



WILLIAMSBURG JAMES CITY COUNTY COMMUNITY ACTION AGENCY, INC. 7489 RICHMOND ROAD 515 NORGE, VA 23127

WILLIAMSBURG JAMES CITY COUNTY COMMUNITY ACTION AGENCY. INC.

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2021 FORM 990

COPIES OF ALL RETURNS HAVE BEEN PROVIDED AND SHOULD BE RETAINED FOR YOUR FILES.

IF ONE OR MORE OF YOUR RETURNS IS BEING E-FILED, WE MUST RECEIVE BACK FROM YOU THE REQUIRED AUTHORIZATION FORM(S) BEARING YOUR SIGNATURE. YOU WILL FIND ENCLOSED ANY SUCH AUTHORIZATION FORM(S) NOT PREVIOUSLY PROVIDED TO YOU. IF YOU HAVE NOT SIGNED YOUR RETURNS DIGITALLY VIA SAFESEND, PLEASE SIGN AND RETURN SUCH FORM(S) TO US USING ONE OF THE FOLLOWING OPTIONS:

- SCAN AND SECURELY UPLOAD AT HTTPS://WWW.CLIENTAXCESS.COM/SHARESAFE/#/BROWNEDWARDS
- FAX TO US AT (757) 873-1106 ATTENTION: E-FILE
- RETURN TO THE OFFICE MARKED ATTENTION: E-FILE

IF ONE OR MORE OF YOUR RETURNS IS BEING FILED BY PAPER, EACH ORIGINAL PAPER RETURN SHOULD BE SIGNED, DATED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS.

WE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. PLEASE REVIEW BEFORE FILING TO ENSURE THERE ARE NO OMISSIONS OR MISSTATEMENTS OF MATERIAL FACTS. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

SINCERELY,

BROWN, EDWARDS & COMPANY, LLP

Brown, Edwards & Company, S. L. P.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2022

PREPARED FOR:

WILLIAMSBURG JAMES CITY COUNTY COMMUNITY ACTION AGENCY, INC. 7489 RICHMOND ROAD 515 NORGE, VA 23127

PREPARED BY:

BROWN, EDWARDS & COMPANY, LLP 701 TOWN CENTER DRIVE NEWPORT NEWS, VA 23606

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A I</u>	For the	2021 calendar year, or tax year beginning JUL I, 2021 and	ل ending	<u>UN 30, 2022</u>	
В	Check if applicable:	C Name of organization WILLIAMSBURG JAMES CITY COUNTY		D Employer identific	cation number
Г	Address				
F	Name change	Doing business as		23-70661	34
F	Initial		Room/suite	E Telephone number	
	return Final return/	,	515	757-229-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,998,455.
	Amende return			H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: DR . CHERYL FINCH			? Yes X No
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	
<u> </u>	Tax-exe	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		E: ► WWW.WJCC-CAA.ORG		H(c) Group exemptio	n number 🕨
K	orm of o	organization: X Corporation Trust Association Other	L Year	of formation: 1968 n	M State of legal domicile: VA
Pa	_	Summary			
40	1 E	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$			
Governance	<u>I</u>	ENSURE THE CAUSES AND CONDITIONS OF POVER	TY ARE	E EFFECTIVEL	Υ
rna	2 (Check this box $lacktriangle$ if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
ove	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	14
		lumber of independent voting members of the governing body (Part VI, line 1b)			14
Se	5 T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)		5	37
ζŧ	6 T	otal number of volunteers (estimate if necessary)		6	100
Activities &	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
_	bΝ	let unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,863,791.	1,998,430.
	9 F	Program service revenue (Part VIII, line 2g)		0.	0.
ě.	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		51.	25.
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,863,842.	1,998,455.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Senefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,248,736.	1,391,154.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	^	0.	0.
ă X	. b T	otal fundraising expenses (Part IX, column (D), line 25)		410 000	604 711
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		418,898.	624,711.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,667,634.	2,015,865.
		Revenue less expenses. Subtract line 18 from line 12		196,208.	<17,410.>
Assets or			Ве	ginning of Current Year	End of Year
SSE	20 T	otal assets (Part X, line 16)		732,071.	540,859. 45,122.
Net A	-1	otal liabilities (Part X, line 26)		218,924. 513,147.	495,737.
	22 N art II	let assets or fund balances. Subtract line 21 from line 20 Signature Block		313,147.	433,131.
		ies of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the heet of my	knowledge and helief it is
		, and complete. Declaration of preparer (other than officer) is based on all information of wh			Knowledge and belief, it is
truo	, соггось,	L	non proparor	nas any knowledge.	
Sig	n	Signature of officer		Date	
Her		DR. CHERYL FINCH, PRESIDENT & CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	[Date Check	PTIN
Paid		LESLIE F. ROBERTS LESLIE F. ROBERT	rs 0	5/11/23 of self-employ	P00040492
		Firm's name ▶ BROWN, EDWARDS & COMPANY, LLP	1-		54-0504608
		Firm's address 701 TOWN CENTER DRIVE			
		NEWPORT NEWS, VA 23606		Phone no. 75	7-873-1033
May	y the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

