EXTENDED TO MAY 15, 2018

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

ĥ pen to Fublic Inspection

Department of the Treasury

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30. 2017 D Employer identification number Check if applicable: C Name of organization Address change COMMUNITY ACTION, INC. Name change Initial return 25-1156265 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 814-938-3302 105 GRACE WAY City or town, state or province, country, and ZIP or foreign postal code 4,363,083. G Gross receipts \$ PUNXSUTAWNEY, PA 15767-1209 H(a) is this a group return Applica-F Name and address of principal officer: ROBERT A. CARDAMONE for subordinates? Yes X No pendina 105 GRACE WAY, PUNXSUTAWNEY, PA H(b) Are all subordinates included? Yes No 15767-1209 Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or [If "No." attach a list, (see instructions) J Website: ► WWW.JCCAP.ORG H(c) Group exemption number ▶ Other > K Form of organization: X Corporation Trust Association L Year of formation: 1965 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: COMMUNITY ACTION, INC. WILL BE A Activities & Governance COMMUNITY CATALYST TO PROVIDE AND COORDINATE ACTIVITIES WHICH 2 Check this box I 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 18 4 Number of independent voting members of the governing body (Part VI, line 1b) 67 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 537 Total number of volunteers (estimate if necessary) 6 167,852. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 40,391. b Net unrelated business taxable income from Form 990-T, line 34 Current Year Prior Year 3,507,539 2,314,187. 8 Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) 150,339. 1,990,649. 3,109. 2,601. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 665,430. 53,232. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 326,417. 4,360,669. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 1,943,017. 2,036,378. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)
2,681. 2,353,641 2,272,629. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4.296,658. 4,309,007. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29,759. 51,662. Revenue less expenses. Subtract line 18 from line 12 ... Assets or Balances End of Year Beginning of Current Year 2,121,777 2,178,075. 20 Total assets (Part X, line 16) 409,733. 398,440. Total liabilities (Part X, line 26) E E Net assets or fund balances. Subtract line 21 from line 20 723,337. 768,342 Part II Signature Block Under penalties of neriging 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 raw/amme ature of officer Sign ROBERT A. CARDAMONE, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Hohan CPA 11/02/17 self-employed P01231282 STEPHANIE A. STOHON Paid Firm's name WESSEL & COMPANY, CPAS Firm's Ell 25-1390233 Prenarer Firm's address > 215 MAIN STREET Use Only Phone no. (814)536-7864JOHNSTOWN, PA 15901

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No Form 990 (2016)

For	m 990 (2016) COMMUNITY ACTION, INC. 25-1156265 Page	2
	art III Statement of Program Service Accomplishments	
	Check If Schedule O contains a response or note to any line in this Part III	X.
1	Briefly describe the organization's mission:	
	COMMUNITY ACTION, INC. WILL BE A COMMUNITY CATALYST TO PROVIDE AND	_
	COORDINATE ACTIVITIES WHICH 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?	Vo.
	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?	Vo.
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a		<u>•</u>)
	MEDICAL TRANSPORTATION - PROVIDES NON-EMERGENCY MILEAGE REIMBURSEMENT	
	AND PARA-TRANSIT TRANSPORTATION TO COVERED SERVICES TO PERSONS WITH A	
	VALID DEPARTMENT OF HUMAN SERVICES PA ACCESS CARD.	
		_
4b	(Codex) (Expenses \$ 394,501. including grants of \$) (Revenue \$ 394,501	<u>.</u> }
	WEATHERIZATION PROJECT - INSTALLS HOUSING MATERIALS TO REDUCE ENERGY	
	CONSUMPTION AND HEALTH AND SAFETY CONCERNS; ALSO PROVIDES ENERGY	
	CONSERVATION EDUCATION.	
		_
		_
	100 400	_
4C	(Code:) (Expenses 109, 409. including grants of \$) (Revenue \$ 109, 409.	<u>•</u> }
	HOMELESS SERVICES - PROVIDE EMERGENCY SHELTER, TRANSITIONAL HOUSING,	
	HELP IN LOCATING RESIDENCE, CASE MANAGEMENT, LIMITED FINANCIAL	_
	ASSISTANCE AND ADVOCACY SERVICES.	
		_
		_
		_
	Other program continue (Describe in Cabadula O.)	_
4d	·	_
	(Expenses \$ 2,012,648. Including grants of \$) (Revenue \$ 176,168.)	_
4d 4e	• •	-

			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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		Ì
	public office? If "Yes," complete Schedule C, Part I	3	[X
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	4	X	
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	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١ ـ		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _ :		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u>. </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			17
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	ا مد ا		77,7
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	-1162		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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 Vill	11c		X
ď	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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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	111	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		ĺ	
	Schedule D, Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business,	l		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? if "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
. -	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
13	complete Schedule G, Part III	19		х
			990 (

