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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 601(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

OMB No. 1345-0047

**2008**

Form 990 (2008)

A -For the 2008 calendar year, or tax year beginning **10/01/08**, and ending **9/30/09**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>PARTNERSHIP FOR COMMUNITY ACTION, INC.</b>			D Employer identification number <b>58-6049575</b>	
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) <b>815 PARK NORTH BLVD.</b>			Room/suite	E Telephone number <b>404-929-2500</b>
	City or town, state or country, and ZIP + 4 <b>CLARKSTON GA 30021</b>			F Gross receipts \$ <b>26,495,372</b>	
	F Name and address of principal officer: <b>MOHAMMAD SALEEM 815 PARK NORTH BLVD. Clarkston GA 30021</b>			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) 4947(e)(1) or 527			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	J Website ► <b>WWW.PCACTION.ORG</b>			H(c) Group exemption number ►	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: <b>1965</b> M State of legal domicile: <b>GA</b>		

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities.  <b>To work for social change through community-based partnerships and advocacy that create opportunities leading to family self-sufficiency in the diverse communities of DeKalb, Gwinnett, and Rockdale counties.</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 <b>21</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 <b>21</b>	
	5 Total number of employees (Part V, line 2a)	6 <b>280</b>	
	6 Total number of volunteers (estimate if necessary)	6 <b>1370</b>	
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a <b>0</b>		
6 Net unrelated business taxable income from Form 990-T, line 34	7b <b>0</b>		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year <b>20,039,901</b>	Current Year <b>26,369,070</b>
	9 Program service revenue (Part VIII, line 2g)	<b>130,825</b>	<b>101,659</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>63,308</b>	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9a, 10c, and 11e)		<b>24,643</b>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>20,234,034</b>	<b>26,495,372</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>12,655,747</b>
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>6,146,832</b>	<b>7,915,234</b>	
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>13,292,053</b>	<b>5,837,694</b>	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>19,438,885</b>	<b>26,408,675</b>	
19 Revenue less expenses. Subtract line 18 from line 12	<b>795,149</b>	<b>86,697</b>	
Net Assets or Fund Balances	Beginning of Year	End of Year	
	<b>9,964,152</b>	<b>12,131,818</b>	
	<b>3,990,211</b>	<b>6,071,180</b>	
	<b>5,973,941</b>	<b>6,060,638</b>	

**Part II Signature Block**

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 officer) is based on all information of which preparer has any knowledge.		
	<i>Signature of officer</i>		
	<b>MOHAMMAD SALEEM</b>		
Type or print name and title		PRESIDENT	

Paid Preparer's Use Only	Preparer's signature ► <i>Danielle Zuch, CPA</i>	Date <b>6/03/10</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <b>P00545871</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <b>Clausell &amp; Associates, CPA's, P.C. 4260 Clausell Ct Ste 200 Decatur, GA 30035</b>	EIN ►	Phone no. ► <b>404-288-8117</b>	<i>gve</i>

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

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part II Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

To work for social change through community-based partnerships and advocacy that create opportunities leading to family self-sufficiency in the diverse communities of Dekalb, Gwinnett, and Rockdale counties.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code. ) (Expenses \$ 9,113,970 including grants of \$ 80,266 ) (Revenue \$ )  
 Head Start provides an educational and social experience for children with disabilities funded by the U.S. Department of Health and Human Services. Clients served totaled 1163.

4b (Code. ) (Expenses \$ 1,978,211 including grants of \$ 510,594 ) (Revenue \$ )  
 The Community Services Block Grant provides services to assist low-income persons in attaining self-sufficiency and provides them with immediate life necessities such as food, shelter, and healthcare needs. Funded by the U.S. Department of Health and Human Services.

4c (Code. ) (Expenses \$ 12,266,304 including grants of \$ 11,304,398 ) (Revenue \$ )  
 The Low-Income Home Energy Assistance Program assists low-income households that expend a high proportion of their income for home energy, primarily meeting their immediate home energy needs. Funded by the U.S. Department of Health and Human Services.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 3,243,763 including grants of \$ 760,489 ) (Revenue \$ )

4e Total program service expenses ► \$ 26,602,248 (Must equal Part IX, Line 25, column (B).)

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Part IV Checklist of Required Schedules

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1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 8033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the U.S?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 6? If "Yes," complete Schedule J

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 questions 24b-24d and complete Schedule K. If "No," go to question 25.

