<b>** PUBLIC DISCLOSURE COPY **</b> Return of Organization Exempt From Income Tax							
Form <b>990</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (			2023	
			Do not enter social security numbers on this form as			Open to Public	
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and th			Inspection	
<u>A</u> F	or th	e 2023 calenda	ar year, or tax year beginning $ m JUL1$ , $2023$ and e	ending J	UN 30, 2024		
	heck if pplicab	le: C Name of	organization		D Employer identificat	tion number	
	Addre		UNITY ACTION, INC.				
	Name		usiness as		25-1156265	5	
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final	/	GRACE WAY		814-938-33		
	termin ated	City or to	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	5,066,830.	
	Amer returr Appli	PUNA	SUTAWNEY, PA 15767-1209		H(a) Is this a group retu		
	tion pendi		nd address of principal officer: MISTY FLEMING		for subordinates?		
		SAME .	AS C ABOVE		H(b) Are all subordinates inclu		
		empt status:		r 🔄 527	If "No," attach a lis		
_	Nebsi	f organization:	JCCAP.ORG X Corporation Trust Association Other	I Voor	H(c) Group exemption r		
	art I	Summary				otate of legal dofinitine. I A	
	1		e the organization's mission or most significant activities: COMMU	NITY	ACTION, INC .	PARTNERS	
Ce	.		MMUNITY MEMBERS TO IMPROVE LOW-INCO				
Activities & Governance	2	Check this bo	if the organization discontinued its operations or dispose	ed of more	than 25% of its net asset	S.	
ver	3						
ອັ	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)			17	
§S 8	5	Total number	of individuals employed in calendar year 2023 (Part V, line 2a)			67	
viti	6	Total number	of volunteers (estimate if necessary)			261	
Acti	7 a	Total unrelated	business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.	
		<b>A</b>			Prior Year	Current Year	
ne	8		and grants (Part VIII, line 1h)		<u>4,331,930</u> . 1,829,338.	<u>3,334,286</u> 1,669,383.	
Revenue	9	•	ce revenue (Part VIII, line 2g)		600.	34,617.	
Be	10		ome (Part VIII, column (A), lines 3, 4, and 7d)		26,077.	28,544.	
	12		$\cdot$ add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,187,945.	5,066,830.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14		o or for members (Part IX, column (A), line 4)		0.	0.	
6	40	Salarias athor	company stion amployee honefits (Part IX column (A) lines $5.10$ )		1,694,206.	1,817,339.	
Ise	16a	Professional fu	Indraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	Ь	Total fundraisi	indraising fees (Part IX, column (A), line 11e)	0.			
EX	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		4,577,046.	3,312,791.	
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,271,252.	5,130,130.	
	19	Revenue less	expenses. Subtract line 18 from line 12		-83,307.	-63,300.	
Net Assets or				Be	ginning of Current Year	End of Year	
ssets	20	Total assets (F			2,508,247.	2,398,355.	
at As	21		(Part X, line 26)		330,985.	275,275.	
			und balances. Subtract line 21 from line 20		2,177,262.	2,123,080.	
	er nen	Signature	declare that I have examined this return, including accompanying schedules	and stateme	nts and to the best of my kn	nowledge and belief it is	
onu		מומט סיו ערו עו ע, ו	acciare mari mave examined this return. Including accompanying Schedules	unu siaitille	πισ, απα το πιο μεσι σι πηγ κη	וטיייוטעעט מווע טלוולו, וג וא	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date				
Here	MISTY FLEMING, CHIEF EXECUTIVE OFFICE	IR					
	Type or print name and title						
	Print/Type preparer's name Preparer's signature	Date	Check PTIN				
Paid	MICHELLE L. BRYAN		"self-employed P01306133				
Preparer	Firm's name MAHER DUESSEL, CPA'S		Firm's EIN 25-1622758				
Use Only	Firm's address 503 MARTINDALE STREET, SUITE	600					
	PITTSBURGH, PA 15212		Phone no. 412 - 471 - 5500				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No						
LHA For	_HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) COMMUNITY ACTION, INC. 25-1156265 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: COMMUNITY ACTION, INC • PARTNERS WITH COMMUNITY MEMBERS TO IMPROVE
	LOW-INCOME SITUATIONS BY ASSISTING FAMILIES WITH ACTIVITIES TO
	OVERCOME BARRIERS, IMPROVE ECONOMIC STATUS, AND ENHANCE THEIR QUALITY
	OF LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
•	
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,242,866. including grants of \$) (Revenue \$1,326,017.)
	MEDICAL TRANSPORTATION - PROVIDES NONEMERGENCY MILEAGE REIMBURSEMENT
	AND PARATRANSIT TRANSPORTATION TO COVERED SERVICES TO PERSONS WITH A
	VALID DEPARTMENT OF HUMAN SERVICES PA ACCESS CARD.
4b	(Code:) (Expenses \$1,547,064. including grants of \$) (Revenue \$92,158. )
	WEATHERIZATION PROJECT - INSTALLS HOUSING MATERIALS TO REDUCE ENERGY
	CONSUMPTION AND HEALTH AND SAFETY CONCERNS ALSO PROVIDES ENERGY
	CONSERVATION EDUCATION.
	804 620
4c	(Code:) (Expenses \$894,639. including grants of \$) (Revenue \$)
	HOMELESS SERVICES - PROVIDE EMERGENCY SHELTER, TRANSITIONAL HOUSING,
	HELP IN LOCATING RESIDENCE, CASE MANAGEMENT, LIMITED FINANCIAL
	ASSISTANCE AND ADVOCACY SERVICES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 946,110. including grants of \$ ) (Revenue \$ 256,450.)           Total program service expenses         4,630,679.
4e	Total program service expenses 4,630,679.

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Form 990 (2023) COMMUNITY ACTION, INC.
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	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	├──
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		x
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b>_</b>		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?	9		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		<u> </u>
5	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			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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			<u> </u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
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	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X X
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u>-</u> -
	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,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes " complete Schedule I, Parts Land II	21		I X

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 Form 990 (2023)
 COMMUNITY ACTION, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		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		X
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		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		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?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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	37		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pal	t 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			$\square$
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 192			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

Form	990 (2023) COMMUNITY ACTION, INC. 25-1156	265	Р	age 5
Par				
			Yes	No
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		Х
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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	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 the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g				
h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	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:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders       11a         Gross income from other sources. (Do not net amounts due or paid to other sources against       1			
b				
1 <b>2</b> 2	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
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		
-	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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## COMMUNITY ACTION, INC.

