERNALLY, PROVIDES SALES AND SERVICE TO VARIOUS  
CUSTOMERS OF THE AREA. A 990-T IS FILED FOR UNRELATED  
BUSINESS INCOME.

(9,208)

LESS COMPUTER EQUIPMENT SOLD.

335,616

ADULT LITERACY -PROVIDES THE OPPORTUNITY FOR ADULTS  
TO LEARN TO READ.

99,714

RENTAL PROPERTY -PROVIDES LOW INCOME RENTAL PROPERTIES TO  
THOSE INDIVIDUALS WHO COULD NOT OTHERWISE AFFORD HOUSING.

109,064

LOCAL SUPPORT & VARIOUS OTHER SMALL PROGRAMS - PROVIDES  
ALL TYPES OF ASSISTANCE (FINANCIALLY AND COUNSELING) NOT  
COVERED IN THE ABOVE PROGRAMS TO THOSE INDIVIDUALS WHO  
ARE ECONOMICALLY DISADVANTAGED.

**Statement 5 - Form 990, Part III, Line e - Other Program Services (continued)**

Description

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89,575

STEWART MCKINNEY - HOMELESS PERSONS RECEIVE INTENSIVE  
CASE MANAGEMENT TO ASSIST IN OVERCOMING MULTIPLE BARRIERS  
WHILE RECEIVING UP TO 24 MONTHS OF HOUSING AT 3  
LOCATIONS: (MEN - SITES IN CLARION AND JEFFERSON  
COUNTIES, WOMEN AND CHILDREN - SITE IN JEFFERSON COUNTY) .  
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47,264

EARLY CARE - IMPROVE THE QUALITY OF THE CHILD CARE  
PROVIDER.

25-1156265

**Federal Statements**

FYE: 6/30/2008

**Statement 6 - Form 990, Part IV, Line 54a - Publicly Traded Securities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
CORPORATE STOCK	\$	\$	
544 SHARES OF EXXON MOBIL CORP	45,631	47,943	MARKET
TOTAL	<u>45,631</u>	<u>47,943</u>	

**Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
BUILDINGS AND EQUIPMENT	\$ 1,028,021	\$ 390,161	\$ 1,035,856	\$ 418,126
LAND	48,115		48,115	
TOTAL	<u>\$ 1,076,136</u>	<u>\$ 390,161</u>	<u>\$ 1,083,971</u>	<u>\$ 418,126</u>

**Statement 8 - Form 990, Part IV, Line 62 - Deferred Revenue**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEFERRED REVENUE	\$ 98,262	\$ 36,180
TOTAL	<u>\$ 98,262</u>	<u>\$ 36,180</u>



**Federal Statements****Statement 9 - Form 990, Part IV-A - Other Revenue Included on Financial Statements**

<u>Description</u>	<u>Amount</u>
DATA PROCESSING COST OF GOODS SOLD	\$ 9,208
ROUNDING	-3
TOTAL	<u>\$ 9,205</u>

**Statement 10 - Form 990, Part IV-B - Other Expenses included on Financial Statements**

<u>Description</u>	<u>Amount</u>
DATA PROCESSING COST OF GOODS SOLD	\$ 9,208
TOTAL	<u>\$ 9,208</u>

Form **8868**

(Rev. April 2008)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-1709

◆ 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
  - 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.**

#### 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.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. 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.

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

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

● The books are in the care of ◆ **ERNEST E. CERTO, JR.**

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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **2/15/09** , 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 **7/01/07** , and ending **6/30/08** .

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.	3a	\$
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.	3b	\$
c <b>Balance Due.</b> 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.	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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 4-2008)