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	Yes	No
1	X	
2	X	
3		X
4		X
5		
6		X
7		X
8		X
9		X
10		X
11	X	
12	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20		X
21		X
22	X	
23		X
24a		X
24b		
24c		
24d		
25a		X
25b		X
26		X
27		X

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**Part IV Checklist of Required Schedules (continued)**

28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:  
 a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV ..... 28a

b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV ..... 28b

c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV ..... 28c

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ..... 29

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M ..... 30

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... 31

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

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

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 ..... 34

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ..... 35

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

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

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## Part II Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1098, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a **42**

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b **0**

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c **X**

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a **280**

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see Instructions) 2b **X**

3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a **X**

3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **X**

4b If "Yes," enter the name of the foreign country: ► See the Instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a **X**

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b **X**

5c If "Yes," to question 5a or 5b, did the organization file Form 8888-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c

6a Did the organization solicit any contributions that were not tax deductible? 6a **X**

6b 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).

7a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7a **X**

7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c **X**

7d If "Yes," indicate the number of Forms 8282 filed during the year 7d

7e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e **X**

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f **X**

7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g **X**

7h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h **X**

8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 **X**

9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.

9a Did the organization make any taxable distributions under section 4956? 9a **X**

9b Did the organization make a distribution to a donor, donor advisor, or related person? 9b **X**

10 Section 501(c)(7) organizations. Enter:

10a Initiation fees and capital contributions included on Part VIII, line 12 10a

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b

11 Section 501(c)(12) organizations. Enter:

11a Gross income from members or shareholders 11a

11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10417? 12a

12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

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**Part VII** Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See Instructions

1a Enter the number of voting members of the governing body ..... 1a **21**  
 b Enter the number of voting members that are Independent ..... 1b **21**

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 or trustees, or key employees to a management company or other person? ..... 3 **X**

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? ..... 4 **X**

5 Did the organization become aware during the year of a material diversion of the organization's assets? ..... 5 **X**

6 Does the organization have members or stockholders? ..... 6 **X**

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? ..... 7a **X**  
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? ..... 7b **X**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following? ..... 8a **X**  
 b Each committee with authority to act on behalf of the governing body? ..... 8b **X**  
 9a Does the organization have local chapters, branches, or affiliates? ..... 9a **X**  
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? ..... 9b

10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 ..... 10 **X**

11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ..... 11 **X**

	Yes	No
1a		
1b		
2		
3		
4		
5		
6		
7a		
7b		
8a		
8b		
9a		
9b		
10		
11		

**Section B. Policies**

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 ..... 12a **X**  
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... 12b **X**  
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done ..... 12c **X**

13 Does the organization have a written whistleblower policy? ..... 13 **X**

14 Does the organization have a written document retention and destruction policy? ..... 14 **X**

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? ..... 15a **X**  
 a The organization's CEO, Executive Director, or top management official? ..... 15b **X**  
 b Other officers or key employees of the organization? ..... 15c **X**  
 Describe the process in Schedule O. (see Instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... 16a **X**  
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ..... 16b **X**

	Yes	No
12a		
12b		
12c		
13		
14		
15a		
15b		
15c		
16a		
16b		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► **GA**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **PARTNERSHIP FOR COMMUNITY ACTION** 815 PARK NORTH BLVD.  
**CLARKSTON** **GA** **30021** **404-929-2500**

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**Part III: Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: Individual trustees or directors; Institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
KIMBERLEY ALEXANDER									
BOARD CHAIR	2	X		X			0	0	0
LIZIA AUGER									
BOARD MEMBER	2	X					0	0	0
ANN BROWN									
BOARD MEMBER	2	X					0	0	0
LYDIA WHITEHEAD									
BOARD MEMBER	2	X					0	0	0
GARRY GUAN									
SECRETARY	2	X		X			0	0	0
ANTHONY GUTHRIE									
BOARD MEMBER	2	X					0	0	0
SARAH HURD									
BOARD MEMBER	2	X					0	0	0
ABDULLAH KAPIC									
VICE-CHAIR	2	X		X			0	0	0
GARY LESHAW									
BOARD MEMBER	2	X					0	0	0
CHARLES A. LINGO JR.									
BOARD MEMBER	2	X					0	0	0
JOSEPH LITTLE									
TREASURER	2	X		X			0	0	0
WENDY LIPSHUTZ									
BOARD MEMBER	2	X					0	0	0
MARILU MONTALVO									
BOARD MEMBER	2	X					0	0	0
BRENDA STRICKLAND									
BOARD MEMBER	2	X					0	0	0
WILLIE L. GOOLSBY									
BOARD MEMBER	2	X					0	0	0
PEDRO MARIN									
BOARD MEMBER	2	X					0	0	0
DR. MYRIAM MIRAS									
BOARD MEMBER	2	X					0	0	0