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 on Schedule O. See instructions. Check if Schodula O contains a response or note to any line in this Part VI

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 17			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
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		x
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		x
Sec	tion 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		Х
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on 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		Х
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		
Sec	tion C. Disclosure	10.5		
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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	5. ny)	aranak	
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	DONNA STATES - 814-938-3302			
	105 GRACE WAY, PUNXSUTAWNEY, PA 15767-1209			

Form 990 (2023)		25-1156265	Page 7		
Part VII Co	mpensation of Officers, Directors, Trustees, Key Employees, High	est Compensated			
Em	ployees, and Independent Contractors				
Che	ck if Schedule O contains a response or note to any line in this Part VII				
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees					
•	is table for all persons required to be listed. Report compensation for the calendar year he organization's <b>current</b> officers, directors, trustees (whether individuals or organization)	<b>č</b>			

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

Average multiple     Average multiple <th> (A)</th> <th>(B)</th> <th colspan="3">(C)</th> <th></th> <th></th> <th>(D)</th> <th>(E)</th> <th>(F)</th>	(A)	(B)	(C)					(D)	(E)	(F)	
hours per veck week (Ist any hours for related organizations in an determined organizations         compensation form the organizations         compensation other organizations         amount of other organizations           (1) SUSAN FUSCO         40.00         x         97,214.         0.         7,400.           (2) DONN STATES         40.00         x         73,092.         0.         11,415.           (3) ROBERT CARDAMONE         40.00         x         0.         0.         0.         1,115.           (4) HISTY FLENING         40.00         x         0.         0.         0.         1,115.           (3) ROBERT CARDAMONE         40.00         x         0.         0.         0.         1,115.           (4) HISTY FLENING         40.00         x         0.         0.         0.         0.           (3) ROBERT CARDAMONE         40.00         x         0.         0.         0.         0.           (4) HISTY FLENING         1.00         x         0.         0.         0.         0.         0.         0.           DIRECTOR         1.000         x         0.         0.         0.         0.         0.         0.           PIRECTOR         1.000         x         0.         0.	Name and title	Average	(do	Position				ne	Reportable	Reportable	Estimated
Week (list ary number of related organizations line)         Work is is is is is is is is is is is is is			box	box, unless person is both		n an		·			
(1)         SUSAN FUSCO         40.00         x         97,214.         0.         7,400.           CONTROLLER         40.00         x         73,092.         0.         11,415.           (3)         ROBERT CARDAMONE         40.00         x         31,187.         0.         1,115.           (4)         MISTY FLEMING         40.00         x         31,187.         0.         1,115.           (4)         MISTY FLEMING         40.00         x         31,187.         0.         1,115.           (5)         KATELYN HENDRICKSON         1.00         x         0.         0.         0.           (6)         JOSEPH GLOVER         1.00         x         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X						liecto					
(1)         SUSAN FUSCO         40.00         x         97,214.         0.         7,400.           CONTROLLER         40.00         x         73,092.         0.         11,415.           (3)         ROBERT CARDAMONE         40.00         x         31,187.         0.         1,115.           (4)         MISTY FLEMING         40.00         x         31,187.         0.         1,115.           (4)         MISTY FLEMING         40.00         x         31,187.         0.         1,115.           (5)         KATELYN HENDRICKSON         1.00         x         0.         0.         0.           (6)         JOSEPH GLOVER         1.00         x         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X			lirecto				_			U U	
(1)         SUSAN FUSCO         40.00         x         97,214.         0.         7,400.           CONTROLLER         40.00         x         73,092.         0.         11,415.           (3)         ROBERT CARDAMONE         40.00         x         31,187.         0.         1,115.           (4)         MISTY FLEMING         40.00         x         31,187.         0.         1,115.           (4)         MISTY FLEMING         40.00         x         31,187.         0.         1,115.           (5)         KATELYN HENDRICKSON         1.00         x         0.         0.         0.           (6)         JOSEPH GLOVER         1.00         x         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X			e or c	stee			Isatec		, , , , , , , , , , , , , , , , , , ,	•	
(1)         SUSAN FUSCO         40.00         x         97,214.         0.         7,400.           CONTROLLER         40.00         x         73,092.         0.         11,415.           (3)         ROBERT CARDAMONE         40.00         x         31,187.         0.         1,115.           (4)         MISTY FLEMING         40.00         x         31,187.         0.         1,115.           (4)         MISTY FLEMING         40.00         x         31,187.         0.         1,115.           (5)         KATELYN HENDRICKSON         1.00         x         0.         0.         0.           (6)         JOSEPH GLOVER         1.00         x         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X			truste	al trus		iyee	mper			1000 1120)	
(1)         SUSAN FUSCO         40.00         x         97,214.         0.         7,400.           CONTROLLER         40.00         x         73,092.         0.         11,415.           (3)         ROBERT CARDAMONE         40.00         x         31,187.         0.         1,115.           (4)         MISTY FLEMING         40.00         x         31,187.         0.         1,115.           (4)         MISTY FLEMING         40.00         x         31,187.         0.         1,115.           (5)         KATELYN HENDRICKSON         1.00         x         0.         0.         0.           (6)         JOSEPH GLOVER         1.00         x         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X		below	vidual	tution	er	emplo	est cc loyee	ler	,		organizations
(1) SUBAN FURCO       40.00       X       97,214.       0.       7,400.         EXECUTIVE DIRECTOR - ENDING 7/23       40.00       X       73,092.       0.       11,415.         (3) ROBERT CARDANDE       40.00       X       73,092.       0.       11,415.         (3) ROBERT CARDANDE       40.00       X       73,092.       0.       11,415.         (4) MISTY FLEMING       40.00       X       0.       0.       0.         (4) MISTY FLEMING       40.00       X       0.       0.       0.         (5) KATELYN HENDRICKSON       1.00       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.       0.       0.         (6) JOSEPH GLOVER       1.00       X       0. </td <td></td> <td>line)</td> <td>Indiv</td> <td>Insti</td> <td>Offic</td> <td>Key</td> <td>High emp</td> <td>Form</td> <td></td> <td></td> <td></td>		line)	Indiv	Insti	Offic	Key	High emp	Form			
(2) DONNA STATES         40.00         x         73,092.         0.         11,415.           (3) ROBERT CARDAMONE         40.00         x         31,187.         0.         1,115.           (4) MISTY FLENING         40.00         x         31,187.         0.         1,115.           (4) MISTY FLENING         40.00         x         0.         0.         0.           CHEIF EXECUTIVE DIFICER - BEGINNING         40.00         x         0.         0.         0.           DIRECTOR         1.00         x         0.         0.         0.         0.           DIRECTOR         x         0.         0.         0.         0.         0.           (6) JOSEPH GLOVER         1.00         x         0.         0.         0.         0.           (7) LORI BROWN         1.00         x         0.         0.         0.         0.           (8) SHARON CORBET         1.00         x         0.         0.         0.         0.           DIRECTOR         1.00         x         0.         0.         0.         0.         0.           (10) CINDY DEFP-HUTCHINSON         1.00         x         0.         0.         0.         0.	(1) SUSAN FUSCO	40.00									
