

Form **8879-EO**

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

OMB No. 1545-1878

For calendar year 2010, or fiscal year beginning 7/01, 2010, and ending 6/30, 2011

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

▶ See instructions on back.

2010

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>7,794,886</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 2010 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 2010 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 2010 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 ▶ _____

Date ▶ 02/14/12

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 2010 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 ▶ _____

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 **8879-EO** (2010)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

- 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) Room/suite
105 GRACE WAY

City or town, state or country, and ZIP + 4
PUNXSUTAWNEY PA 15767-1209

D Employer identification number
25-1156265

E Telephone number
814-938-3302

G Gross receipts \$ **7,803,035**

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

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**

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1965** **M** State of legal domicile: **PA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MISSION STATEMENT - TO PROVIDE AND COORDINATE ACTIVITIES WHICH ALLEVIATE POVERTY, PROMOTE FAMILY SELF-SUFFICIENCY AND ADVANCE COMMUNITY PROSPERITY.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	17
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	84
	6 Total number of volunteers (estimate if necessary)	563
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	65,287
	7b Net unrelated business taxable income from Form 990-T, line 34	21,317
	8 Contributions and grants (Part VIII, line 1h)	6,810,730
	9 Program service revenue (Part VIII, line 2g)	7,466,280
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,535
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,369
Expenses	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,688
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	209,517
	14 Benefits paid to or for members (Part IX, column (A), line 4)	250,383
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,026,616
	16a Professional fundraising fees (Part IX, column (A), line 11e)	7,794,886
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,012	2,173,605
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,336,653
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,804,194
	19 Revenue less expenses. Subtract line 18 from line 12	5,274,034
	20 Total assets (Part X, line 16)	6,977,799
	21 Total liabilities (Part X, line 26)	7,610,687
	22 Net assets or fund balances. Subtract line 21 from line 20	48,817
		184,199
		1,970,701
		2,365,231
		673,473
		870,645
		1,297,228
		1,494,586

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** Date: **EXECUTIVE DIRECTOR**
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: **JARED C. EWING** Preparer's signature: **JARED C. EWING** Date: **03/01/12** Check if PTIN self-employed **P00596532**
Firm's name ▶ **SARP & COMPANY, CPAS** Firm's EIN ▶ **25-1479220**
Firm's address ▶ **210 TOLL GATE 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **1,899,471** including grants of \$) (Revenue \$ **1,899,471**)

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.

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4b (Code:) (Expenses \$ **1,890,951** including grants of \$) (Revenue \$ **1,890,951**)

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 \$ **1,510,905** including grants of \$) (Revenue \$ **1,533,646**)

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 \$ **1,605,553** including grants of \$) (Revenue \$)

4e Total program service expenses ► **6,906,880**

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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, XII, and XIII is optional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
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		X
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		X
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		X
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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	X	
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		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a 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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a	172		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	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		
2a	84		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	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)?		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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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
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	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?		X
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
15	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 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**
PUNKSUTAWNEY 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(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			
(1) JAMES P MCINTYRE DIRECTOR	1.29	X					0	0	
(2) JOHN S HALLMAN DIRECTOR	1.44	X					0	0	
(3) SAMUEL H SMITH DIRECTOR	0.63	X					0	0	
(4) TIM REDDINGER DIRECTOR	1.75	X					0	0	
(5) DONNA R OBERLANDER DIRECTOR	1.27	X					0	0	
(6) TONYA STERNER DIRECTOR	1.75	X					0	0	
(7) REBECCA SPADER DIRECTOR	1.75	X					0	0	
(8) GREGORY PACELLI DIRECTOR	1.71	X					0	0	
(9) RONALD J WILSHIRE VICE PRES.	1.27	X		X			0	0	
(10) LEE N STEWART TREAS. /SEC.	1.69	X		X			0	0	
(11) DAVID GILLESPIE DIRECTOR	2.08	X					0	0	
(12) GRANVILLE E CARTER DIRECTOR	0.77	X					0	0	
(13) CLARA W BELLOIT DIRECTOR	1.10	X					0	0	
(14) LORI BROWN DIRECTOR	1.31	X					0	0	
(15) RENEE VOWINKEL DIRECTOR	1.75	X					0	0	
(16) STEVE J MEHOK DIRECTOR	1.44	X					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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17) PAMELA M JOHNSON ASST. SEC.	2.08	X		X				0	0	0
(18) RICHARD FETTERMAN PRESIDENT	6.42	X		X				0	0	0
(19) ROBERT CARDAMONE EXECUTIVE DIRECTOR	51.40			X				103,915	0	10,750
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)	CLIENT COPY									
(28)										
1b Sub-total								103,915		10,750
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								103,915		10,750

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.