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## Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	26,314,482				
f All other contributions, gifts, grants, and similar amounts not included above	1f	54,588				
g Noncash contributions included in lines 1a-1f		696,183				
h Total. Add lines 1a-1f		26,369,070				
Program Service Revenue	Busn. Code					
2a Day Care		101,659				101,659
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		101,659				
3 Investment income (including dividends, interest, and other similar amounts)						
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents	(i) Real	(ii) Personal				
b Less: rental exps.						
c Rental inc or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less: cost or other basis & sales exps.						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c).						
See Part IV, line 18	a					
b Less: direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities.						
See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Busn. Code					
11a Other Revenue		24,643				24,643
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		24,643				
12 Total Revenue, Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		26,495,372	0	0	0	126,302

Form 990 (2008)

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Form 990 (2008) PARTNERSHIP FOR COMMUNITY

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**Part VI. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

1b Total ..... ► 183,437 17,143

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► **1**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person .....

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
BESS STAFFING DECATUR	4151 MEMORIAL DR., #109E TEACHERS	135,526

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ►

1

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## Part II Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	12,655,747	12,655,747		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 18 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	123,699		123,699	
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 .....	6,290,618	5,623,664	666,954	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	1,500,917	1,339,173	161,744	
10 Payroll taxes .....				
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....	4,156	1,034	3,122	
13 Office expenses .....				
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	281,211	271,363	9,848	
17 Travel .....	78,144	33,027	45,117	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	389,251	254,330	134,921	
23 Insurance .....	87,614	65,750	21,864	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONTRACTUAL SERVICES .....	1,613,533	1,436,240	177,293	
b MATERIALS AND SUPPLIES .....	695,740	637,936	57,804	
c CASUAL LABOR .....	626,312	624,314	1,998	
d FOOD .....	553,155	541,423	11,732	
e UTILITIES .....	360,713	331,875	28,838	
f All other expenses .....	1,147,865	2,786,372	-1,638,507	
25 Total functional expenses. Add lines 1 through 24f	26,408,675	26,602,248	-193,573	
26 Joint Costs. Check here ► <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

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Form 990 (2008) PARTNERSHIP FOR COMMUNITY  
Part V Balance Sheet

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		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	421,780	1	2,418,524
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	872,638	3	911,760
	4 Accounts receivable, net	31,707	4	7,428
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(o)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	2,890	7	996
	8 Inventories for sale or use	1,129	8	
	9 Prepaid expenses and deferred charges	130,226	9	78,598
	10a Land, buildings, and equipment: cost basis	10a 11,127,693		
	b Loss: accumulated depreciation. Complete Part VI of Schedule D	10b 2,746,914	8,388,349	10c 8,380,779
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	115,433	15	333,733
	16 Total assets. Add lines 1 through 15 (must equal line 34)	9,964,152	16	12,131,818
Liabilities	17 Accounts payable and accrued expenses	957,017	17	913,489
	18 Grants payable	80,846	18	1,779,826
	19 Deferred revenue	37,952	19	
	20 Tax-exempt bond liabilities		20	
	21 Esrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,810,434	23	3,094,038
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	103,962	25	283,827
	26 Total liabilities. Add lines 17 through 26	3,990,211	26	6,071,180
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,459,982	27	1,685,482
	28 Temporarily restricted net assets	4,513,959	28	4,375,156
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,973,941	33	6,060,638
	34 Total liabilities and net assets/fund balances	9,964,152	34	12,131,818

## Part VI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

	Yes	No
2a		
2b	X	
2c	X	
3a	X	
3b	X	

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to lines 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits?

Form 990 (2008)

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SCHEDULE A  
(Form 990 or 990-EZ)

## Public Charity Status and Public Support

OMB No. 1545-0047

2008

Department of the Treasury  
Internal Revenue ServiceTo be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

Open for Public  
InspectionName of the organization **PARTNERSHIP FOR COMMUNITY ACTION, INC.** Employer Identification number **58-6049575****Part I** Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: .....  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 609(a)(2). (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See section 609(a)(4). (see Instructions)  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I    b  Type II    c  Type III—Functionally Integrated    d  Type III—Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  
 f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box .....  
 g  Since August 17, 2008, has the organization accepted any gift or contribution from any of the following persons? .....

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....  
 (ii) A family member of a person described in (i) above? .....  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

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

h Provide the following information about the organizations the organization supports.