CONTROLLER         X         73,092.         0.         11,415.           (3)         ROBERT CARDAMONE         40.00         X         31,187.         0.         1,115.           (4)         MISTY FLEMING         40.00         X         31,187.         0.         1,115.           (4)         MISTY FLEMING         40.00         X         0.         0.         1,115.           (4)         MISTY FLEMING         40.00         X         0.         0.         0.         0.           (5)         KATELYN HEDRICKSON         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         1.000         X         0. <td>EXECUTIVE DIRECTOR - ENDING 7/23</td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>97,214.</td> <td>0.</td> <td>7,400.</td>	EXECUTIVE DIRECTOR - ENDING 7/23				Х				97,214.	0.	7,400.
(3) ROBERT CARDAMONE       40.00       X       31,187.       0.       1,115.         (4) MISTY FLEMING       40.00       X       0.       0.       1,115.         (4) MISTY FLEMING       40.00       X       0.       0.       0.       0.         (5) KATELYN HENDRICKSON       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.	(2) DONNA STATES	40.00									
EXECUTIVE DIRECTOR         ENDING 10/1/202         X         31,187.         0.         1,115.           (4)         MISTY FLEMING         40.00         X         0.         0.         0.         0.           CHEIF EXECUTIVE OFFICER - BEGINNIG         1.00         X         0.         0	CONTROLLER				Х				73,092.	0.	11,415.
(4) MISTY FLEMING       40.00       X       0.       0.       0.         (5) KATELYN HENDRICKSON       1.00       X       0.       0.       0.         (5) KATELYN HENDRICKSON       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (6) JOSEPH GLOVER       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.<	(3) ROBERT CARDAMONE	40.00									
CHEIF EXECUTIVE OFFICER - BEGINNING         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           OIRECTOR         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (1) LORI BROWN         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) CINDY DEPF-HUTCHINSON         1.00         X         0.<	EXECUTIVE DIRECTOR - ENDING 10/1/202				Х				31,187.	0.	1,115.
(5) KATELYN HENDRICKSON       1.00       X       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.	(4) MISTY FLEMING	40.00									
DIRECTOR         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (7) LORI BROWN         1.00         X         0.         0.         0.         0.           (8) SHARON CORBETT         1.00         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (9) GRANVILLE CARTER         1.00         X         0.         <	CHEIF EXECUTIVE OFFICER - BEGINNING				Х				0.	0.	0.
(6)         JOSEPH GLOVER         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           01RECTOR         X         0.         0.         0.         0.         0.         0.           01RECTOR         X         0. <t< td=""><td>(5) KATELYN HENDRICKSON</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(5) KATELYN HENDRICKSON	1.00									
DIRECTOR         X         0.         0.         0.         0.           (7) LORI BROWN         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           BIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(7) LORI BROWN       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         01RECTOR       1.00       X       0.       0.       0.       0.       0.         01RECTOR       1.00       X       0.       0.       0.       0.       0.       0.         01RECTOR       1.00       X       0.	(6) JOSEPH GLOVER	1.00									
DIRECTOR         X         0.         0.         0.         0.           (8) SHARON CORBETT         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (9) GRANVILLE CARTER         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) CINDY DEPP-HUTCHINSON         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (11) JENNIFER FULMER VINSON         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0. <td< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>	DIRECTOR		Х						0.	0.	0.
(8) SHARON CORBETT       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (9) GRANVILLE CARTER       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (10) CINDY DEPP-HUTCHINSON       1.00       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (11) JENNIFER FULMER VINSON       1.00       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (12) CRIS DUSH       1.00       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (13) WAYNE BROSIUS       1.00       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(7) LORI BROWN	1.00									
DIRECTOR         X         0.         0.         0.         0.           (9) GRANVILLE CARTER         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) CINDY DEPP-HUTCHINSON         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (11) JENNIFER FULMER VINSON         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (12) CRIS DUSH         1.00         X         0.	DIRECTOR		Х						0.	0.	0.
(9) GRANVILLE CARTER       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (10) CINDY DEPP-HUTCHINSON       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (11) JENNIFER FULMER VINSON       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (12) CRIS DUSH       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       <	(8) SHARON CORBETT	1.00									
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(10) CINDY DEPP-HUTCHINSON         1.00         X         0. <t< td=""><td>(9) GRANVILLE CARTER</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(9) GRANVILLE CARTER	1.00									
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(11) JENNIFER FULMER VINSON       1.00       X       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         (12) CRIS DUSH       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (13) WAYNE BROSIUS       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (14) RICHARD ALEXANDER       1.00       X       0.	(10) CINDY DEPP-HUTCHINSON	1.00									
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(12) CRIS DUSH       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (13) WAYNE BROSIUS       1.00       X       0.       0.       0.       0.         DIRECTOR - ENDING 12/23       X       0.       0.       0.       0.       0.         (14) RICHARD ALEXANDER       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) DONNA OBERLANDER       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (16) BRAXTON WHITE       1.00       X       0.       0.       0.       0.       0.       0.       0.         (17) JANINE STROHM       1.00       1.00       0.       0.       0.       0.       0.       0.	(11) JENNIFER FULMER VINSON	1.00									
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(13) WAYNE BROSIUS       1.00       X       0.       0.       0.       0.         DIRECTOR - ENDING 12/23       X       0.       0.       0.       0.       0.       0.         (14) RICHARD ALEXANDER       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (16) BRAXTON WHITE       1.00       X       0.       0.       0.       0.       0.       0.       0.         (17) JANINE STROHM       1.00       0.       0.       0.       0.       0.       0.       0.	(12) CRIS DUSH	1.00									
DIRECTOR - ENDING 12/23       X       0.       0.       0.       0.         (14) RICHARD ALEXANDER       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) DONNA OBERLANDER       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (16) BRAXTON WHITE       1.00       X       0.       0.       0.       0.       0.         DIRECTOR - BEGINNING 01/24       X       0.       0.       0.       0.       0.       0.	DIRECTOR		Х						0.	0.	0.
(14) RICHARD ALEXANDER       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (15) DONNA OBERLANDER       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR - BEGINNING 01/24       X       0.       0.       0.       0.       0.         (17) JANINE STROHM       1.00       0       0       0       0.       0.       0.	(13) WAYNE BROSIUS	1.00									
DIRECTOR         X         0. <t< td=""><td>DIRECTOR - ENDING 12/23</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR - ENDING 12/23		Х						0.	0.	0.
(15) DONNA OBERLANDER       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.	(14) RICHARD ALEXANDER	1.00									
DIRECTOR         X         0.         0.         0.           (16) BRAXTON WHITE         1.00         . <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(16)         BRAXTON WHITE         1.00         X         0.	(15) DONNA OBERLANDER	1.00									
DIRECTOR - BEGINNING 01/24         X         0.	DIRECTOR		Х						0.	0.	0.
(17) JANINE STROHM 1.00	(16) BRAXTON WHITE	1.00									
	DIRECTOR - BEGINNING 01/24		Х						0.	0.	0.
DIRECTOR X 0. 0.	(17) JANINE STROHM	1.00									
	DIRECTOR		Х						0.	0.	0 .