(A) Name and business address	(B) Description of services	(C) Compensation
HEALTH RIDE PLUS NORTHERN CAMBERIA PA 15714	404 MAGNOLIA STREET MEDICAL TRANSP.	1,179,724
ABC HEATING COOLING & PLUMBING SUMMERSVILLE PA 15864	4084 HEATHVILLE OHL ROAD WEATHERIZATION	448,347
84 LUMBER EIGHTY FOUR PA 15330-0365	PO BOX 365 WEATHERIZATION	230,752
PLAYHOUSE CHILDRENS CENTER, LLC PUNXSUTAWNEY PA 15767	218 LANE AVENUE CHILDCARE PROV.	221,749
HEALTHY HOME CONSTRUCTION MERCER PA 16137	319 OLD SHARON ROAD	194,070

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 9**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns				
	1b	Membership dues				
	1c	Fundraising events	565			
	1d	Related organizations				
	1e	Government grants (contributions)	7,287,802			
	1f	All other contributions, gifts, grants, and similar amounts not included above	177,913			
	g	Noncash contributions included in lines 1a-1f: \$	48,510			
	h	Total. Add lines 1a-1f	7,466,280			
Program Service Revenue	2a	COPOS	45,535		45,535	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	45,535			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	7,523		12	7,511
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	(i) Real	56,494			
		(ii) Personal				
	b	Less: rental exps.				
	c	Rental Inc. or (loss)	56,494			
	d	Net rental income or (loss)	56,494			56,494
	7a	(i) Securities				
		(ii) Other	33,314			
	b	Less: cost or other basis & sales exps.	8,149			
	c	Gain or (loss)	25,165			
	d	Net gain or (loss)	25,165	25,165		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
	b	Less: direct expenses				
c	Net income or (loss) from fundraising events					
9a	Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses					
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	19,740				
b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory	19,740			19,740	
Miscellaneous Revenue		Busn. Code				
11a	OTHER SERVICE FEES		154,916			154,916
b	MISCELLANEOUS		19,233			19,233
c						
d	All other revenue					
e	Total. Add lines 11a-11d		174,149			
12	Total revenue. See instructions.		7,794,886	25,165	65,287	238,154

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) but are not required to complete columns (B), (C), and (D).

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	1,830,415	1,332,242	494,211	3,962
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	28,842	19,082	9,684	76
9 Other employee benefits	340,038	283,964	55,783	291
10 Payroll taxes	137,358	99,603	37,454	301
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	31,369		31,357	12
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	170,136	159,234	9,901	1,001
14 Information technology				
15 Royalties				
16 Occupancy	96,684	90,487	6,085	112
17 Travel	66,230	52,395	13,781	54
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,163	3,675	1,488	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,534	16,534		
23 Insurance	29,474	28,241	1,212	21
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a CHILD CARE FEES	1,646,348	1,646,348		
b CLIENT TRAVEL AND ASSISTANCE	1,574,323	1,574,323		
c WEATHERIZATION SERVICES	1,107,924	1,107,924		
d FOOD AND MEALS-C. ASSIST.	129,918	129,918		
e HOUSING ASSISTANCE	113,718	113,718		
f All other expenses	286,213	249,192	34,839	2,182
25 Total functional expenses. Add lines 1 through 24f	7,610,687	6,906,880	695,795	8,012
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest bearing	1,066,274	1	1,039,316
	2 Savings and temporary cash investments	61,583	2	62,150
	3 Pledges and grants receivable, net	215,992	3	534,137
	4 Accounts receivable, net	31,492	4	105,462
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,601	8	4,453
	9 Prepaid expenses and deferred charges	34,876	9	47,751
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 932,680		
	b Less: accumulated depreciation	10b 404,700	526,060	10c 527,980
	11 Investments—publicly traded securities	30,823	11	43,982
	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 Total assets. Add lines 1 through 15 (must equal line 34)	1,970,701	16	2,365,231	
Liabilities	17 Accounts payable and accrued expenses	590,009	17	778,070
	18 Grants payable		18	
	19 Deferred revenue	83,464	19	92,575
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	673,473	26	870,645
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,245,555	27	1,432,106
	28 Temporarily restricted net assets	51,673	28	62,480
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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 Total net assets or fund balances	1,297,228	33	1,494,586
34 Total liabilities and net assets/fund balances	1,970,701	34	2,365,231	

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	7,794,886
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,610,687
3	Revenue less expenses. Subtract line 2 from line 1	3	184,199
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,297,228
5	Other changes in net assets or fund balances (explain in Schedule O)	5	13,159
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,494,586

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? _____
- b Were the organization's financial statements audited by an independent accountant? _____
- 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.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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	

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SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

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—Other
- 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?
- h Provide the following information about the supported organization(s).

