As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492311010339 Short Form OMB No 1545-1150 50rm 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Department of the Open to Do not enter social security numbers on this form as it may be made public. Treasury Public Internal Revenue Service ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection A For the 2018 calendar year, or tax year beginning 01-01-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization COMMUNITY ACTION SERV OF BL CTY INC ☐ Address change 25-1735716 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 2100-2108 SIXTH AVENUE ☐ Final return/terminated City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return ALTOONA, PA 16602 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **J Tax-exempt status** (check only one) - □ 501(c)(3) ☑ 501(c)(2) ◀ (insert no) □ 4947(a)(1) or □ 527 **K** Form of organization □ Corporation □ Trust □ Association □ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 4 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b Less direct expenses from gaming and fundraising events **6**c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 119,923 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 119,923 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 26,069 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . 35,948 15 Printing, publications, postage, and shipping 15 490 16 Other expenses (describe in Schedule O) 16 27,916 17 17 Total expenses. Add lines 10 through 16 90,423 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 29,500 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 143,479 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 172,979 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Part II	Balance Sheets (see the instructions						
	Check if the organization used Schedule	O to respond to any q	uestion in this				🗹
			1	(A) B	eginning of year		(B) End of year
	lyings, and investments				21,030 144,475	_	55,068
	d buildings				144,475		131,742
25 Total as					165,505		186,810
	abilities (describe in Schedule O)				22,026		13,831
	ets or fund balances (line 27 of column				143,479	_	172,979
Part Ⅲ	Statement of Program Service A	Accomplishments	(see the instructi	ons for Pa	t III)	Т	Expenses
	Check if the organization used Schedule	O to respond to any o	question in this	Part III			equired for section 501(c) and 501(c)(4)
	organization's primary exempt purpose? WMODERATE RENTALS					org	anizations, optional for
Describe the measured by benefited, a	e organization's program service accomplis y expenses In a clear and concise manne nd other relevant information for each pro	r, describe the service				oth	ers)
28 See Addition	nal Data Table						
(Grants \$)	If this amount	t includes foreign gran	its check here		▶ □	28a	
29	II tills alliour	t melades foreign gran	its, check here	•	. , .	29a	
(Grants \$)	If this amoun	t includes foreign gran	its, check here		. ▶ □		
30						30a	
(Grants \$)	If this amoun	t includes foreign gran	its, check here		. ▶ 🗆		
	ogram services (describe in Schedule O)		<u> </u>			+	
(Grants \$)	·	t includes foreign gran	ts. check here		. ▶ □	31a	
. , ,	ogram service expenses (add lines 28a		•			_	
Part IV	List of Officers, Directors, Trustees, Check if the organization used Schedule						
	check if the organization used schedule	O to respond to any q	descion in tins	Tait IV.		• •	· · · ⊔
	(a) Name and title	(b) Average hours per week devoted to position	(c) Repor compensa (Forms W-2 MISC) (if no enter -	ation /1099- ot paid,	(d) Health ben- contributions to er benefit plans, deferred compen	nploye and	(e) Estimated amount of other compensation
EFFREY FLE	ECK	2 00	Circi	0		(0
PRESIDENT							
ROBERT SCI	HOLL	1 00		0		(0
VICE PRESI	DENT						
SERGIO CAF	RMONA	1 00		0		(0
TREASURER	SECRETARY						
PATRICK MI	LLER	1 00		0		(0
TRUSTEE							
							F 000 F7 (2010)

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . $$.	<u></u>	🏻	
			Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
ь :	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
ь	Did the organization file Form 1120-POL for this year?	37Ь		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	1		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ▶			
	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
1	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
12a	List the states with which a copy of this return is filed			
	organization's books are in care of SERGIO CARMONA Telephone no	• <u>(814)</u>	946-365	1
	Located at ► 2100-2108 SIXTH AVENUE ALTOONA , PA ZIP + 4 ►	16602		
		ſ	Yes	No
	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)?	42b	165	No
	If "Yes," enter the name of the foreign country			
:	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
C.	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
:	If "Yes," enter the name of the foreign country ▶			
43 Se	ection 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □	
a	ind enter the amount of tax-exempt interest received or accrued during the tax year • 43			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>			
1	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No
	<u> </u>	<u> </u>	'	