Form	990 (2021) COMMUNITY ACTION AGENCY, INC.	23-7066134	Page 2
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		·· —
•	THE MISSION OF WJCCCAA IS TO ENSURE THE CAUSES AND CONDI-	TTONG OF	
	POVERTY ARE EFFECTIVELY ADDRESSED AND TO STRENGTHEN, PRO		
	REPRESENT, AND SERVE WJCC RESIDENTS EXPERIENCING ECONOMIC	C INSECURITY	•
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	X No
	If "Yes," describe these new services on Schedule O.		
_	,	□v _{**}	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	A No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$2 , 015 , 865 • including grants of \$) (Reven	110 \$)
·u	HEAD START: HEAD START'S EDUCATIONAL GOAL IS TO PROVIDE		
			T 3 M
	LEARNING ENVIRONMENT WHERE DISADVANTAGED CHILDREN LEARN		
	WILL ENABLE THEM TO BEGIN PUBLIC SCHOOL ON AN EQUAL FOOT		LK
	MORE ADVANTAGED CLASSMATES. THE PROGRAM TEACHES CHILDRE		
	PROBLEM-SOLVING AND LIFE SKILLS, WHILE BUILDING PRIDE AND	D	
	SELF-CONFIDENCE. THE PROGRAM SUPPORTS EACH CHILD'S EMOT		
	PHYSICAL, COGNITIVE, AND MENTAL DEVELOPMENT.	/	
	Interest, Cooking and Making Buydhormani.		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue.\$)
	COMMUNITY SERVICES: ELIGIBLE APPLICANTS RECEIVED SERVICE		TN ′
	STABILIZING THE FAMILIES, INCLUDING BUT NOT LIMITED TO T		
	·		
	PROGRAMS: EITC, EMERGENCY PROGRAM (RENT/MORTGAGE AND UTI		
	ASSISTANCE) PROVIDED. FOOD LION GIFT CARDS WERE DISTRIB		
	START FAMILIES AND ADDITIONAL FOOD LION GIFT CARDS WERE	DISTRIBUTED '	ro
	HOUSE OF MERCY INDIVIDUALS / FAMILIES. THE AGENCY ALSO	PARTNERED WI'	ГН
	UNITED WAY IN PROVIDING RENTAL ASSISTANCE.		
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue.\$)
	YOUTH SERVICES: PROGRAMS TO ENCOURAGE YOUTH TO STAY IN S		
	CONTINUE THEIR EDUCATION. YOUTH PROGRAMS INCLUDE PROJECT		
	AND SUMMER CAMPS. PROJECT DISCOVERY IS A YEAR-ROUND EDU		
	OUTREACH PROGRAM WHICH PREPARES MIDDLE AND HIGH SCHOOL S		
	COLLEGE VIA WORKSHOPS, COMMUNITY SERVICE PROJECTS, CULTU	RAL ACTIVITI	ES,
	AND COLLEGE VISITS.		
	Other program services (Describe on Schedule O.)		
-r u		\	
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Loral program contico expenses		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	├°		122
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
_	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_ 		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		
.0		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		 ^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		_V
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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WILLIAMSBURG JAMES CITY COUNTY COMMUNITY ACTION AGENCY, INC.