Form 990 (2016) COMMUNITY ACTION, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 മ	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	165	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	 	
-,	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<u> </u>		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23		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			
	Out to the second in the secon	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
·	· · · · · · · · · · · · · · · · · · ·	24c		
	any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			77
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
ь	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			4,-
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		'	
	complete Schedule L, Part II	_26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		!	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	 	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule Ц Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			İ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	 	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	28c_		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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	32		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	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	$oxed{oxed}$	X_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		, ,	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		. 1	
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ĺ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u>_</u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2016)

Form 990 (2016) COMMUNITY ACTION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		***********			
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·O· if not applicable	1a	41			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	<u> </u> 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r			3.55		
	(gambling) winnings to prize winners?	······		1c	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	67			100
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?	***************************************	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3a_	X	
þ	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	*******************************	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶					÷,:
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	CCOU	its (FBAR).	ų,		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			.5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction)	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
	any contributions that were not tax deductible as charitable contributions?			6a		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution					
-	were not tax deductible?			6b		
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 se	rvices	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
_	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			113	.: .: ·
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	t?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				14, 41, 4	
	sponsoring organization have excess business holdings at any time during the year?	*****		8		
9	Sponsoring organizations maintaining donor advised funds.				417.	3 ; 3
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			1.0	200	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			1	· · ·
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	-				1
a	Gross income from members or shareholders	11a			:	
	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		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	<u> </u>	1.7	10° 10°	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				_	
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.				çan şa	
h	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				1 1
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
				Form	990	(2016

Form 990 (2016) COMMUNITY ACTION, INC. 25-1156265 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 or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 18 b Enter the number of voting members included in line 1a, above, who are independent 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? 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? ______ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b o Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 14 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 15a Other officers or key employees of the organization 15b 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? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ... 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) Another's website X Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

632006 11-11-16

15767-1209

PUNXSUTAWNEY

<u> DONNA STATES - 814-938-3302</u>

105 GRACE WAY,

State the name, address, and telephone number of the person who possesses the organization's books and records: > _

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

(A) Name and Title	(B) Average hours per week	box	not c , unie cer ar	Pos heck	more	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trastee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICHARD BECK	0.18									
DIRECTOR		X						0.	0.	0
(2) WAYNE BROSIUS	0.20									
DIRECTOR		X	_	_		_		0.	0.	0
(3) CRIS DUSH	0.32	1								
DIRECTOR		X						0.	0.	0 .
(4) SCOTT HUTCHINSON	0.55									
DIRECTOR		X						0.	0.	0.
(5) JACK MATSON	0.32									
DIRECTOR		X						0.	0.	0.
(6) DONNA OBERLANDER	0.32									
DIRECTOR		X						0.	0.	
(7) GRANVILLE CARTER	0.20									
DIRECTOR		X						0.	0.	0.
(8) RICHARD FETTERMAN	1.45									
PRESIDENT		X		X				0.	0.	0.
(9) REBECCA MITCHELL	0.31									
DIRECTOR		X	,					0.	0.	0 .
(10) AMY ORTZ	0.25									
DIRECTOR		X						0.	0.	0.
(11) LEE STEWART	0.37									
SECRETARY/TREASURER		x		x				0.	0.	0.
(12) RONALD WILSHIRE	0.18									
VICE PRESIDENT		x		X				0.	0.	0.
(13) REVEREND CLARA BELLOIT	0.14									
DIRECTOR		x						0.	0.	0.
(14) LORI BROWN	0.34									
DIRECTOR		x					}	0.	0.	0.
(15) PAMELA JOHNSON	0.36									
ASST, SECRETARY		x		\mathbf{x}				0.	0.	0.
(16) MELVA MCGRANOR	0.31									
DIRECTOR		$ \mathbf{x} $		Ì				0.	0.	0.
(17) STEVE MEHOK	0.45									
DIRECTOR		x		{				0.	0.	0.
332007 11-11-16										Form 990 (2016

632008 11-11-16

\$100,000 of compensation from the organization

Form 990 (2016)

Total number of independent contractors (including but not limited to those listed above) who received more than