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

(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 support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,602,223	5,537,960	5,907,402	6,810,730	7,466,280	30,324,595
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 Total. Add lines 1 through 3	4,602,223	5,537,960	5,907,402	6,810,730	7,466,280	30,324,595
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 Public support. Subtract line 5 from line 4						30,324,595

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4,602,223	5,537,960	5,907,402	6,810,730	7,466,280	30,324,595
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,976	28,094	2,681	84,393	64,005	189,149
9 Net income from unrelated business activities, whether or not the business is regularly carried on	86,939	39,531	22,030	3,945	27,113	179,558
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	273,166	183,857	222,630	120,403	174,149	974,205
11 Total support. Add lines 7 through 10						31,667,507
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	95.76%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	94.99%
16a 33 1/3% support test—2010. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2010. 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—2009. 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

\$ 974,205

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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, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIV, describe how the organization reports conservation easements...

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 2 columns: \$, \$, \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included..., b Assets included...

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 XIV.
- 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 XIV and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ %
 - b Permanent endowment ▶ %
 - c Term endowment ▶ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		34,965		34,965
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		897,715	404,700	493,015
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				527,980

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)		
Total. (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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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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)	
Total. (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) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XIV Supplemental Information (continued)

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SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization

COMMUNITY ACTION, INC.

Employer identification number

25-1156265

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total				▶ \$						

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Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1) RENEE VOWINKEL	BOARD MEMBER	6,243
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Name of the organization

COMMUNITY ACTION, INC.

Employer identification number
25-1156265

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....)	X	1	48,510	
26 Other ▶ (.....)				
27 Other ▶ (.....)				
28 Other ▶ (.....)				

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29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

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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

2010

Open to Public
Inspection

Name of the organization

COMMUNITY ACTION, INC.

Employer identification number

25-1156265

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

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

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Name of the organization

COMMUNITY ACTION, INC.

Employer identification number

25-1156265

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 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.

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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.

EARLY CARE AND EDUCATION - HELPS FAMILIES IDENTIFY QUALITY EARLY CARE AND EDUCATION PROGRAMS; ASSISTS CHILD CARE

Name of the organization

COMMUNITY ACTION, INC.

Employer identification number

25-1156265

PROVIDERS WITH RESOURCE DEVELOPMENT AND PROVIDES "GETTING
STARTED" INFORMATION TO PERSONS INTERESTED IN OPENING A
CHILD CARE FACILITY. WORKS WITH CHILD CARE PROVIDERS AND
SCHOOL DISTRICTS TO ENSURE CHILDREN RECEIVE THE SKILLS
NECESSARY TO TRANSITION SMOOTHLY INTO KINDERGARTEN.

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 RECEIVED 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
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.

Name of the organization

COMMUNITY ACTION, INC.

Employer identification number

25-1156265

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.

FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS EXPLANATION
 ITEM CONSISTS OF THE UNREALIZED HOLDING GAIN ON THE MARKETABLE EQUITY
 SECURITIES HELD BY THE ORGANIZATION, WHICH IS RECOGNIZED FOR FINANCIAL
 STATEMENT REPORTING PURPOSES, BUT NOT ON THE FORM 990 UNTIL AN ACTUAL GAIN
 OR LOSS IS REALIZED.

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Form **990-T**

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

OMB No. 1545-0087

2010

For calendar year 2010 or other tax year beginning **07/01/10**, and ending **06/30/11**. ▶ See separate instructions.

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

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 2,365,231</p>	<p>D Employer identification number (Employees' trust, see instructions.) 25-1156265</p> <p>E Unrelated business activity codes (See Instructions.) 541519 541519</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY ACTION, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 105 GRACE WAY</p> <p>City or town, state, and ZIP code PUNXSUTAWNEY PA 15767-1209</p> <p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
---	---	--

H Describe the organization's primary unrelated business activity.
▶ **COMPUTER CONSULTING AND COMPUTER SALES**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation.
▶

J The books are in care of ▶ **ERNEST E. CERTO, JR.** Telephone number ▶ **814-938-3302**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 65,275			
b Less returns and allowances			
c Balance ▶	65,275		
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1c	65,275		65,275
4a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)			
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9 Investment income of a section 501(c)(7)-(9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See instructions; attach schedule.) SEE STMT 1	12		12
13 Total. Combine lines 3 through 12	65,287		65,287