Form 990 (2023) COMMUNITY	ACTION	I,	IN	c.					25-11	562	265	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week (list any hours for	verage burs per week ist any				than c s both pr/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC		(F) Estimated amount of other compensation from the	
(18) SCOTT HUTCHINSON	related organizations below line) <b>1.00</b>	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organiz and rel organiza	ation ated
DIRECTOR	1.00	x						0.		0.		0.
(19) SCOTT NORTH	1.00											
DIRECTOR		х						0.	(	0.		0.
(20) PAMELA JOHNSON	1.00											
SECRETARY/TREASUER	1	Х		X				0.		0.		0.
(21) RONALD WILSHIRE	1.00											•
PRESIDENT (22) RENEE VOWINCKEL	1.00	Х		X				0.		0.		0.
VICE PRESIDENT	1.00	х		x				0.		0.		0.
										+		
		-										
1b Subtotal								201,493.		0.	19,	930.
c Total from continuation sheets to Part VI							-	0.		0.	10	$\frac{0}{220}$
d Total (add lines 1b and 1c)								201,493.		0.	19,	930.
2 Total number of individuals (including but n compensation from the organization		ose	liste	u at	ove	e) wri	o re	eceived more than \$100,	000 of reportable			0
	-Providence descend									Г	Yes	s No
3 Did the organization list any <b>former</b> officer,	-			•			Ŭ		•	-	3	X
<ul><li>line 1a? If "Yes," complete Schedule J for s</li><li>For any individual listed on line 1a, is the su</li></ul>										.	<u> </u>	
and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a	,		•									
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich i	oers	on .				<u> </u>	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co the organization. Report compensation for t									, ,	nsati	ion from	
(A) Name and business								(B) Description of s	ervices	Co	(C) ompensat	ion
HEALTH RIDE PLUS, 404 MAG BOX 1007, NORTHERN CAMBRI				T .	P0			MED TRANSPOR	r		951,	<u>431.</u>
SMELTZER HEATING & AIR 429 PEBLEY ROAD, SHELOCTA , PA 15774								HEATING & AII	R		482,	439.
ABC HEATING COOLING & PLUMBING, 4084								HVAC, PLUMBII	NG		446,	
, ~~											- /	
2 Total number of independent contractors (ii \$100,000 of compensation from the organized sectors)	•	ot lin	nitec	d to	thos 3		ted	above) who received mo	bre than			

	<u>990</u>					ACT	ION, INC	•		25-1156	<b>265</b> Pag
u		•••									Г
			Check if Schedule O	conta	ains a resp	oonse	or note to any lir	ie in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 5
ş	1	а	Federated campaigns		1a						
'n		b	Membership dues		1b						
Ĕ		с	Fundraising events		10		13,815.				
ΓA							•				
nila			Government grants (contr				178,284.				
Sir			All other contributions, gifts,		· ·			1			
Jer		•	similar amounts not included	-			142,187.				
Ð		~	Noncash contributions included in				13,693.	-			
and Other Similar Amounts		÷		lines la	a-it <b>ig</b>	φ	15,055.	3,334,286			
Ø		n	Total. Add lines 1a-1f				Business Code	5,554,2000			
	-					<b>_</b> NT		1 226 017	1 226 017		
			MEDICAL TRANS		RTAT I	ON			1,326,017.		
e			WEATHERIZATIO				561499	92,158			
ent			ADULT LITERAC				561499	91,829			
Revenue			FOOD AND SHEL				561499	58,328			
<u> </u>			OTHER SERVICE				561499	58,303			
		f	All other program service	rever	nue		561499	42,748.			
		g	Total. Add lines 2a-2f					<u>1,669,383</u>			
	3		Investment income (includ	ding c	dividends	, intere	st, and				
			other similar amounts)					34,617.	•		34,61
	4		Income from investment of	of tax	-exempt b	ond p	roceeds				
	5		Royalties	. <u></u>							
					(i) Re	eal	(ii) Personal				
	6	а	Gross rents	6a	23,3	02.					
		b	Less: rental expenses	6b		0.					
			Rental income or (loss)	6c	23,3	02.					
			Net rental income or (loss)		/ -			23,302			23,30
			Gross amount from sales of	,,	(i) Secu	rities	(ii) Other				
		u	assets other than inventory	7a	()			1			
		h	Less: cost or other basis	14				-			
D		D	and sales expenses	7b							
		_						-			
			Gain or (loss)								
			Net gain or (loss)			·····	I				
	8	а	Gross income from fundraising								
			including \$ 13								
			contributions reported on		-		0				
			Part IV, line 18				<u> </u>	-			
							0.				
			Net income or (loss) from					0.	,		
	9	а	Gross income from gamin								
			Part IV, line 19					-			
			Less: direct expenses								
		С	Net income or (loss) from	gami	ng activit	ies					
	10	а	Gross sales of inventory, I								
			and allowances			. <b>10</b> a					
		b	Less: cost of goods sold			. <b>10</b> b					
		с	Net income or (loss) from	sales	of invent	ory					
							Business Code				
ð	11	а	OTHER REVENUE				561499	5,242	5,242.		
Revenue		b									
eve		с									
Revenue			All other revenue								
			Total. Add lines 11a-11d					5,242			
	12		Total revenue. See instruction						1,674,625.	0.	57,919

Check here

Form	990 (2023) COMMUNITY AC	TION, INC.		25-11	56265 Page
	on 501(c)(3) and 501(c)(4) organizations must compl		r organizations must corr	nplete column (A).	
	Check if Schedule O contains a respons			(0)	[
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	66,187.		66,187.	
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	1,351,456.	1,139,885.	209,038.	2,53
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	200 606	220 242	C0 001	
9	Other employee benefits	399,696.	338,242.	60,881.	57
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	54,957. 1,225.	17,512.	36,920.	52
12	Advertising and promotion		312.	913.	
13	Office expenses	52,558.	44,456.	7,599.	50
14	Information technology	85,626.		85,502.	12
15	Royalties	97,216.	93,772.	3,349.	9
16 17		28,341.	27,541.	800.	9
17 18	Travel Payments of travel or entertainment expenses	20,341.	27, 541.	000.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	118.	118.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	51,718.	41,552.	10,166.	
23	Insurance	57,335.	56,884.	437.	1
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	WEATHERIZATION SVCS	1,067,183.	1,067,183.		
b		987,914.	987,914.		
с	HOUSING ASSISTANCE	682,523.	682,523.		
d	FOOD AND MEALS	32,253.	32,253.		
	All other expenses	113,824.	100,532.	7,529.	5,76
25	Total functional eveneses Add lines 1 through 2/4	5,130,130,	4.630.679.	489.321.	10.13

5,130,130.