_		Check if Schedule O cont	tains a response	or note to any li				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
뎚	b	Membership dues	1b					
S, C		Fundraising events		5,578.				
a H	d	Related organizations						
in's	е	Government grants (contribut	tions) te 2	181,027.				
ror r	f	All other contributions, gifts, gran	its, and					
the the		similar amounts not included abo	ve 1f	127,582.				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines	1a-1f: \$					
<u>3 8</u>	h	Total. Add lines 1a-1f	***********	<u> </u>	2,314,187.			
				Business Code				
ė .	2 a	OTHER SERVICE F	FEES		1,822,797.	<u>1,822,797.</u>		
Program Service Revenue	ь	COMPUTER RELATE	ED SERVI	541519	167,852.		167,852.	
S	c							
eve	d				i			
P. B.	e							
ď.	f	All other program service reve	enue					
İ		Total, Add lines 2a-2f			1,990,649.	· 1985年7月2日第		100000000000000000000000000000000000000
	3	Investment income (including						
		other similar amounts)		>	2,601.			2,601.
	4	Income from investment of tax						
	5	Royalties						
	-	· • · · · · · · · · · · · · · · · · · ·	(i) Real	(ii) Personal				
	6 a	Gross rents	38,224.					
		Less: rental expenses	0.					
		Rental income or (loss)	38,224.					
		Net rental income or (loss)			38,224.			38,224.
		Gross amount from sales of	(i) Securities	(ii) Other			[4, ZK] [4]	2000年1月1日 1000年1月1日 1000年1月1日
	•	assets other than inventory						
	ь	Less; cost or other basis						
ļ		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundralsing			\$160 THE \$400 THE	24/2014/04/2014/2	AND WELLING	STORAGE
Revenue		including \$ 5,5						
94		contributions reported on line						
- 1		Part IV, line 18	a	0.				
Other	b	Less: direct expenses						
0		Net income or (loss) from fund			-2,414.			-2,414.
		Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less: direct expenses		1				
- 1	c	Net income or (loss) from gam	ing activities	🕨				
1	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	ь	Less: cost of goods sold						
		Net income or (loss) from sale		>				
Ī		Miscellaneous Revenu		Business Code			the different extension	
	11 a	MISCELLANEOUS		561499	17,422.	17,422.		
	b							
	c							
	d	All other revenue						
		Total. Add lines 11a-11d			17,422.			Andagha,
	12	Total revenue. See instructions.		>	4,360,669.	<u>1,840,219.</u>	167,852.	
63200	9 11-11	-16						Form 990 (2016)

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (B) Program service expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 169,060. 122,688. 46,372 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,440,016. 1,044,145. 394,648. 1,223. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 305,539. 259,118. 46,329 92. Other employee benefits 121,763. 88,355. 33,315 93 10 Payroll taxes Fees for services (non-employees): Management b Legal Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, 7,204 7.204 column (A) amount, list line 11g expenses on Sch O.) 3,593. 1,027 Advertising and promotion 4,620. 12 9,783 <u> 101,101.</u> 90,571. 747. Office expenses..... 13 3,924 17,597. 13,644. 29. 14 Information technology 15 Royalties 9,167. 94,782 85.581. 34. 16 Occupancy 44,154. 35,738. 8,416 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 12,553 12,553. Depreciation, depletion, and amortization 22 33,773 6. Insurance 32,544. ,223 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ,160,141. 1,160,141 CLIENT TRAVEL AND ASSIS 394,501. 394,501. **b WEATHERIZATION SERVICES** 34,275 CONTRACTED SERVICES 146,598. 112,323. 109,409 109,409. d HOUSING ASSISTANCE 146,196 104,591. 41,148 457. All other expenses 4,309,007 3,676,699. 629,627. 2,681. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ... (A) Beginning of year End of year 390.786. 942,681. Cash - non-interest-bearing 1 62,757. 62,832. Savings and temporary cash investments 265,400. 241,445 Pledges and grants receivable, net 727.707. 244.024. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 4,563. 4,706. Inventories for sale or use 8 41,266. 63,950. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 533,903 618,500. b Less: accumulated depreciation ______ 10b 10c 50,995 44,337. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments · program-related. See Part IV, line 11 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 2,121,777 2,178,075. Total assets, Add lines 1 through 15 (must equal line 34) 16 16 336,793. 338,262. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 61.647. 71.471 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 409.733 398,440 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1.656,086. 1,699,938. 27 Unrestricted net assets 67,251. 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 1,768,342. ,723,337. 33 Total net assets or fund balances _____ 2,121,777. 2,178,075. Total liabilities and net assets/fund balances 24 Form 990 (2016)

	990 (2016) COMMUNITY ACTION, INC.	<u> 25-11</u>	<u> 56265</u>	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,669.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,007.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,662.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>,337.</u>
5	Net unrealized gains (losses) on investments	5	-6	<u>,657.</u>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	<u>1,768</u>	<u>,342.</u>
Pa	rt XIII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			<u> Lx. </u>
				res No
1	Accounting method used to prepare the Form 990:		2.4	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	***********	. 2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			"我老人"
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			
	Act and OMB Circular A-133?		. За	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			<u>x </u>
			Form 9	90 (2016)