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.		(A) Income	(B) Expenses	(C) Net
14 Compensation of officers, directors, and trustees (Schedule K)				
15 Salaries and wages				27,352
16 Repairs and maintenance				
17 Bad debts				
18 Interest (attach schedule)				
19 Taxes and licenses				2,068
20 Charitable contributions (See instructions for limitation rules.)				
21 Depreciation (attach Form 4562)	21			
22 Less depreciation claimed on Schedule A and elsewhere on return	22a			0
23 Depletion				
24 Contributions to deferred compensation plans				
25 Employee benefit programs				5,022
26 Excess exempt expenses (Schedule I)				
27 Excess readership costs (Schedule J)				
28 Other deductions (attach schedule) SEE STATEMENT 2				8,528
29 Total deductions. Add lines 14 through 28				42,970
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				22,317
31 Net operating loss deduction (limited to the amount on line 30)				
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30				22,317
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)				1,000
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32				21,317

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here [] See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34 35c 3,198
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [] Tax rate schedule or [] Schedule D (Form 1041) 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 3,198

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see instructions) 40b
c General business credit. Attach Form 3800 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39 41 3,198
42 Other taxes. Check if from: [] Form 4255 [] Form 8611 [] Form 8897 [] Form 8866 [] Other 42
43 Total tax. Add lines 41 and 42 43 3,198
44a Payments: A 2009 overpayment credited to 2010 44a
b 2010 estimated tax payments 44b
c Tax deposited with Form 8868 44c 3,198
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Credit for small employer health insurance premiums (Attach Form 8941) 44f
g Other credits and payments: [] Form 2439 [] Form 4136 [] Other Total 44g
45 Total payments. Add lines 44a through 44g 45 3,198
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached [] 46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48
49 Enter the amount of line 48 you want: Credited to 2011 estimated tax [] Refunded [] 49

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

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here [] Yes [X] No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. [] Yes [X] No
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

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

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

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

Sign Here [] Signature of officer [] Date [] Executive Director [] Title
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only
Print/Type preparer's name JARED C. EWING Date 03/01/12 Check [] If self-employed PTIN P00596532
Preparer's signature JARED C. EWING
Firm's name SARP & COMPANY, CPAS Firm's EIN 25-1479220
Firm's address 210 TOLL GATE HILL ROAD Phone no. 724-834-2151
GREENSBURG, PA 15601-8718

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

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

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

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) N/A					
(2)					
(3)					
(4)					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	
(1)					
(2)					
(3)					
(4)					
Totals ▶				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

Total dividends received deductions included in column 8 ▶

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

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

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

(1) N/A						
(2)						
(3)						
(4)						
(5) Totals from Part I	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ..						

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

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

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172

2010

Attachment Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **COMMUNITY ACTION, INC.** Identifying number **25-1156265**

Business or activity to which this form relates

INDIRECT DEPRECIATION

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.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	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	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
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 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

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.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	30,332

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
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 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	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 of your return. Partnerships and S corporations—see instructions	22	30,332
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2010)

Statement 1 - Form 990-T, Part I, Line 12 - Other Income

Description	Amount
INTEREST INCOME	\$ 12
TOTAL	\$ 12

Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
LOCAL TRAVEL	\$ 701
OFFICE SPACE	967
TELEPHONE	886
POSTAGE	25
PRINTING/COPIES	28
INSURANCE/BOND	181
INFO TECH EXPENSE	823
FISCAL SERVICES	4,167
HUMAN RESOURCE SERVICES	310
PROFESSIONAL SERVICES	137
MISCELLANEOUS	239
SUPPLIES	34
REG/MEMBERSHIPS	30
TOTAL	\$ 8,528