4,630,679.

e All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

5,763.

10,130.

489,321.

2,533.

573.

525.

503.

124.

95.

14.

MMUNITY .	ACTION,	INC.
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		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,164,627.	1	473,690
	2	Savings and temporary cash investments	63,211.	2	65,529		
	3	Pledges and grants receivable, net			460,371.	3	849,666
	4	Accounts receivable, net	173,978.	4	306,115		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial co	ntributor, or 35%			
		controlled entity or family member of any of the	ese persor	is		5	
	6	Loans and other receivables from other disqua	lified perso	ons (as defined			
		under section 4958(f)(1)), and persons describe	ed in section	on 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			5,549.	8	7,729
Ä	9	Prepaid expenses and deferred charges			121,196.	9	39,122
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,063,239.			
	b	Less: accumulated depreciation	10b	495,302.	439,866.	10c	567,937
	11	Investments - publicly traded securities			79,449.	11	88,567
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must eq	2,508,247.	16	2,398,355		
	17	Accounts payable and accrued expenses			263,525.	17	231,327
	18	Grants payable		18	42.040		
	19	Deferred revenue			67,460.	19	43,948
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete		21			
es	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the		Γ		22	
-	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24). (	Complete Part X			
		of Schedule D		·····	330,985.	25	275,275
_	26	Total liabilities. Add lines 17 through 25		X	550,965.	26	275,275
ŝ		Organizations that follow FASB ASC 958, ch	ieck nere				
Net Assets or Fund Balances	07	and complete lines 27, 28, 32, and 33.		-	2,106,936.	27	2,085,831
alai	27	Net assets without donor restrictions			70,326.	27	37,249
ab	28	Net assets with donor restrictions			70,520.	28	57,249
-un		Organizations that do not follow FASB ASC	958, cnec				
- Lo	0	and complete lines 29 through 33.	F		00		
ŝts	29	Capital stock or trust principal, or current fund			29		
SSE	30	Paid-in or capital surplus, or land, building, or e				30	
et A	31	Retained earnings, endowment, accumulated i			2,177,262.	31 32	2,123,080
ž	32	Total net assets or fund balances		······	2,508,247.	32	2,398,355
	33	Total liabilities and net assets/fund balances			2,300,24/.	აა	Form <b>990</b> (202

## Form 990 (2023) Part X Balance Sheet CON

	990 (2023) COMMUNITY ACTION, INC.	25-	<u>-115626</u>	<u>5 р</u>	<sub>age</sub> 12		
Par	t 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			330.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			L30.		
3	Revenue less expenses. Subtract line 2 from line 1	3			300.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,1		262.		
5	Net unrealized gains (losses) on investments	5		9,3	L18.		
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 on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	2,1	23,(	080.		
Par	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X		
			_	Yes	s No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			X		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			5 X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	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?			; X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	).				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			a X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	lit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits						

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)	
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# **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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

## Name of the organization

Nam	lame of the organization Employer identification number										
		COMM	UNITY ACTION	ON, INC.				2	5-1156265		
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The o	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	l)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	<b>)(iii).</b> Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).				
7	X	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). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
		university:									
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> c	or section a	509(a)(2).	See section &	509(a)(3). (	Check the box on		
		lines 12a through 12d that						-			
а		<b>Type I.</b> A supporting orga	-	-	• • • •	-					
		the supported organization			majority o	f the direc	tors or trustee	es of the su	upporting		
	_	organization. You must o									
b		<b>Type II.</b> A supporting org	-				•		•		
		control or management o			ame perso	ns that co	ntrol or manaç	ge the supp	oorted		
-		organization(s). You mus	-						-1 14-		
С		J Type III functionally inte						ly integrate	ea with,		
لم		its supported organization		-				tod organi-	ration(a)		
d		Type III non-functionally that is not functionally int						-			
		that is not functionally int requirement (see instruction			•		-	anallenin	/eness		
е		Check this box if the orga						II Type III			
C	L	functionally integrated, or					турс і, турс	n, rype m			
f	Ente	er the number of supported of			0 0						
g		vide the following information	•								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
Tota											

 
 (Form 990) 2023
 COMMUNITY ACTION, INC.
 25-1156

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1987855.	2377757.	4692037.	4331930.	3334286.	16723865.
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	1987855.	2377757.	4692037.	4331930.	3334286.	16723865.
	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.						16723865.
	tion B. Total Support						20,20000
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1987855.	2377757.	4692037.	4331930.		16723865.
	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	29,763.	42,685.	22,045.	22,469.	57,919.	174,881.
9	Net income from unrelated business		12,0001			0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5	activities, whether or not the						
	business is regularly carried on	54,063.	69,914.				123,977.
10	Other income. Do not include gain	54,005.	00,0140				123,577.
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,506.	23,910.	5,900.	4,208.	5,242.	41,766.
44		2,500.	25,510.	5,500.	4,2000		17064489.
	<b>Total support.</b> Add lines 7 through 10	ata (aga inatrustia	20)				,507,585.
12	Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for th			iourth or fifth tox y			,507,505.
13	organization, check this box and <b>stor</b>			-			
Sec	tion C. Computation of Publi		centage				
	Public support percentage for 2023 (I			column (f))		14	98.00 %
15	Public support percentage from 2022					15	97.40 %
	33 1/3% support test - 2023. If the c						
104	stop here. The organization qualifies						37
h	33 1/3% support test - 2022. If the c		-		lino 15 is 22 1/204		
	and stop here. The organization qual						
17-	10% -facts-and-circumstances test						
17 a		•					-
	and if the organization meets the facts			-	-	-	
1-	meets the facts-and-circumstances te	-		• • • •		Za and line 15 is	
۵	10% -facts-and-circumstances test	-					10% OF
	more, and if the organization meets the						
40	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	n did not check a l	uux on line 13, 16a	a, 100, 17a, or 17b	o, check this dox a		Eorm 990) 2023