SCHEDULE A

Ospartment of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization						Employer	identification number			
	UNITY ACTI						5-1156265			
Part I Reason for Public (Charity Status (All organizations must co	omplete th	is part.) S	ee instruction	s				
The organization is not a private found	lation because it is:	(For lines 1 through 12, o	check only	one box.)						
1 A church, convention of chi	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).					
2 A school described in secti	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Form	n 990 or 9	90-EZ).)						
3 A hospital or a cooperative	hospital service org	anization described in se	ection 170	i)(A)(1)(d)	ii).					
4 A medical research organization	ation operated in co	njunction with a hospital	l describe	in section	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
city, and state:										
	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 gov		mental unit described in	section 1	70/b)/1)/A	ifv).					
7 X An organization that normal	_					he general	nublic described in			
•	•	intell part of its support	TOTAL GOT	CHARIOTTA	QIIICOI IIOIII C	no goniona.	pagas accombag at			
section 170(b)(1)(A)(vi). (Co		(4V4Vai) (Osmalata Dar	• H V							
8 A community trust describe			-	. d ia	nation with a	land amat	aallaaa			
9 An agricultural research org				-						
or university or a non-land-g	parit college of agric	onimia (sea instructions).	. Eller ule	name, or	y, and state o	THE CORES	le OI			
university: 10	lhe an animan (4) an an	- then 00 1 000 of the out		المراجعة المراجعة		bis foos o	and armse speciate from			
10 An organization that normal activities related to its exer										
income and unrelated busin		(less section 511 tax) in	om busine	sses acqu	lifed by title of	ganizauon	alter Julie 30, 1973.			
See section 509(a)(2). (Con		5b. 4 64 6 ab. 5 a.	dada. Caa		00(-1/4)					
11 An organization organized a	,	•	-		•					
12 An organization organized a										
more publicly supported org	=						Sneck the box in			
lines 12a through 12d that o	• • • • • • • • • • • • • • • • • • • •			•		-	1!			
a L Type I. A supporting orga	,					•				
the supported organization		- ,	a majonty	ot the dire	ctors or truste	es or the s	supporting			
organization. You must c						-1-1 1-1-1-				
b Type II. A supporting orga										
control or management of			ame perso	ons that co	ontrot or mana	ige the sup	рропеа			
organization(s). You must	•									
c Type III functionally inte	-					lly integrate	ed with,			
its supported organization		-	-							
d Type III non-functionally						_				
that is not functionally inte	-		-			d an attent	iveness			
requirement (see instruction	•	•								
e Check this box if the orga	nization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III				
functionally integrated, or	Type III non-function	nally integrated support	ing organi	zation.						
f Enter the number of supported o						·····				
g Provide the following information (i) Name of supported	about the supporte	ed organization(s). (iii) Type of organization	(iv) is the ocoa	igization listed	(v) Amount of	monetani	(vi) Amount of other			
organization	(11) = 114	(described on lines 1-10	(iv) is the orga		support (see in		support (see instructions)			
- Cigarization		above (see instructions))	Yes	No						
					ł.					
					ļ					
	-									

Schedule A (Form 990 or 990-EZ) 2016 COMMUNITY ACTION, INC. 25-1156265 Page 2

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.)

Se	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						1
	include any "unusual grants.")	4942661.	3772977.	3760614.	3507539.	2314187.	18297978.
2	Tax revenues levied for the organ-						
	ization'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	4942661.	3772977.	3760614.	3507539.	2314187.	18297978.
5	The portion of total contributions	legit (AME)	ALTERNATI				
	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 fine 4.				Gusio wasust		18297978.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	4942661.	3772977.	3760614.	3507539.	2314187.	18297978.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		1				
	and income from similar sources	39,010.	37 <u>,117</u> .	66,742.	38,063.	40,825.	221,757.
9	Net income from unrelated business		1				
	activities, whether or not the						
	business is regularly carried on	342,349.	313,561.	153,690.	150,339.	167,852.	1127791.
10	Other income. Do not include gain						
	or loss from the sale of capital						242544
	assets (Explain in Part VI.)	282,991.	370,806.	306,019.	325,405.		
11	Total support, Add lines 7 through 10	· · · ·			सन्दर्भ अधारक		<u>22772966.</u>
12		etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for						
200	organization, check this box and storetion C. Computation of Publ	here	reentage				PL
	<u> </u>			-1 (0)		44	80.35 %
14	Public support percentage for 2016 (I	line 6, column (1) di	vided by line 11, c	olumn (1))		14	80.35 % 88.45 %
15	Public support percentage from 2015 33 1/3% support test - 2016. If the co	Schedule A, Part	ii, line 14	lica 12 and lica 1	14 in 22 1/204 or n	nom shook this h	
16a	stop here. The organization qualifies	•					
	33 1/3% support test - 2015. If the c						
Ь	and stop here. The organization quali						
170	10% -facts-and-circumstances test						
1/a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
L	10% -facts-and-circumstances test						
b	more, and if the organization meets th						
	organization meets the "facts-and-circ						
12	Private foundation. If the organization						
10	THE TOURISH OF THE ORGANIZATION	Die not eneem a				dule A (Form 990	
					2011		, -

Schedule A (Form 990 or 990-EZ) 2016 COMMUNITY ACTION, INC.