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Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
121	Poweredge 2	5/29/03	2,225			2,225	3 MO S/L	2,225	0
122	(4) Sets Server	5/29/03	800			800	3 MO S/L	800	0
123	Server 6-Port	5/29/03	118			118	3 MO S/L	118	0
Sold/Scrapped: 6/30/11									
124	(2) Poweredge	5/29/03	4,568			4,568	3 MO S/L	4,568	0
125	Server 6-Port	5/29/03	118			118	3 MO S/L	118	0
Sold/Scrapped: 6/30/11									
126	Computer Room Air Conditioner	6/24/03	4,800			4,800	10 MO S/L	3,360	480
127	Dell Power	6/24/03	656			656	1 MO S/L	656	0
130	Gutters & Downspouts - Harmony Gutters	10/21/05	1,000			1,000	39 MO S/L	121	25
131	Roof - Harmony - Front Section	10/21/05	1,600			1,600	39 MO S/L	193	41
132	Electrical Entry - Harmony	11/16/05	1,190			1,190	39 MO S/L	141	31
133	Holmes House Attic Furnace	2/01/07	2,556			2,556	15 MO S/L	582	171
134	Sykes Roof Replacement	10/10/06	5,200			5,200	20 MO S/L	975	260
135	927 W. Mahoning Apt.#3 Furnace	2/01/07	1,350			1,350	15 MO S/L	308	0
Sold/Scrapped: 7/01/10									
136	Beyer Down Furnace	11/08/06	2,000			2,000	15 MO S/L	489	133
137	Grace Way drains/upflush toilet	10/12/06	2,800			2,800	40 MO S/L	263	70
138	(2) Halotron Fire Extinguishers	4/01/07	800			800	10 MO S/L	260	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	384	128
148	Trilogy exit lock and software	9/01/07	631			631	3 MO S/L	596	35
149	Back-up Exec Software	3/01/08	890			890	3 MO S/L	692	198
150	(4) Cisco 24 port switch + access point	3/05/08	1,112			1,112	5 MO S/L	519	222
151	Sheridan Road Agency Sign	5/16/08	885			885	5 MO S/L	369	177
152	MIP Software Allocation Module	6/20/08	2,495			2,495	3 MO S/L	1,663	832
185	Omni Form V5.0 Govt & Filter	7/01/08	2,203			2,203	3 MO S/L	1,469	734
186	Toshiba Copier w/ Large Capacity Tray	10/10/08	6,218			6,218	5 MO S/L	2,073	1,243
187	Toshiba Copier	10/10/08	5,988			5,988	5 MO S/L	1,996	1,198
188	103 Park Ave Gas Furnace	12/01/08	2,400			2,400	15 MO S/L	254	160
189	Office Pro, Visio Pro, Exchange Server	12/01/08	1,340			1,340	3 MO S/L	707	447
190	Viewpoint Network Pro 2040 & TZ-170	12/01/08	591			591	3 MO S/L	312	99
Out Of Service: 1/15/11									
191	Sentry Fire/Water Resistant Safe 200 E. Ma	12/01/08	579			579	10 MO S/L	92	58
192	Sentry Fire/Water Resistant Safe 105 Grace	12/01/08	579			579	10 MO S/L	92	58
193	Seagate Black Armourn Staorage Server	6/01/09	1,000			1,000	3 MO S/L	361	333
194	Sykesville Carpeting	9/01/09	975			975	3 MO S/L	271	325
195	Fellows Powershred Shredder	5/10/10	1,446			1,446	3 MO S/L	40	482
196	Dell Computer	3/01/10	940			940	3 MO S/L	104	314
197	Dell Computer	3/01/10	940			940	3 MO S/L	104	314
198	HP LaserJet M3035XS Printer	7/06/09	1,822			1,822	5 MO S/L	364	365
199	HP LaserJet P015TN Printer	9/01/09	1,449			1,449	5 MO S/L	242	289
200	HP LaserJet M3035XS Printer	7/06/09	1,822			1,822	5 MO S/L	364	365
201	Sonicwall NSA 2400 Router Server Romm	3/01/10	1,741			1,741	5 MO S/L	116	348
202	Office Professional Plus 2010 (50) Licenses	9/01/10	1,550			1,550	3 MO S/L	0	431
203	Suncast Storage Shed	10/21/10	710			710	3 MO S/L	0	158
204	R710 Server Storage & Memory Upgrades	4/01/11	1,072			1,072	3 MO S/L	0	89
205	STORECENTER Grace Way	5/01/11	678			678	3 MO S/L	0	38
206	STORECENTER 200 E. Mahoning	5/01/11	678			678	3 MO S/L	0	38
207	Symantec Backup Agen S/N# M564596053	6/13/11	645			645	3 MO S/L	0	18
208	(2) Attic Ventilators + Installation	6/22/11	700			700	10 MO S/L	0	0
209	Sonic Wall TX 170	11/21/06	511			511	3 MO S/L	0	170
210	Spam Firewall	5/30/07	2,149			2,149	3 MO S/L	0	716
211	TX 170 Wireless Router	7/01/07	542			542	3 MO S/L	0	181
212	(41) Microsoft Office Pro	6/22/11	31,365			31,365	3 MO S/L	0	0
213	(2) MS Server w/SQL	6/22/11	1,514			1,514	3 MO S/L	0	0
214	(2) Compass Donated Notebooks	9/28/10	3,139			3,139	3 MO S/L	0	785
Total Other Depreciation			1,003,099			1,003,099		423,992	30,332
Total ACRS and Other Depreciation			1,003,099			1,003,099		423,992	30,332
Grand Totals			1,003,099			1,003,099		423,992	30,332
Less: Dispositions and Transfers			70,412			70,412		49,380	238
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			932,687			932,687		374,612	30,094