Schedule A (Form 990) 2023

Schedule A	Form 990	) 2023
	1 01111 330	12020

COMMUNITY A	CTTON	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		ŕ				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (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 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- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•		•	•	
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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 on 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 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orgai	nization,
<u> </u>	check this box and stop here					<u></u>	
	ction C. Computation of Publi		<b>T</b>	. (2)			
	Public support percentage for 2023 (I		•	column (f))		15	<u>%</u>
<u>16</u>	Public support percentage from 2022 ction D. Computation of Inves					16	%
						47	
			3 (line 10c, column (f), divided by line 13, column (f))			17	%
18	Investment income percentage from a					<b>18</b>	ling 17 is not
198	a 33 1/3% support tests - 2023. If the						
ŀ	more than 33 1/3%, check this box ar <b>33 1/3% support tests - 2022.</b> If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

COMMUNITY ACTION, INC.

1

Yes

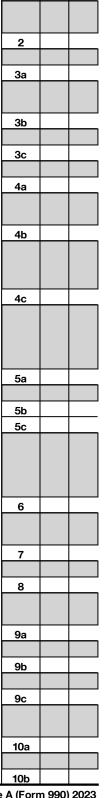
No

#### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 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 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b 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 organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination 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) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more 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.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - 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.)



organization provide to each of its supported organizations, by the last da
ation's tax year, (i) a written notice describing the type and amount of sup
a copy of the Form 990 that was most recently filed as of the date of not

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	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		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
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	
3	By reason of the relationship described on line 2, above, 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		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		

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Supporting Organizations (continued)

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 on lines 11b and	
	11c below, the governing body of a supported organization?	11a
b	A family member of a person described on line 11a above?	11b

INC.

С	A 35% controlled entity of a person described on line 11a or 11b above?	If "Yes" to line 11a, 11b, or 11c, provide
	detail in Part VI.	

# Section B. Type I Supporting Organizations

chedule

Part IV

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the 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 officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
-	

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors
	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

#### the supported organization(s). Section D. All Type III Supporting Organizations

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.	
Section 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 year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions	<u>s).</u>
	Activities Test. Answer lines 2a and 2b below.		Yes

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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 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 that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

11c

1

2

1

3

Yes No

Yes

Yes No

Yes No

No

No

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upporting Organizations	

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Ad	justed Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short	-term capital gain	1		
2 Recoverie	es of prior-year distributions	2		
3 Other gro	ss income (see instructions)	3		
4 Add lines	1 through 3.	4		
5 Depreciat	tion and depletion	5		
6 Portion o	f operating expenses paid or incurred for production or			
collection	of gross income or for management, conservation, or			
maintena	nce of property held for production of income (see instructions)	6		
7 Other exp	penses (see instructions)	7		
8 Adjusted	Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Mi	nimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregat	e fair market value of all non-exempt-use assets (see			
instructio	ns for short tax year or assets held for part of year):			
a Average r	monthly value of securities	1a		
<b>b</b> Average r	monthly cash balances	1b		
<b>c</b> Fair mark	et value of other non-exempt-use assets	1c		
d Total (ad	d lines 1a, 1b, and 1c)	1d		
e Discount	t claimed for blockage or other factors			
(explain ir	n detail in Part VI):			
2 Acquisitio	on indebtedness applicable to non-exempt-use assets	2		
3 Subtract	line 2 from line 1d.	3		
4 Cash dee	med held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instru	ictions).	4		
5 Net value	of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply li	ne 5 by 0.035.	6		
7 Recoverie	es of prior-year distributions	7		
8 Minimum	Asset Amount (add line 7 to line 6)	8		
Section C - Dis	stributable Amount			Current Year
1 Adjusted	net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.8	5 of line 1.	2		
3 Minimum	asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter grea	ater of line 2 or line 3.	4		
5 Income ta	ax imposed in prior year	5		
6 Distribut	able Amount. Subtract line 5 from line 4, unless subject to			
emergeno	cy temporary reduction (see instructions).	6		
	eck here if the current year is the organization's first as a non-function	onally integrate	ed Type III supporting orga	nization (see

instructions)

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

COMMUNITY ACTION Part V Type III Non-Functionally Integrated 509(a)(3) Sup

_	dule A (Form 990) 2023 COMMUNITY ACT: tV Type III Non-Functionally Integrated 509(	10N, INC.	nizationa	2	<u>5-1156265</u> <sub>F</sub>
		a)(s) Supporting Orga	mzations (continu	ied)	<b>a</b>
	ion D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive		_	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 202
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
•	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, explain in				
	and to nonnine 1.1 or result greater than zero, explain in				

7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

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(Form 990) 2023	COMMUNITY	ACTION,	INC.		25-1156265 Page 8
Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV,	e explanations , 6, 9a, 9b, 9c, Section E, line	required by Part II 11a, 11b, and 11c s 1c, 2a, 2b, 3a, a	; Part IV, Section B, lines nd 3b; Part V, line 1; Par	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
	line 1; Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	Supplemental Information. Provide the Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Sectior	Supplemental Information. Provide the explanations Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, a	Supplemental Information. Provide the explanations required by Part II Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, a Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit

## \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

25-1156265

Scł	nedule	В
/ <b>F</b>	000	

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

eninetien ture (shaal

Organization type (check of	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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Check if your organization is covered by the General Rule or a Special Rule.

COMMUNITY ACTION,

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set is the set in the set is the set in the set is the set is the set is the set is the set in the set is t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
		\$ <u>1,827,628.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
2		\$764,674.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
3		\$340,004.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
		\$91,829.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
<u>   5                                 </u>		\$89,152.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Part I

(a) No. Employer identification number

25-1156265

# COMMUNITY ACTION, INC.

No.

from

Part I

ame of org	ganization	Emp
OMMUN	ITY ACTION, INC.	2
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)
		\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)
		\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)
		\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)
		\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)
		\$
(a)		*(c)

(b)

Description of noncash property given

(d)

Date received

FMV (or estimate)

(See instructions.)