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

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				İ		
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						I
	iness under section 513					1	
4	Tax revenues levied for the organ-						-
	ization's benefit and either paid to	į		!			i
	or expended on its behalf						i
5	The value of services or facilities	<u> </u>			· · · · · · · · · · · · · · · · · · ·		
•	furnished by a governmental unit to					i	i
	the organization without charge						
6	Total. Add lines 1 through 5				· · · · · · · · · · · · · · · · · · ·	 	
	Amounts included on lines 1, 2, and			<u></u>		 	
14	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 196 of the amount on line 13 for the year						
c	Add lines 7a and 7b				<u> </u>		
	Public support. (Subtract line 7c from line 6.)	2 2 12 144	155 1565505		427 800 500 500	JP159-05-5-50	· · ·
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
	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					ľ	
	acquired after June 30, 1975				-	į	
С	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 VI.)						
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	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here		***************************************			***********	>
Sec	tion C. Computation of Publi	c Support Per	rcentage			,	
15	Public support percentage for 2016 (li	ne 8, column (f) di	vided by line 13, c	olumn (f))		15	%
	Public support percentage from 2015					16	%
Sec	tion D. Computation of Inves	tment income	Percentage				
	Investment income percentage for 20					17	%
18	Investment income percentage from 2	015 Schedule A, F	Part III, line 17			18	%
	33 1/3% support tests - 2016. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box an	d stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶□
	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, chec	ck this box and ste	op h <mark>ere. T</mark> he orga	nization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	i did not check a t	oox on line 14, 19a	i, or 19b, check th	nis box and see ins	tructions	<u></u>
3202	3 09-21-16				Scho	edule A (Form 990	or 990-EZ) 2016

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A and D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

800	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations			
000	Subject A. All Supporting Organizations		Yes	No
	Are all of the experiments currented experimentations listed by some in the experiments asserting	37-38-38	162	140
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	•		, ,,,
2	Did the organization have any supported organization that does not have an IRS determination of status	78.57	1.55	
2				
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	2	3 3	'`
20	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		17 [7	5:1 E.
Ja		3a		
L	(b) and (c) below. Fig. the exemplation confirm that each currented exemplation qualified under continue E01(a)(4) (F) or (F) and	Ja .	1.4 (:**; **
D	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	OL.	.]	
	organization made the determination.	3b_	17,611	110
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			G (4)
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	. 5. 1	2372
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	1 198	377.54	41,41
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
þ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	['		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			44.
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	1 1913		
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			7: **
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	_5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iil) other supporting organizations that also			100
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			77
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		77. 77.	.:::::
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	14.5		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	<i>:</i> :.:	\$150°	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	13.5		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		4.15	4.7
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	\$1.50 \$1.50		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? // "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	:		

determine whether the organization had excess business holdings.)

	edule A (Form 990 or 990-EZ) 2016 COMMUNITY ACTION, INC. Int IV Supporting Organizations (continued)	<u>25-11562</u>	65 P	age 5
	Committeely		Yes	No
	Hen the averagination accounted a wife as contribution from any of the following paymane?		162	- NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
	below, the governing body of a supported organization?		+	┼~~
	A family member of a person described in (a) above?	11b	 	\vdash
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Щ
360	ction B. Type I Supporting Organizations		1,4	T
		1000	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	40 cy	计型的	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	[[[]]		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		ļ
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1000		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		i
Sec	tion C. Type II Supporting Organizations		-	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1	1
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		1	
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			1
<u>560</u>	Bion D. Ali Type ili Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	<u> </u>	162	140
1	· · · · · · · · · · · · · · · · · · ·			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1 .	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	16 15 5	18.5
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		ļ
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the yea(see Instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instruction	s)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify		Ι΄,	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities.	2a_		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1 11	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	ļ		٠.
	reasons for the organization's position that its supported organization(s) would have engaged in these	l	1	1
	activities but for the organization's involvement.	2b		
_	•	<u>-20</u>	1.5	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	+	-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b	1	' '
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	/Earm 000 at 0	100 E7	12016

Sch	edule A (Form 990 or 990 EZ) 2016 COMMUNITY ACTION, INC.		2	5-1156265 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ıg Org		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	on Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			国际公司 医克拉氏管
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			dalmo es anaceso.
	factors (explain in detail in Part VI):			
2		2		
3		3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	<u> </u>		
•	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	·		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	等等的 医克里克氏管	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	Ť		
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting orga	inization (see
•	instructions).	. 3	, 5-9	•

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016 COMMUNITY ACTIO	N. INC.	25-1156265 Page 8
Part VI	Supplemental Information. Provide the explanation Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, (See instructions.)	ons required by Part II, line 10: Part II, line 17a	or 17b: Part III. line 12:
			
****			· · · · · · · · · · · · · · · · · · ·
			······································
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

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

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

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

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

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

•	· · · · · · · · · · · · · · · · · · ·				
	section 501 (c)(4), (5), or (6) organiza	ations: Complete Part III.			
Name	e of organization			Empl	oyer identification number
	COMMUNI	TY ACTION, INC.			25-1156265
Par	rt I-A Complete if the or	ganization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organi Political campaign activity expendi Volunteer hours for political campa	tures		> \$	
Par	t I-B Complete if the or	ganization is exempt un	der section 501(c))(3).	
	Enter the amount of any excise tax				
2	Enter the amount of any excise tax	incurred by organization mana-	ders under section 495	5 ▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 472	0 for this year?	•	Yes No
	Was a correction made?				
	If "Yes," describe in Part IV,			***************************************	
Par	t I-C Complete if the or	ganization is exempt un	der section 501(c)	, except section 501(c)(3).
$\overline{}$	Enter the amount directly expende	· · · · · · · · · · · · · · · · · · ·			
	Enter the amount of the filing organ				
	exempt function activities				
	Total exempt function expenditure				
· 1	ine 17b			▶ \$	
	Did the filing organization file Form				
5 i	Enter the names, addresses and el made payments. For each organiza contributions received that were propolitical action committee (PAC), If	mployer identification number (E ation listed, enter the amount pa comptly and directly delivered to	EIN) of all section 527 paid from the filing organi o a separate political org	olitical organizations to whic ization's funds. Also enter th ganization, such as a separa	th the filing organization se amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