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(IV) Is the organization in col. (I) listed in your governing document?	(V) Did you notify the organization in col. (I) of your support?		(VI) Is the organization in col. (I) organized in the US?		(VII) Amount of support
				Yes	No	Yes	No	
Total								

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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## Schedule A (Form 990 or 990-EZ) 2008 PARTNERSHIP FOR COMMUNITY

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

## Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") .....	15,509,173	18,486,926	17,490,366	20,039,901	26,369,070	97,895,436
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1-3 .....	15,509,173	18,486,926	17,490,366	20,039,901	26,369,070	97,895,436
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 Public support. Subtract line 5 from line 4						97,895,436

## Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4 .....	15,509,173	18,486,926	17,490,366	20,039,901	26,369,070	97,895,436
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
	2,661			63,308		65,969
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) .....					24,643	24,643
11 Total support. Add lines 7 through 10						97,966,048
12 Gross receipts from related activities, etc. (see Instructions) .....					12	488,946
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	14	99.9075 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 28f .....	15	99.2196 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2008

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Schedule A (Form 990 or 990-EZ) 2008 **PARTNERSHIP FOR COMMUNITY****58-6049575**

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**Part III Support Schedule for Organizations Described In Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1-5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
c Add lines 7a and 7b .....						
8 Public support (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12) .....						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	16	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	18	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	18	%
19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization .....	►	<input type="checkbox"/>
b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization .....	►	<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see Instructions .....	►	<input type="checkbox"/>

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**Schedule A (Form 990 or 990-EZ) 2008    PARTNERSHIP FOR COMMUNITY**

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**Part IV: Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see Instructions)

Part II, Line 10 - Other Income Detail

\$ 24,643

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**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

**2008**Open to Public  
Inspection► Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

**PARTNERSHIP FOR COMMUNITY  
ACTION, INC.**

Employer identification number

**58-6049575****Part I** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if  
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

	Held at the End of the Year
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
3a Total number of conservation easements	2a
3b Total acreage restricted by conservation easements	2b
3c Number of conservation easements on a certified historic structure included in (a)	2c
3d Number of conservation easements included in (c) acquired after 6/17/06	2d
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III** Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete If the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	
1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(I) Revenues included in Form 990, Part VIII, line 1	► \$
(II) Assets included in Form 990, Part X	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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## Schedule D (Form 990) 2008 PARTNERSHIP FOR COMMUNITY

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**Part III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3. Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other \_\_\_\_\_

4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV: Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.**

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

c Beginning balance .....  
 d Additions during the year .....  
 e Distributions during the year .....  
 f Ending balance .....

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V: Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.**

1a Beginning of year balance .....  
 b Contributions .....  
 c Investment earnings or losses .....  
 d Grants or scholarships .....  
 e Other expenditures for facilities and programs .....  
 f Administrative expenses .....  
 g End of year balance .....

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2. Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► \_\_\_\_\_ %  
 c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(I) unrelated organizations .....  
 (II) related organizations .....

b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? .....

4. Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(I)		
3a(II)		
3b		

**Part VI: Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of Investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land .....		1,022,800		1,022,800
b Buildings .....		8,997,924	1,937,389	7,060,535
c Leasehold improvements .....				
d Equipment .....		1,106,969	809,525	297,444
e Other .....				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ►				8,380,779

Schedule D (Form 990) 2008

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Schedule D (Form 990) 2008 **PARTNERSHIP FOR COMMUNITY**

58-6049575

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**Part VII Investments—Other Securities. See Form 990, Part X, line 12**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives and other financial products .....		
Closely-held equity interests .....		
Other .....		
.....		
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**Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)**

**Part VIII Investments—Program Related. See Form 990, Part X, line 13**

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

**Part IX Other Assets. See Form 990, Part X, line 15.**

(a) Description		(b) Book value
<b>ASSETS HELD FOR RESALE</b>		<b>331,000</b>
<b>EMPLOYEE RECEIVABLE</b>		<b>2,733</b>
<b>OTHER</b>		

Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)

**Part X Other Liabilities. See Form 990, Part X, line 25.**

(a) Description of liability	(b) Amount	
Federal income taxes		
<b>ADVANCES</b>	<b>118,899</b>	
<b>DUE TO GRANTOR</b>	<b>100,309</b>	
<b>CUSTODIAL ACCOUNT</b>	<b>44,887</b>	
<b>MICRO LOANS PAYABLE</b>	<b>19,732</b>	

**Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)**

283, 82

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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## Schedule D (Form 990) 2008 PARTNERSHIP FOR COMMUNITY

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## Part X Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	26,495,372
2	26,408,675
3	86,697
4	
5	
6	
7	
8	
9	
10	86,697

## Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	27,727,923
2	
a	
2b	1,232,551
2c	
2d	
2e	1,232,551
3	26,495,372
4	
a	
4b	
4c	
5	26,495,372

## Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	27,641,226
2	
a	
2b	1,232,551
2c	
2d	
2e	1,232,551
3	26,408,675
4	
a	
4b	
4c	
5	26,408,675

## Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 8; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

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Schedule D (Form 990) 2006 **PARTNERSHIP FOR COMMUNITY  
Part XIV Supplemental Information (continued)**

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**SCHEDULE M**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**NonCash Contributions**

OMB No. 1545-0047

**2008**Open to Public  
InspectionName of the organization **PARTNERSHIP FOR COMMUNITY  
ACTION, INC.**Employer identification number  
**58-6049575****Part I** **Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 880, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art .....				
2 Art—Historical treasures .....				
3 Art—Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities—Publicly traded .....				
10 Securities—Closely held stock .....				
11 Securities—Partnership, LLC, or trust interests .....				
12 Securities—Miscellaneous .....				
13 Qualified conservation contribution (historic structures) .....				
14 Qualified conservation contribution (other) .....				
15 Real estate—Residential .....				
16 Real estate—Commercial .....				
17 Real estate—Other .....				
18 Collectibles .....				
19 Food inventory .....	X	1	696,183	FAIR MARKET VALUE
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ►( .....				
26 Other ►( .....				
27 Other ►( .....				
28 Other ►( .....				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....			29	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? .....

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a	X	
31	X	
32a	X	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

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Schedule M (Form 990) 2008 **PARTNERSHIP FOR COMMUNITY****58-6049575**

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

## SCHEDULE O

(Form 990)

Department of the Treasury  
Internal Revenue Service

## Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to the Public  
100-14141-01

Name of the organization

PARTNERSHIP FOR COMMUNITY  
ACTION, INC.Employer identification number  
58-6049575

## Form 990, Part I, Line 6

Volunteers provide various services for the Head Start and TEFAP programs and to the administration of the Agency. The services provided are both professional and non-professional in nature.

## Form 990, Part III, Line 4d - All Other Achievements

The Organization has other programs such as

Weatherization, Georgia Pre-K, Extended Day Care, and

Housing programs which provide educational services for children and parents as well as emergency assistance with utilities, repairs, and rent to low-income individuals.

## Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990

A copy of the Form 990 and related schedules is provided to the Governing Board prior to filing.

## Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Members of the Board shall not engage in business with the corporation.

Additionally, employees of the Corporation or of grantees or delegate agencies, or members of such employees' immediate families, shall not accept gifts in whatever form from persons receiving benefits under programs, performing services under contracts, or who are otherwise in a position to benefit from the actions of any employee or Board member.

## Form 990, Part VI, Line 15a - Compensation Process for Top Official

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## Schedule O (Form 990) 2006

Page 2

Name of the organization

PARTNERSHIP FOR COMMUNITY

Employer identification number

58-6049575

Compensation is reviewed and approved by the Board.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Compensation is based on a pay scale established by the Board based on prevailing wage rates.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Copies of the governing documents may be requested from the Administrative office.

Form 990, Part XI, Line 3b ~ Reason for Not Undergoing Required Audit

The Organization underwent the required Single Audit.

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**Form 4562**Department of the Treasury  
Internal Revenue Service  
(98)**Depreciation and Amortization**  
**(Including Information on Listed Property)**

OMB No. 1646-0172

**2008**

Attachment Sequence No. 67

Name(s) shown on return **PARTNERSHIP FOR COMMUNITY ACTION, INC.**Identifying number  
**58-6049575**

Business or activity to which this form relates

**Indirect Depreciation****Part I Election To Expense Certain Property Under Section 179****Note: If you have any listed property, complete Part V before you complete Part I.**

1 Maximum amount. See the instructions for a higher limit for certain businesses .....	1	250,000
2 Total cost of section 179 property placed in service (see instructions) .....	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) .....	3	800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		

7 Listed property. Enter the amount from line 29 .....	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) .....	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	12	
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 .....	13	

**Note: Do not use Part II or Part III below for listed property. Instead, use Part V.****Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See Instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) .....	14	
15 Property subject to section 168(f)(1) election .....	15	
16 Other depreciation (including ACRS) .....	16	389,251

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

Section A		17	0
17 MACRS deductions for assets placed in service in tax years beginning before 2008 .....		17	0

18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here **Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See Instructions.)**

21 Listed property. Enter amount from line 28 .....	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions .....	22	389,251
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 283A costs .....	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form 4562 (2008)  
There are no amounts for Page 2