\$

Employer identification number

(d) Date received

25-1156265

Name of o	organization			Employer identification number
COMMUI	NITY ACTION, INC.			25-1156265
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	through (e) and the following line e charitable, etc., contributions of <b>\$1,000</b> c	ntry. For organizations	0) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) [	Description of how gift is held
		(e) Transfer of g	lift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) [	Description of how gift is held
		(e) Transfer of g		
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) E	Description of how gift is held
		e) Transfer of g	jift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee
( ) ) )				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) [	Description of how gift is held
		(e) Transfer of g	jift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee

		<b>.</b>			OMB No. 154	15 00 47	
SC	HEDULE D		al Financial Statements	-		+ <u>3-0047</u>	
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		<b>ZU</b> 2	.3	
Depart	ment of the Treasury	A	ttach to Form 990.	Open to Public Inspection			
	I Revenue Service e of the organizatio	0 for instructions and the latest information.	Employer	identification			
Main	e of the organization	COMMUNITY ACTION,	INC.		5-11562		
Pa	rt I Organizat	tions Maintaining Donor Advise	d Funds or Other Similar Funds or Ac				
	organization	answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor advised funds (	b) Funds and	l other accour	nts	
1	Total number at end	d of year					
2		contributions to (during year)					
3		grants from (during year)					
4		end of year					
5	-		writing that the assets held in donor advised fund			<b>—</b>	
~			exclusive legal control?		Yes	└── No	
6	0	<b>0</b>	dvisors in writing that grant funds can be used or	,			
	impermissible privat		r donor advisor, or for any other purpose conferri	•	Yes	No	
Pa			ganization answered "Yes" on Form 990, Part IV,		165		
1		ervation easements held by the organization					
-		of land for public use (for example, recrea		rically import	ant land area		
		natural habitat	Preservation of a certi	• •			
	Preservation of	of open space					
2	Complete lines 2a t	hrough 2d if the organization held a qualit	fied conservation contribution in the form of a cor	<u>nservation ea</u>	sement on the	e last	
	day of the tax year.			Held a	t the End of the	Tax Year	
а	Total number of cor	nservation easements		2a			
b	Total acreage restrie	cted by conservation easements		2b			
с	Number of conserva	ation easements on a certified historic str	ucture included on line 2a	2c			
d		ation easements included on line 2c acqu	•				
				2d			
3	Number of conserva	ation easements modified, transferred, rel	eased, extinguished, or terminated by the organiz	zation during	the tax		
	year	<u> </u>					
4		here property subject to conservation eas					
5	-	on have a written policy regarding the per rcement of the conservation easements it			Yes	No	
6	,		holds? handling of violations, and enforcing conservation				
Ū		nours devoted to monitoring, inspecting,		in cascinents	during the ye		
7	Amount of expense	 s incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation eas	sements durir	ng the vear		
		3, 1 3,	5 , 5		5		
8	Does each conserva	 ation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)				
	and section 170(h)(4	4)(B)(ii)?			Yes	No No	
9	In Part XIII, describe	e how the organization reports conservation	on easements in its revenue and expense stateme	ent and			
	balance sheet, and	include, if applicable, the text of the footr	note to the organization's financial statements that	at describes t	he		
De	organization's acco	unting for conservation easements.		incilor Acc	-1		
Pa			Art, Historical Treasures, or Other Si	imilar Ass	ets.		
		the organization answered "Yes" on Form					
1a	•		8, not to report in its revenue statement and bala		Drks		
		· ·	blic exhibition, education, or research in furtheran				
h	· •		ncial statements that describes these items. 8, to report in its revenue statement and balance	sheet works	of		
	-		exhibition, education, or research in furtherance				
		g amounts relating to these items.			,		
	•	• •		\$			
				•			
2	.,	, , , , , , , , , , , , , , , , , , , ,	asures, or other similar assets for financial gain, p				
	the following amour	nts required to be reported under FASB A	SC 958 relating to these items:				
а	Revenue included o	n Form 990, Part VIII, line 1	-	\$			
b							

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990
332051	09-28-23

Sche	dule D (Form 990) 2023 COMMUNI	TY ACTION,	INC	•				25-11	56265	Pa	ge <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Similar	· Assets	(continu	ied)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t make si	ignificant ι	ise of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 🗌	Loan or exc	hange progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	on's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o					er similar	assets		_		
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arran		te if the	organizatior	n answered ""	Yes" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								٦		
	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:					A		
									Amount		
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
T Oo	Ending balance Did the organization include an amount on Fe								Vee		No
	If "Yes," explain the arrangement in Part XIII.						ity :	L	Yes	$\square$	NO
Par							0				
		(a) Current year		rior year	(c) Two year		(d) Three y	ears back	(e) Four	/ears b	ack
1a	Beginning of year balance			,			<u> </u>		( )		
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1g	g, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administer	red for th	ne		-		
	organization by:									res	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fi	unds.							
Fai	Complete if the organization answere		Dort IV	/ lina 11a S	oo Eorm 000	Dort V	lino 10				
			-						(-1) D 1-		
	Description of property	(a) Cost or c basis (investr		• •	or other (other)	• • •	ccumulate	d	(d) Book	value	
4 -	Land	· · ·	nony		4,565.	ue	PICCIALION		51	,56	5
	Land				<del>-</del> ,J0J•				54	, 50	J •
	Buildings Leasehold improvements			80	5,759.		443,43	39.	382	20	0
					2,915.		<u>51,8</u>		131		
	EquipmentOther			- 10	<u>-,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		51,00			,	
	. Add lines 1a through 1e. (Column (d) must e		V line de	0a cakina i	(D))				567	. 9.3	7.
TOTA	nuu iiiles ta uiiluugit te. (Column (d) must e	qual Form 990, Part	∧. iine 10	uc. coiumn	( <u>D))</u>				507	,  ,  ,  ,	

Schedule D (Form 990) 2023

	(Form 990) 2023 COMMUNITY	ACTION,	INC.	2	5-1156265 <sub>Page</sub> 3
Part VII		o" on Form 000	Dert IV line	11b See Form 000 Dert V line 10	
(a) Descrir	Complete if the organization answered "Ye otion of security or category (including name of security		ok value	(c) Method of valuation: Cost or e	nd of year market value
	al derivatives			(c) wether of valuation. Cost of c	nd or year market value
	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (	b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII	Investments - Program Related.		D D the N / Kara		
	Complete if the organization answered "Ye				
	(a) Description of investment	( <b>b</b> ) B0	ok value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)					
(2)					
(3)					
<u>(4)</u> (5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, line 13, col. (B))				
Part IX	Other Assets				
	Complete if the organization answered "Ye		0, Part IV, line	11d. See Form 990, Part X, line 15.	1
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
<u>(8)</u> (9)					
	ımn (b) must equal Form 990, Part X, line 15,				
Part X	Other Liabilities	COI. (D)/			
	Complete if the organization answered "Ye	es" on Form 990	0, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1.	(a) Description of liability				(b) Book value
	deral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	umn (b) must equal Form 990. Part X. line 25.	col (B))			

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

X

Sche	dule D (Form 990) 2023 COMMUNITY ACTION, INC.		:	25-2	1156265	Page <b>4</b>
	t XI Reconciliation of Revenue per Audited Financial S	tatements With R	evenue per Ret	urn		
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	5,108,	581.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	9,118.			
b	Donated services and use of facilities	2b	32,633.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		751.
3	Subtract line 2e from line 1			3	5,066,	830.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	12.)		5	5,066,	830.
Pa	t XII Reconciliation of Expenses per Audited Financial S		Expenses per R	eturr	า	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.				
1	Total expenses and losses per audited financial statements			1	5,162,	763.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	32,633.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	32,	633.
3	Subtract line 2e from line 1			3	5,130,	130.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line	<u>e 18.)</u>		5	5,130,	130.
Pa	t XIII Supplemental Information					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 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 any additional information.

