

Form **990-T**

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

For calendar year 2012 or other tax year beginning 07/01/12, and
 ending 06/30/13. ▶ See separate instructions.

OMB No. 1545-0047

2012Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue ServiceA ☐ Check box if
address changed

B Exempt under section

☒ 501(c)(3)☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a)C Book value of all assets
at end of year

4,944,048

Name of organization (☐ Check box if name changed and see instructions)Print **COMMUNITY ACTION SOUTHWEST**

or Number, street, and room or suite no. If a P.O. box, see instructions

Type **150 WEST BEAU STREET**

City or town, state, and ZIP code

WASHINGTON**PA 15301**D Employer identification number
(Employees' trust, see instructions)**25-1153028**E Unrelated business activity codes
(see instructions)**518210****518210**

F Group exemption number (see instructions) ▶

G Check organization type ▶

☒ 501(c) corporation☐ 501(c) trust☐ 401(a) trust☐ Other trust

H Describe the organization's primary unrelated business activity.

▶ **ELECTRONIC ARCHIVING AND HOSTING OF DOCUMENTS**I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No

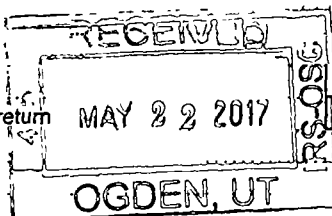
If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of ▶ **JOSEPH PEROTTI**Telephone number ▶ **724-225-9550****Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6	18,701	18,701
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (10) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (see instructions, attach statement) SEE STMT	12	214,096	214,096
13 Total. Combine lines 3 through 12	13	232,797	232,797

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions) (except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	93,405
16 Repairs and maintenance	16	10,490
17 Bad debts	17	
18 Interest (attach statement)	18	
19 Taxes and licenses	19	13,383
20 Charitable contributions (see instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	5,998
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	5,998
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	13,228
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach statement) SEE STATEMENT	28	90,780
29 Total deductions. Add lines 14 through 28	29	227,284
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	5,513
31 Net operating loss deduction (limited to the amount on line 30) CARRYBACK FROM 2014	31	5,513
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	
33 Specific deduction (generally \$1,000, but see line 33 instructions for exceptions)	33	1,000
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0



Part III Tax Computation

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

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit Attach Form 3800 (see instructions)	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	
42 Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. stmt.)	42	
43 Total tax. Add lines 41 and 42	43	0
44a Payments A 2011 overpayment credited to 2012	44a	
b 2012 estimated tax payments	44b	2,480
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments. <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	44g	
45 Total payments. Add lines 44a through 44g	45	2,480
46 Estimated tax penalty (see instructions) Check if Form 2220 is attached	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	2,480
49 Enter the amount of line 48 you want Credited to 2013 estimated tax 1,800 Refunded 680	49	680

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

1 At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
Instructions for other forms the organization may have to file		
Amount of tax-exempt interest received or accrued during the tax year \$		

Cost of Goods Sold. Enter method of inventory valuation

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

Sign Here

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

May the IRS discuss this return with the preparer shown below (see instructions)?
☒ Yes ☐ No

Signature of officer	Date	Title	Check <input type="checkbox"/> if self-employed	PTIN
R. CARLYN BELCZYK, CPA	5/9/17	EXECUTIVE DIRECTOR		P01056575
Firm's name	Firm's EIN	Phone no		
GUTHRIE, BELCZYK & ASSOCIATES, P.C.	25-1714998	724-223-9000		
Firm's address				
1024 ROUTE 519 SUITE 200				
EIGHTY FOUR, PA 15330-2866				

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

(see instructions)

1. Description of property

(1) RENTAL

(2)

(3)

(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)

(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

3(a) Deductions directly connected with the income
in columns 2(a) and 2(b) (attach statement)

(1) 18,701

(2)

(3)

(4)

Total 18,701**(b) Total deductions.**

Enter here and on page 1,

Part I, line 6, column (B) ▶

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

18,701

Schedule E – Unrelated Debt-Financed Income (see instructions)**1. Description of debt-financed property****2. Gross income from or allocable to debt-financed property****3. Deductions directly connected with or allocable to debt-financed property**(a) Straight line depreciation
(attach statement)(b) Other deductions
(attach statement)

(1) N/A

(2)

(3)

(4)

4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement)**5. Average adjusted basis of or allocable to debt-financed property (attach statement)****6. Column 4 divided by column 5****7. Gross income reportable (column 2 x column 6)****8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))**

(1) %

(2) %

(3) %

(4) %

Enter here and on page 1,
Part I, line 7, column (A)Enter here and on page 1,
Part I, line 7, column (B)**Totals****Total dividends-received deductions included in column 8****Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)****1. Name of controlled organization****2. Employer identification number****Exempt Controlled Organizations****3. Net unrelated income (loss) (see instructions)****4. Total of specified payments made****5. Part of column 4 that is included in the controlling organization's gross inc****6. Deductions directly connected with income in column 5**

(1) N/A

(2)

(3)

(4)

Nonexempt Controlled Organizations**7. Taxable income****8. Net unrelated income (loss) (see instructions)****9. Total of specified payments made****10. Part of column 9 that is included in the controlling organization's gross income****11. Deductions directly connected with income in column 10**

(1)

(2)

(3)

(4)

Add columns 5 and 10.
Enter here and on page 1,
Part I, line 8, column (A).Add columns 6 and 11.
Enter here and on page 1,
Part I, line 8, column (B)**Totals**

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

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

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

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

Schedule J – Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

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

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)						

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

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

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

<u>Description</u>	<u>Amount</u>
PROGRAM SERVICE FEES	\$ 75,615
DOC SOLUTIONS LLC	138,481
TOTAL	<u>\$ 214,096</u>

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

<u>Description</u>	<u>Amount</u>
TRAVEL	\$ 9,041
CONTRACTED SERVICES	13,012
INSURANCE EXPENSE	19,397
OFFICE EXPENSE	8,707
VEHICLE EXPENSE	2,313
MISCELLANEOUS EXPENSE	13,680
SUPPLIES	7,608
TELEPHONE	12,461
EQUIPMENT	4,561
TOTAL	<u>\$ 90,780</u>