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AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Shelter Building	9/01/90	0			0 0	HY	0	0
2	Land - 500W	9/01/90	0			0 0	HY	0	0
3	Land - 114 N	1/01/92	0			0 0	HY	0	0
4	Building - 114	1/01/92	0			0 0	HY	0	0
5	Land - 106 Gas	1/01/92	0			0 0	HY	0	0
	Mass Sale: 12/14/10								
6	Server (Form	3/17/00	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
7	Building - 100	1/01/92	0			0 0	HY	0	0
	Mass Sale: 12/14/10								
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
11	4 Unit Apartment	10/14/93	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
24	Remove Water Line - (Harmony)	9/18/96	0			0 0	HY	0	0
25	Harmony Renovations	9/30/96	0			0 0	HY	0	0
26	Findley Park Improvements	9/30/96	0			0 0	HY	0	0
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 - Greenviue	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
46	Gaskill Windows (20) Vinyl	12/01/00	0			0 0	HY	0	0
	Mass Sale: 12/14/10								
47	Gaskill Furnace	12/01/00	0			0 0	HY	0	0
	Mass Sale: 12/14/10								
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
56	Roof - Findley Street	10/31/97	0			0 0	HY	0	0
57	Furnace - Findley Street	8/01/97	0			0 0	HY	0	0
58	Replacement - Findley Street	10/16/97	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
62	Mahoning - Basement Election	6/28/99	0			0 0	HY	0	0
64	Fire Door Installation - Dubois	11/30/99	0			0 0	HY	0	0
66	Pait Scanner	12/01/90	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
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
70	Network Equipment	12/31/92	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
72	Hard Drive D	11/06/93	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
73	Computer	11/15/95	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
74	Mita Copier	2/25/97	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								

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AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
76	Realworld S	6/18/97	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
77	Aberdeen Pe	6/18/97	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
78	Aberdeen Pe	6/18/97	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
79	Aberdeen Pe	6/18/97	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
80	Network Poo	6/30/97	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
81	APC Back-up	6/30/97	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
82	17" Princeton	6/30/97	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
83	17" Princeton	6/30/97	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
84	17" Princeton	6/30/97	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
85	17" Princeton	6/30/97	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
88	DP CPU Build	2/03/98	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
89	Rebuilt Fisca	4/30/98	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
90	Princeton M	4/30/98	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
91	Princeton M	4/30/98	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
92	Princeton M	4/30/98	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
93	Princeton M	4/30/98	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
94	Laptop Comp	5/13/98	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
95	MIP Software	5/26/98	0			0 0	HY	0	0
96	Fax Machine	8/11/98	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
97	CD-Recordable	6/15/99	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
100	Gateway Com	2/18/00	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
101	Gateway Com	2/18/00	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
102	Graceway Ag	3/01/00	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
103	Sewer (Forming)	5/19/00	0			0 0	HY	0	0
104	Software - Em	2/01/01	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
105	Samsung Dc Telephone System	11/01/00	0			0 0	HY	0	0
106	Buildings - 4 Houses	1/01/92	0			0 0	HY	0	0
107	Land - 201 Gre	1/01/92	0			0 0	HY	0	0
108	Land - 927 W M	12/01/00	0			0 0	HY	0	0
	Sold/Scrapped: 7/01/10								
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
111	Windows 2000	7/06/01	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
112	Windows Pro	7/09/01	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
113	4-24 Button P	9/13/01	0			0 0	HY	0	0
114	Server Hub	10/26/01	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
115	Nav Corp So	1/17/02	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
117	Server Moun	4/23/03	0			0 0	HY	0	0
118	Samsung Ser	4/30/03	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								
119	Smart UPS	4/30/03	0			0 0	HY	0	0
120	Server Keyb	4/30/03	0			0 0	HY	0	0
	Sold/Scrapped: 6/30/11								