PART X, LINE 2:

COMMUNITY ACTION, INC. IS A NON PROFIT ORGANIZATION EXEMPT FROM FEDERAL
INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND
APPLICABLE STATE REGULATIONS, SUBJECT TO UNRELATED BUSINESS TAXABLE INCOME
ON NET PROFITS FROM INFORMATION TECHNOLOGY ACTIVITIES. AS SUCH, THEY ARE
NOT CLASSIFIED AS A PRIVATE FOUNDATION. COMMUNITY ACTION, INC. FOLLOWS
FASB ASC 74010 TOPIC ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE FASB
ASC REQUIRES COMMUNITY ACTION, INC. TO EVALUATE TAX POSITIONS TAKEN AND
DETERMINE WHETHER IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE
SUSTAINED UP ON EXAMINATION BASED ON THE TECHNICAL MERITS OF THE POSITION.
COMMUNITY ACTION, INC. HAS PERFORMED AN EVALUATION AND HAS DETERMINED THE
REAR ENO MATERIAL UNRECOGNIZED TAX POSITIONS OR UNCERTAIN TAX POSITIONS
332054 09-28-23 Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 COMMUNITY ACTION, INC. Part XIII Supplemental Information (continued)	25-1156265 Page 5
THAT MEET THE REPORTING AND DISCLOSURE PROVISIONS OF FASE AS	C. COMMUNITY
ACTION, INC. RECORDS TAX PENALTIES AND INTEREST AS THEY OCCU	R. FOR THE
YEARS ENDED JUNE 30, 2024, 2023, AND 2022, COMMUNITY ACTION,	INC. INCURRED
NO TAX PENALTY OR INTEREST COSTS. WITH CERTAIN EXCEPTIONS, T	HE FEDERAL
INCOME TAX RETURNS OF COMMUNITY ACTION, INC. ARE SUBJECT TO	EXAMINATION BY
THE IRS, GENERALLY FOR THREE (3) YEARS AFTER THEY WERE FILED	•
	Schedule D (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



COMMUNITY ACTION, INC.

Employer identification number 25 - 1156265

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ASSISTING FAMILIES WITH ACTIVITIES TO OVERCOME BARRIERS, IMPROVE

ECONOMIC STATUS, AND ENHANCE THEIR QUALITY OF LIFE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DOMESTIC VIOLENCE INTERVENTION/PREVENTION - PROVIDES EMERGENCY SHELTER,

24 HOUR HOTLINE, EDUCATIONAL PROGRAMS, OPTIONS COUNSELING, LEGAL

ADVOCACY AND GROUP SUPPORT TO VICTIMS OF DOMESTIC VIOLENCE. FAMILY/FOOD

SERVICES PROVIDES LIMITED ASSISTANCE FOR RENT, MORTGAGE, AND UTILITY

BILLS

CASE MANAGEMENT - STAFF WORK CLOSELY WITH FAMILIES TO DEVELOP GOAL

PLANS SO THEY MAY WORK TOWARDS OVERCOMING BARRIERS AND ACHIEVE 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 FOCUSED ON

HOUSEHOLD SPENDING AND BUDGET MONITORING.

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.

SENIOR CORPS - RSVP - UTILIZES TALENTS OF PERSONS AGE 55 AND OVER TO

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
COMMUNITY ACTION, INC.	25-1156265

MEET COMMUNITY NEEDS THROUGH VOLUNTEERING AT NONPROFIT ORGANIZATIONS.

EXPENSES \$ 946,110. INCLUDING GRANTS OF \$ 0. REVENUE \$ 256,450.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

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.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS ARE RESPONSIBLE FOR EMPLOYING AND EVALUATING THE EXECUTIVE DIRECTOR'S COMPENSATION AND PERFORMANCE.

THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR EMPLOYING AND EVALUATING THE

OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION AND DETERMINING

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization COMMUNITY ACTION, INC.	Employer identification number 25-1156265
COMPENSATION, SUBJECT TO THE APPROVAL OF THE BOARD OF DIRE	CTORS.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC O	N ITS WEBSITE,
WWW.JCCAP.ORG, OR UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<u>must use</u>	Form 7004 to request an extension of time to file incom	e tax retur	ns.				
<u>Part I - Ic</u>	lentification						
Type or	Name of exempt organization, employer, or other filer, see instructions.			Taxpayer	Taxpayer identification number (TIN)		
Print							
File by the	COMMUNITY ACTION, INC.				25-1156265		
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 105 GRACE WAY	ee instruct	ions.				
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PUNXSUTAWNEY, PA 15767-1209						
Enter the	Return Code for the return that this application is for (file		te application for each return)			01	
Application Is For Return Application Is For				Return			
••		Code				Code	
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09	
Form 472	0 (individual)	03	Form 5227			10	
Form 990	I-PF	04	Form 6069			11	
Form 990	P-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
	P-T (trust other than above)	06	Form 5330 (individual)			13	
	P-T (corporation)	07	Form 5330 (other than individual)			14	
Form 104		08					
● If this a Pla Pla Pla <b>Part II - A</b> t	e Form 5330. pplication is for an extension of time to file Form 5330, y n Name	izations (s		1209			
•	none No. 814-938-3302		Fax No				
	organization does not have an office or place of business						
<ul> <li>If this</li> </ul>	is for a Group Return, enter the organization's four-digit (						
box	. If it is for part of the group, check this box						
	quest an automatic 6-month extension of time until <u>M</u> organization named above. The extension is for the orga calendar year 20 or tax year beginning JUL 1	anization's					
2 If th	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period						
3a lfth	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less				
any	nonrefundable credits. See instructions.			3a	\$	0.	
b lfth	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
	imated tax payments made. Include any prior year overp ance due. Subtract line 3b from line 3a. Include your pa			3b	\$	0.	
	ng EFTPS (Electronic Federal Tax Payment System). See	-		3c	\$	0.	

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