Schedule C (Form 990 or 990-EZ) 2016 (Part II-A Complete if the org	COMMUNITY A	CTION, INC.	n 501(c)(3) and fi	25-1	156265 Page 2
section 501(h)).	anization is exe	mpi under sectio	ni soricijoj anu n	ieu romii 5700 (ei	ection under
	ion belongs to an aff	iliated group (and list i	n Part IV each affiliated	i group member's nam	e. address. EIN.
	e of excess lobbying			3,000 months	,,
		nd "limited control" pre	ovisions apply.		
	s on Lobbying Expe itures" means amou	nditures ints paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
				101410	
1a Total lobbying expenditures to influ					<u> </u>
 b Total lobbying expenditures to influ c Total lobbying expenditures (add lin 					<u> </u>
d Other exempt purpose expenditures					
e Total exempt purpose expenditures	s (add lines 1c and 1c	n			
f Lobbying nontaxable amount. Ente					
If the amount on line 1e, column (a) or		bying nontaxable am	3		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000	,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
				prija ilija studija	ghabhadalag da kilag la
g Grassroots nontaxable amount (ent	, ,,,		••••••		
h Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zero reporting section 4911 tax for this y		-		Г	Yes No
reporting section 4517 tax for this y		eraging Period Under		·····	ics NO
(Some organizations th				of the five columns b	elow.
	See the separa	ate instructions for li	nes 2a through 2f.)		
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(e) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))			Africa America Cha		
c Total lobbying expenditures					
d Comments and the second of					
d Grassroots nontaxable amount			i parito de la compositorio de l	ngng sam (vijawa 91)	
e Grassroots ceiling amount (150% of line 2d, column (e))					
(1.0070 C. III.O Zaj Goldanii (c))					
f Grassroots lobbying expenditures					
				Schedule C (Form	990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 COMMUNITY ACTION, INC. 25-1156265 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	Yes, " response on lines 1a through 1i below, provide in Part IV a detailed description		((b)		
of the lobbying activity.	Yes	No	Am	ount		
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?		X				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X				
c Media advertisements?		X				
d Mailings to members, legislators, or the public?		X				
e Publications, or published or broadcast statements?		X	<u> </u>			
f Grants to other organizations for lobbying purposes?		X				
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	<u> </u>			
		<u> </u>		Δ.		
***************************************		1. 1, 7 , 11		<u>0.</u> 0.		
 j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 		11	 	<u>.</u>		
	1.00	ni ere ere ere				
b If "Yes," enter the amount of any tax incurred under section 4912						
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	N. H. H. J. J.		10.000			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), so	 ootion	\(E\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1,4 1,4		
501(c)(6).	ection an i(c)(a), or se	ecuon			
			Yes	No		
1 Were substantially all (90% or more) dues received nondeducțible by members?						
2 Dld the organization make only in-house lobbying expenditures of \$2,000 or less?			<u> </u>			
3 Did the organization agree to carry over lobbying and political campaign activity expenditures fr			<u> </u>			
Part III-B Complete if the organization is exempt under section 501(c)(4), so 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."				ne 3, is		
Dues, assessments and similar amounts from members		1				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of perpenses for which the section 527(f) tax was paid).						
a Current year						
b Carryover from last year						
		I		· · · · · · · · · · · · · · · · · · ·		
c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due						
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		····· °	 			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying						
expenditure next year?		4	ļ			
5 Taxable amount of lobbying and political expenditures (see instructions)		5				
Part IV Supplemental Information						
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated o	group list); Part I	II-A, lines 1	and 2 (see			
instructions); and Part II-B, line 1. Also, complete this part for any additional information.						
PART II-B, LINE 1, LOBBYING ACTIVITIES:						
NATIONAL COMMUNITY ACTION FOUNDATION (NCAF.ORG) DUI	<u> SS - </u>					
THE NATIONAL COMMUNITY ACTION FOUNDATION (NCAF) IS	A PRTVA	TE:				
NON-PROFIT ORGANIZATION WHICH SERVES AS AN ADVOCATI	E AND LO	BBYIST	FOR			
PROGRAMS THAT ASSIST LOW-INCOME FAMILIES AND INDIV	[DUALS.]					
8220A2 11-10-1A	Schedu	ite U (Form	1 990 or 991)-EZ) 2016		