					1	Yes	No
	organization engage, directly or indirec			of or in opposition to			
	ates for public office? If "Yes," complete	<u>, </u>			46		No
	Section 501(c)(3) organization All section 501(c)(3) organizations	-	ons 47- 49b and 52	. and complete the tabl	es for lu	nes 50	and
	51.	,					
	Check if the organization used Schedule	e O to respond to any q	uestion in this Part VI	<u> </u>	· · · · ·	Yes	No
5 111			55 1				
	organization engage in lobbying activit " complete Schedule C, Part II	ies or have a section 50	ol(h) election in effect	during the tax year?	47		
Is the o	organization a school as described in sec	ction 170(b)(1)(A)(ii)?	[f "Yes," complete Sche	edule E	48		
	organization make any transfers to an	. , , , , , ,			49a		
	" was the related organization a section	, and the second			49b		
	ete this table for the organization's five	-	mployees (other than a	officers directors trustees	and key	employ	205)
who ea	ch received more than \$100,000 of con	pensation from the org	janization If there is n	one, enter "None "			
(a) N	lame and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employe		imated r compe	
		devoted to position	(Forms W-2/1099- MISC)	benefit plans, and deferred compensation			
					1		
Total	number of other employees paid over \$	100,000		· •			
Comple	ete this table for the organization's five	highest compensated in		who each received more t	han \$100),000 of	
Comple	ete this table for the organization's five insation from the organization. If there is	highest compensated in s none, enter "None "	·				
Comple	ete this table for the organization's five	highest compensated in s none, enter "None "	·		han \$100		
Comple	ete this table for the organization's five insation from the organization. If there is	highest compensated in s none, enter "None "	·				
Comple	ete this table for the organization's five insation from the organization. If there is	highest compensated in s none, enter "None "	·				
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Comple	ete this table for the organization's five insation from the organization. If there is	highest compensated in s none, enter "None "	·				
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Comple	ete this table for the organization's five insation from the organization. If there is	highest compensated in s none, enter "None "	·				
Comple	ete this table for the organization's five insation from the organization. If there is	highest compensated in s none, enter "None "	·				
Comple	ete this table for the organization's five insation from the organization. If there is	highest compensated in s none, enter "None "	·				
Comple	ete this table for the organization's five insation from the organization. If there is	highest compensated in s none, enter "None "	·				
Comple	ete this table for the organization's five insation from the organization. If there is	highest compensated in s none, enter "None " each independent contri	actor				
Comple comper	number of other independent contractors the organization is five instance.	highest compensated in s none, enter "None " each independent control in the search independent control in t	\$100,000	(b) Type of service (c			
Comple comper	ete this table for the organization's five insation from the organization. If there is (a) Name and business address of e	highest compensated in s none, enter "None " each independent control in the search independent control in t	\$100,000	(b) Type of service (c		insation	
Comple comper	number of other independent contractors contracted between the organization in the contractors and contractors are contracted by the organization complete Schedule A? Independent is sometimes of perjury, I declare that I have example to the organization, I declare that I have example to the organization of perjury, I declare that I have example to the organization of perjury, I declare that I have example to the organization of perjury, I declare that I have example to the organization of perjury, I declare that I have example to the organization of the organi	rs each receiving over s	\$100,000	(b) Type of service (c	Compe	s 🗹 N	lo my
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Comple comper	number of other independent contractors he organization complete Schedule A? I bleted Schedule A	rs each receiving over s	\$100,000	(b) Type of service (continued of the continued of the co	Compe	s 🗹 N	lo my
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Comple comper	number of other independent contractors he organization complete Schedule A? Independent Schedule A? Independent completed Schedule A	rs each receiving over s NOTE. All section 501(c) mined this return, include Declaration of preparer's signature	\$100,000	(b) Type of service (constitution of the constitution of the cons	Yes d to the last of which	s 🗹 N	
Comple comper	number of other independent contractors of perjury, I declare that I have exard belief, it is true, correct, and completedge Signature of officer SERGIO CARMONA TREASURER Type or print name and title Print/Type preparer's name PAUL R LINK CPA Firm's name LINK & ASSOCIATES Firm's address 412 UNION STREET	rs each receiving over seach independent control of the control of	\$100,000	(b) Type of service (continued to the continued to the co	Yes d to the last of which	s 🗹 N	
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Page **4**

Form 990-EZ (2018)

Additional Data

Software ID: Software Version:

EIN: 25-1735716

Name: COMMUNITY ACTION SERV OF BL CTY INC

Fynancas

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organizat services, as measured number of persons ber	` (c	(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)			
28 PROVIDE RENTAL SPACE FAMILIESINDIVIDUALS	FOR TWO NON-PROFIT ENTITIES WHO SERVE LOW TO MODERATE INCOME	28a			
(Grants \$)	If this amount includes foreign grants, check here • 🔲				

efile GRAPHIC print - DO NOT PROCESS					DLN:	93492311010339
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Supplemental Information to Form 990 or Complete to provide information for responses to specific que Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information		tions on on.	OMB No 1545-0047 2018 Open to Public Inspection	
Warmel Betherofganization COMMUNITY ACTION SERV OF BL CTY INC 25-1735716				Employer identi 25-1735716	dentification number	
990 Schedul	e O, Supp	lemental Informatio	n			
Return Reference				Explanation		
Description of other revenue Part I line 8	DESCRIP	FION AMOUNTRENTALS	119,923			

Return Explanation

Description of other SUPPLIES 7,644INTEREST 2,118DEPRECIATION 12,733

expenses Part I line 16

990 Schedule O, Supplemental Information

Return Explanation
Reference

990 Schedule O, Supplemental Information

Description of total liabilities Part II line 26