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AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
121	Poweredge 2	5/29/03	0			0	0 HY	0	0
122	(4) Sets Server	5/29/03	0			0	0 HY	0	0
123	Server 6-Port	5/29/03	0			0	0 HY	0	0
Sold/Scrapped: 6/30/11									
124	(2) Poweredg	5/29/03	0			0	0 HY	0	0
125	Server 6-Port	5/29/03	0			0	0 HY	0	0
Sold/Scrapped: 6/30/11									
126	Computer Room Air Conditioner	6/24/03	0			0	0 HY	0	0
127	Dell Power	6/24/03	0			0	0 HY	0	0
130	Gutters & Downspouts - Harmony Gutters	10/21/05	0			0	0 HY	0	0
131	Roof - Harmony - Front Section	10/21/05	0			0	0 HY	0	0
132	Electrical Entry - Harmony	11/16/05	0			0	0 HY	0	0
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
135	927 W. Mahoning Apt.#3 Furnace	2/01/07	0			0	0 HY	0	0
Sold/Scrapped: 7/01/10									
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
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
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
188	103 Park Ave Gas Furnace	12/01/08	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 & TX 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	271	325
195	Fellows Powershred Shredder	5/10/10	1,446			1,446	3 MO S/L	40	482
196	Dell Computer	3/01/10	940			940	3 MO S/L	104	314
197	Dell Computer	3/01/10	940			940	3 MO S/L	104	314
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	364	365
201	Sonicwall NSA 2400 Router Server Romm	3/01/10	1,741			1,741	5 MO S/L	116	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
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
Total Other Depreciation			<u>7,864</u>			<u>7,864</u>		<u>999</u>	<u>2,148</u>
Total ACRS and Other Depreciation			<u>7,864</u>			<u>7,864</u>		<u>999</u>	<u>2,148</u>
Grand Totals			7,864			7,864		999	2,148
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>7,864</u>			<u>7,864</u>		<u>999</u>	<u>2,148</u>

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Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

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Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Shelter Building	9/01/90	23,000	658	0
2	Land - 500W	9/01/90	2,000	0	0
3	Land - 114 N	1/01/92	1,100	0	0
4	Building - 114	1/01/92	9,900	330	0
8	Land - 112 Bey	1/01/92	750	0	0
9	Buildings - 11	1/01/92	6,750	225	0
11	4 Unit Apartment	10/14/93	15,000	500	0
12	Building Imp	6/15/95	4,334	109	0
13	Renovations	6/28/96	2,722	68	0
15	Renovations	5/01/96	973	24	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	219	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
23	Harmony House Property	6/30/96	16,500	412	0
24	Remove Water Line - (Harmony)	9/18/96	990	25	0
25	Harmony Renovations	9/30/96	2,231	56	0
26	Findley Park Improvements	9/30/96	1,732	43	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	44	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
56	Roof - Findley Street	10/31/97	10,523	526	0
57	Furnace - Findley Street	8/01/97	1,154	77	0
58	Replacement - Findley Street	10/16/97	940	47	0
60	Graceway - Roof Replacement	10/02/98	9,330	466	0
61	Sewer Line In - Harmony	4/29/99	743	19	0
62	Mahoning - Basement Election	6/28/99	780	19	0
64	Fire Door Installation - Dubois	11/30/99	850	0	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
97	CD-Recordable	6/15/99	505	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
106	Buildings - 4 Houses	1/01/92	15,750	525	0
107	Land - 201 Gre	1/01/92	1,400	0	0
109	Building - 228 N Main Street	12/01/01	281,183	7,029	0
110	Additional R - Handrails - 228 N Main	12/31/01	2,417	61	0
113	4-24 Button P	9/13/01	996	0	0
117	Server Moun	4/23/03	869	0	0
119	Smart UPS	4/30/03	1,110	0	0
121	Poweredge 2	5/29/03	2,225	0	0
122	(4) Sets Server	5/29/03	800	0	0
124	(2) Poweredg	5/29/03	4,568	0	0
126	Computer Room Air Conditioner	6/24/03	4,800	480	0
127	Dell Power	6/24/03	656	0	0
130	Gutters & Downspouts - Harmony Gutters	10/21/05	1,000	26	0

Asset	Description	Date In Service	Cost	Tax	AMT
131	Roof - Harmony - Front Section	10/21/05	1,600	41	0
132	Electrical Entry - Harmony	11/16/05	1,190	30	0
133	Holmes House Attic Furnace	2/01/07	2,556	170	0
134	Sykes Roof Replacement	10/10/06	5,200	260	0
136	Beyer Down Furnace	11/08/06	2,000	134	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	223	0
151	Sheridan Road Agency Sign	5/16/08	885	177	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	1,244	0
187	Toshiba Copier	10/10/08	5,988	1,197	0
188	103 Park Ave Gas Furnace	12/01/08	2,400	160	0
189	Office Pro, Visio Pro, Exchange Server	12/01/08	1,340	186	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	57	0
192	Sentry Fire/Water Resistant Safe 105 Grace	12/01/08	579	57	0
193	Seagate Black Armourn Staoorage Server	6/01/09	1,000	306	0
194	Sykesville Carpeting	9/01/09	975	325	325
195	Fellows Powershred Shredder	5/10/10	1,446	482	482
196	Dell Computer	3/01/10	940	313	313
197	Dell Computer	3/01/10	940	313	313
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	516	0
203	Suncast Storage Shed	10/21/10	710	236	0
204	R710 Server Storage & Memory Upgrades	4/01/11	1,072	358	0
205	STORECENTER Grace Way	5/01/11	678	226	0
206	STORECENTER 200 E. Mahoning	5/01/11	678	226	0
207	Symantec Backup Agen S/N# M5645960537	6/13/11	645	215	0
208	(2) Attic Ventilators + Installation	6/22/11	700	70	0
209	Sonic Wall TX 170	11/21/06	511	171	0
210	Spam Firewall	5/30/07	2,149	717	0
211	TX 170 Wireless Router	7/01/07	542	180	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	1,046	0
	Total Other Depreciation		<u>932,687</u>	<u>39,632</u>	<u>2,145</u>
	Total ACRS and Other Depreciation		<u>932,687</u>	<u>39,632</u>	<u>2,145</u>
	Grand Totals		<u>932,687</u>	<u>39,632</u>	<u>2,145</u>