24

Schedule C (Form 990 or 990-EZ) 2016

SCHEDULE D

(Form 990)

632051 08-29-16

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016 Open to Public Inspection

Nam	e of the organization	TNO	Employer identification number 25-1156265
Par	COMMUNITY ACTION, t I Organizations Maintaining Donor Advise	ad Funds or Other Similar Fund	is or Accounts Complete if the
3 4	organizations (viaintaining botto) Advisor		13 of Accounts. Complete if the
	Organization answered tes of Form 990, Fait IV, in	(a) Donor advised funds	(b) Funds and other accounts
_	Total symbol of and of year	(0) 20(10) 201/202 (01/20	
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		 1
-	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the or		, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the forr	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic sta	ructure included in (a)	2c
ď	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register	***************************************	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	ne organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located 🕨	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling o	·
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing co	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ration easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
	conservation easements.		
Par			Other Similar Assets.
	Complete if the organization answered "Yes" on Form		·
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
Ъ	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ial gain, provide
	the following amounts required to be reported under SFAS 1		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LUA	For Danequark Reduction Act Notice, see the Instruction	e for Form 990	Schedule D (Form 990) 2016

		TY ACTION,								Page 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, Histo	orical Tr	easures, or Ot	her S	imilar A	ssets _{(c}	ontinue	d)
3	, , , , , , , , , , , , , , , , , , , ,									
	(check all that apply): Public exhibition	_	: 🗀 L	oan or evol	hange programs					
a b	Scholarly research	_			nange programs					
c	Preservation for future generations	,		,u içi			•			
4	Provide a description of the organization's or	ollections and evolui	in how the	av furthar ti	ne organization's ex	romnt	numose in	Part XIII		
5	During the year, did the organization solicit of	•		•	•	-		rait Am		
5	to be sold to raise funds rather than to be m				-				<u>.</u> ۲	No
Pa	rt IV Escrow and Custodial Arran									
1 4	reported an amount on Form 990, Pa	- ,	ete ii u ie i	organizatio	II diisiieled 163 (511101	111 550,1 81	11, 1110	O, O	
ia	Is the organization an agent, trustee, custod	lian or other intermed	diary for c	ontribution	s or other assets n	ot incl	uded			
	on Form 990, Part X?							Y6	es [No
b	If "Yes," explain the arrangement in Part XIII					_				
	- ,	-	_					An	ount	
c	Beginning balance					[1c			
	Additions during the year						1d			
	Distributions during the year						1e			
ť	Ending balance						1f			
	Did the organization include an amount on F							Ye	s	□ No
	If "Yes," explain the arrangement in Part XIII.					-			[
	rt V Endowment Funds. Complete i									
		(a) Current year	(b) Pri	ior year	(c) Two years back	(d)	Three years b	ack (e)	Four yea	ars back
1a	Beginning of year balance				-					
	Contributions						-			
С	Net investment earnings, gains, and losses									
ď	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1g	, column (a)) heid as:					
а	Board designated or quasi-endowment		%	•						
	Permanent endowment		_							
	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	nd administered for	r the o	rganization			
	by:	•						_	Ye	s No
	(i) unrelated organizations			·····				з	a(i)	
	(ii) related organizations							3	a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on So	hedule R?			*******	L:	3b	1
4	Describe in Part XIII the intended uses of the	organization's endo	owment fo	ınds.						
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV,	line 11a. S	ee Form 990, Part	X, line	10.			
-	Description of property	(a) Cost or o	ther	(b) Cost	or other (c)	Accur	nulated	(d)	Book va	alue
		basis (investr	nent)	basis ((other) c	eprec	iation			
1a	Land	62,	765.						62,	765.
	Buildings									
	Leasehold improvements									
	Equipment									
	Other	1 4 4 5	965.			51	5,230.		<u>555,</u>	<u>735.</u>
Takal	Add lines to through to (Column (d) must e	aud Form 100 Bort	V colum	n (B) line 1	(Co.)		•		618	500-