Form 990 (2021)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
لم	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> 24u</u>		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05.		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-30		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Ia O Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	(gambling) winnings to prize winners?	1c		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			

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Form 990 (2021) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	J , , , , , , , , , , , , , , , , , , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			,,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		,
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
8		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0		
а	5111	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(The social 2 register manual asset policies registed by the morning residue of		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	•		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CAROL GADDY - 757-229-9332			
	7489 RICHMOND RD SUITE 515, NORGE, VA 23127			

Form 990 (2021) COMMUNITY ACTION AGENCY, INC. 23-1 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n (A)	(B)	(C)				(D)	(E)	(F)		
Name and title	Average	(da		Pos	itior			Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)			n an	compensation	compensation	amount of		
	week		cer an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee.			sated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	l trust		99	n be us		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ndividual trustee or director	rtio na	L	nploy	st cor	-	10001120)		organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. CHERYL FINCH	40.00									
INTERIM PRESIDENT / CEO (EFF 10/2021				Х				70,750.	0.	0.
(2) TRESSELL CARTER	40.00									
EXECUTIVE DIRECTOR (THRU 10/2021)				Х				69,751.	0.	0.
(3) HERBERT JONES, JR.	2.00									
CHAIR		Х		Х				0.	0.	0.
(4) VERONICA MEADE	2.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(5) KEVIN FLEMING	2.00								_	_
TREASURER		Х		Х				0.	0.	0.
(6) DEANNA VALENTINE	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) KENDRA WORMLEY	2.00	ļ								
PARLIAMENTARIAN		Х						0.	0.	0.
(8) G. KEITH DENNY	2.00								_	
ASST SECRETARY	0.00	Х						0.	0.	0.
(9) JOI TRAMUEL	2.00	.,							_	
ASST TREASURER	2 00	Х						0.	0.	0.
(10) W. PEYTON AKERS DIRECTOR	2.00	Х						0.	0.	0.
(11) NATALIE MAUZONE	2.00	Δ						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(12) ROBERT BRAXTON	2.00	Λ						0.	0.	· ·
DIRECTOR	2.00	Х						0.	0.	0.
(13) LYNETTE DIAZ	2.00	22						•	<u> </u>	0.
DIRECTOR	2.00	х						0.	0.	0.
(14) CHARVALLA WEST	2.00								•	
DIRECTOR		х						0.	0.	0.
(15) DORIS HEATH	2.00									
DIRECTOR		Х						0.	0.	0.
(16) GINGER THOMPSON	2.00									
DIRECTOR		Х		L	L	L	L	0.	0.	0.
		1		l		1		1		

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Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			_ (0				(D)	(E)		(F)		
Name and title	Average	(do not check more than one						Reportable	Reportable	E	Estimated		
	hours per	box,	, unles	ss per	rson i	s both	n an	compensation	compensation	a	mount	of	
	week		Jer an	uad		, aus	ree)	from	from related		other		
	(list any hours for	Individual trustee or director						the	organizations		npensa		
	related	3 or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	- 1	from th ganizat		
	organizations	ruste	Institutional trustee		99/	m pen		1099-NEC)	1099-INEO)		ganızat nd relat		
	below	idual t	utions	*	key employee	est co	ie ie			- 1	janizati		
	line)	Indivi	Instit	Officer	Key ei	Highest compensated employee	Former						
					<u> </u>								
										_			
										_			
45 0 5 5 5		<u> </u>			<u> </u>	<u> </u>		140,501.	0			0	
1b Subtotal								0.	0			0.	
c Total from continuation sheets to Part VI								140,501.	0			0.	
d Total (add lines 1b and 1c)							2 42	•		•		0.	
Total number of individuals (including but no compensation from the organization	ot iimitea to tri	ose	iiste	u ab	ove	e) WII	o re	eceived more than \$100,	000 of reportable			0	
compensation from the organization											Yes	No	
3 Did the organization list any former officer,	director truste	مم لم	'AV A	mnl	01/0	a or	hia	hest compensated emp	ovee on		100	110	
line 1a? If "Yes," complete Schedule J for si	·		•	•	•		•		•	3		Х	
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	•							•	•	4		Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com					,			· ·		5		Х	
Section B. Independent Contractors	piete ochedate	2010	<i>) 30</i>	CII,	<i>J</i> C/ 3	<u> </u>							
Complete this table for your five highest con	mpensated ind	lepe	nder	nt cc	ontra	actor	rs th	nat received more than \$	100,000 of compen	sation fi	rom		
the organization. Report compensation for t													
(A)							П	(B)		(C)		
Name and business	address	NC	ONE	3				Description of s	ervices		ensatio	n	
							T						
							$ \bot $						
							\downarrow						
2 Total number of independent contractors (in		ot lin	nited	l to t	_		ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation				()					000		
										Form	990 (2021)	