COMMUNITY ACTION, INC.

Form **990-W**

(WORKSHEET)

Department of the Treasury
Internal Revenue Service

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

(and on Investment Income for Private Foundations)

(Keep for your records. Do not send to the Internal Revenue Service.)

OMB No. 1545-0976

2011

1	Unrelated business taxable income expected in the tax year	1	21,317
2	Tax on the amount on line 1. See instructions for tax computation	2	3,198
3	Alternative minimum tax (see instructions)	3	
4	Total. Add lines 2 and 3	4	3,198
5	Estimated tax credits (see instructions)	5	
6	Subtract line 5 from line 4	6	3,198
7	Other taxes (see instructions)	7	
8	Total. Add lines 6 and 7	8	3,198
9	Credit for federal tax paid on fuels (see instructions)	9	
10a	Subtract line 9 from line 8. Note. If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	3,198
b	Enter the tax shown on the 2010 return (see instructions). Caution. If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	3,198
c	2011 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	3,198

		(a)	(b)	(c)	(d)	
11	Installment due dates (see instructions)	11	10/17/11	12/15/11	03/15/12	06/15/12
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12	800	800	800	800
13	2010 Overpayment (see instructions)	13				
14	Payment due. (Subtract line 13 from line 12.)	14	800	800	800	800

For Paperwork Reduction Act Notice, see the instructions on page 8.

Form **990-W** (2011)

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	\$ 6,537			14 PA		
INTEREST INCOME	12	541519		PA		
TOTAL	<u>\$ 6,549</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	\$ 974			14 PA		
TOTAL	<u>\$ 974</u>					

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Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
SUBSIDIZED WAGES/FRINGES	\$ 66,243	\$ 66,243		
SMALL EQUIPMENT AND TOOLS	47,185	47,185		
UTILITIES	27,681	27,681		
INFORMATION TECHNOLOGY	20,928	6,345	14,489	94
OTHER CONSUMER SUPPORT	15,142	15,142		
TRAINING AND TECHNICAL AS	14,756	13,483	1,273	
IN-KIND MATERIALS & SUPPL	12,492	12,492		
AUTO EXPENSES	10,579	10,579		
HUMAN RESOURCES SERVICES	10,039		10,011	
ADVERTISING AND PUBLICATI	9,975	6,259	3,716	
VOLUNTEER RECOGNITION	8,999	8,999		
ADMINISTRATIVE FEES	5,988	5,988		
REGISTRATION AND MEMBERSH	5,167	3,454	1,713	
FISCAL SERVICES	4,712		2,652	
CONTRACTED SERVICES	4,555	4,555		2,060
PROPERTY TAXES	4,187	4,187		
MISCELLANEOUS	4,173			
UNRELATED BUSINESS INC TAX	3,198	3,198		
BUILDING REPAIRS AND MAIN	3,168	3,168		
LICENSES AND REGISTRATION	2,401	1,416	985	
FUNDS RETURNED	1,606	1,606		
SOFTWARE	1,119	1,119		
BAD DEBT EXPENSE	894	894		
FOOD AND MEALS	522	522		
SNOW REMOVAL	504	504		
TOTAL	\$ 286,213	\$ 249,192	\$ 34,839	\$ 2,182

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Form 990-T - Other Deductions Not Taken Elsewhere

<u>Description</u>	<u>Amount</u>
LOCAL TRAVEL	\$ 701
OFFICE SPACE	967
TELEPHONE	886
POSTAGE	25
PRINTING/COPIES	28
INSURANCE/BOND	181
INFO TECH EXPENSE	823
FISCAL SERVICES	4,167
HUMAN RESOURCE SERVICES	310
PROFESSIONAL SERVICES	137
MISCELLANEOUS	239
SUPPLIES	34
REG/MEMBERSHIPS	30
TOTAL	\$ <u>8,528</u>

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