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 💹

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 COMMUNITY ACTION, INC	•			1156265 Page	4
Part XI Reconciliation of Revenue per Audited Financial S		Revenue per R	eturn	-	
Complete if the organization answered "Yes" on Form 990, Part IV					
1 Total revenue, gains, and other support per audited financial statements			1	4,441,903	•
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	10-1	6 657			
a Net unrealized gains (losses) on investments	, ,	-6,657. 85,477.			
b Donated services and use of facilities		03,411.			
c Recoveries of prior year grants		2,414.			
d Other (Describe in Part XIII.)			2e	81,234	
e Add lines 2a through 2d 3 Subtract line 2e from line 1			3	4,360,669	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			10000	2/300/303	·
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII.)					
c Add lines 4a and 4b			4c	0	_
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	121	***************************************	5	4,360,669	_
Part XII Reconciliation of Expenses per Audited Financial					Ť
Complete if the organization answered "Yes" on Form 990, Part IV					
Total expenses and losses per audited financial statements			1	4,396,898	_
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	***************************************			2,330,030	÷
a Donated services and use of facilities	2a	85,477.			
b Prior year adjustments	1	03/4//•			
c Other losses					
d Other (Describe in Part XIII.)		2,414.			
e Add lines 2a through 2d			2e	87,891	_
3 Subtract line 2e from line 1			3	4.309.007	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	***************************************		77	2,505,001	Ť
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		344		
b Other (Describe in Part XIII.)					
c Add lines 4a and 4b			4c	0	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	4,309,007	_
Part XIII Supplemental Information.			-		_
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Part IV. lines 1b	and 2b; Part V, line	4: Part)	X, line 2; Part XI,	_
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			•		
					_
PART X, LINE 2:					
					_
THE ORGANIZATION ADOPTED FASB ASC TOPIC	ACCOUNTING	FOR UNCER	TAIN	NTY IN	
					_
INCOME TAXES. THE FASB ASC REQUIRES THE	3 ORGANIZAT	ION TO EVA	LUAT	TE TAX	
POSITIONS TAKEN AND DETERMINE WHETHER IS	r IS MORE-L	IKELY-THAN	-NOI	HT TAHT 1	_
TAX POSITION WILL BE SUSTAINED UPON EXAM	MINATION BA	SED ON THE	TEC	CHNICAL	_
MERITS OF THE POSITION. THE ORGANIZATION	ON HAS PERF	ORMED AN E	VALU	JATION AND	
HAS DETERMINED THERE ARE NO MATERIAL UNI	RECOGNIZED	TAX POSITI	ONS	OR	
					_
UNCERTAIN TAX POSITIONS THAT MEET THE RE	PORTING AN	D DISCLOSU	RE E	ROVISIONS	_
					_
OF FASB ASC. THE ORGANIZATION RECORDS	<u> PENALTI</u>	ES AND INT	ERES	T AS THEY	_
OCCUR. FOR THE YEARS ENDED JUNE 30, 201	L6 AND 2015	, THE ORGA	NIZA	ATION	_
INCURRED NO TAX PENALTY OR INTEREST COSTS. WITH CERTAIN EXCEPTIONS, THE					
FEDERAL INCOME TAX RETURNS OF COMMUNITY	ACTION, IN	C. FOR 201	3, 2	014 AND	_
632054 08-29-16			Sched	ule D (Form 990) 201	16

Schedule D (Form 990) 2016 COMMUNITY ACTION, INC.	25-1156265	Page 5
Part XIII Supplemental Information (continued)		
2015 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR	THREE YEARS	
AFTER THEY WERE FILED.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSES ON FS BUT NETTED WITH REVENUE ON 990	2,	414.
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSES ON FS BUT NETTED WITH REVENUE ON 990	2,	414.
	Schedule D (Form 9	90) 2016

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service se of the erecuization

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OM8 No. 1545-0047 16

Open to Public Inspection

COMMUNITY ACTION, INC.	25-1156265
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SSION:
PROMOTE FAMILY SELF-SUFFICIENCY AND ADVANCE COMMUNITY PRO	SPERITY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
ALL OTHER ACCOMPLISHMENTS OTHER PROGRAM SERVICES:	
DOMESTIC VIOLENCE INTERVENTION/PREVENTION - PROVIDES EMER	GENCY SHELTER,
24 HOUR HOTLINE, EDUCATIONAL PROGRAMS, OPTIONS COUNSELING	, LEGAL
ADVOCACY AND GROUP SUPPORT TO VICTIMS OF DOMESTIC VIOLENCE	'E.
FAMILY/FOOD SERVICES - PROVIDES LIMITED ASSISTANCE FOR RE	NT, MORTGAGE,
UTILITY BILLS, AND FOOD; OFFERS ASSISTANCE IN THE COMPLET	'ION OF FOOD
STAMP APPLICATIONS.	
CASE MANAGEMENT - STAFF WORK CLOSELY WITH FAMILIES TO DEV	ELOP GOAL
PLANS SO THEY MAY WORK TOWARDS OVERCOMING BARRIERS AND AC	HIEVE
SELF-SUFFICIENCY.	
HOUSING - MAINTAINS DECENT, SAFE, AND AFFORDABLE HOUSING.	
NURTURING PARENTING - PROVIDES HOME BASED CASE MANAGEMENT	FOCUSING ON
PARENTING WORK, STRATEGIES, AND SKILLS.	
FINANCIAL FITNESS - PROVIDES HOME BASED CASE MANAGEMENT F	OCUSED ON
HOUSEHOLD SPENDING AND BUDGET MONITORING.	
ADIII.T EDIICATION - PROVIDES INDIVIDIAI, INSTRIICTION FOR ADII	TATS VIA THTOR

Schedule O (Form 990 or 990-EZ) (2016)

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

632211 08-25-16

⁻ ENFORCEMENT OF CONFLICTS POLICY - A CONFLICT OF INTEREST POLICY COVERING Schedule O (Form 990 or 990-EZ) (2016) 632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.