Part VIII Statement of Revenue

			Check if Schedule O c	ont	ains a resnon	ise c	or note to any lir	ne in this Part VIII			
			Officer if Octricadic O C	Onto	ана а гезроп	130 0	or riote to arry iii	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenue excluded
									function revenue	business revenue	
											sections 512 - 514
, Grants mounts	1 :	а	Federated campaigns		1a						
E a		b	Membership dues		1b						
ءَ ج		С	Fundraising events								
0, ₹			Related organizations								
Contributions, Giff and Other Similar						1	998,186.	-			
ns,			Government grants (contril			<u> </u>	990,100.	-			
ig is	1	f	All other contributions, gifts, g				0.4.4				
혈축			similar amounts not included	abov	ve 1f		244.				
늘		g	Noncash contributions included in li	ines '	1a-1f 1g \$						
an Co		h	Total. Add lines 1a-1f					1,998,430.			
							Business Code				
	2	_									
<u>i</u>											
Program Service Revenue		b				-					
am Ser	•	С				_					
an		d				_					
ъg		е									
Pr		f	All other program service r	eve	nue	_					
			Total. Add lines 2a-2f				•				
\rightarrow		y									
	3		Investment income (includi					^ ا			م ر
			other similar amounts)					25.			25.
	4		Income from investment of	f tax	k-exempt bon	ıd pr	roceeds				
	5		Royalties	<u></u>			>				
					(i) Real		(ii) Personal				
	6	9	Gross rents	6a							
				6b				1			
			' '''		1			-			
			` '	6с							
		d	Net rental income or (loss)				<u></u>				
	7	а	Gross amount from sales of		(i) Securitie	es	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ø				7b							
Revenue		_		7c				-			
e e			, ,		•						
			Net gain or (loss)				·····				
þer	8	а	Gross income from fundraisin	g ev	rents (not						
ᅙ			including \$		of						
			contributions reported on I	line	1c). See						
			Part IV, line 18		· ·	8a					
								-			
			Less: direct expenses			8b					
			Net income or (loss) from f		٠	S					
	9	а	Gross income from gaming	g ac	tivities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from o				•				
			Gross sales of inventory, le	•	ľ						
		u	•			40-					
			and allowances		T I	10a		-			
			Less: cost of goods sold		-	10b					
		С	Net income or (loss) from s	sale	s of inventory	<i>!</i>					
							Business Code				
Suc 1	11	а									
ile Ile		b				_		1		1	
scellaneo Revenue						_				1	
iscellaneous Revenue		С	All			_				 	
Ξ			All other revenue								
		e	Total. Add lines 11a-11d						-		
	12		Total revenue. See instruction	ns			<u></u>	1,998,455.	0.	0.	25.
132009	12-0	09-									Form 990 (2021)

Form 990 (2021)

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons			(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 102 245	1 102 245		
7	Other salaries and wages	1,193,345.	1,193,345.		
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	107,867.	107,867.		
9	Other employee benefits	89,942.	89,942.		
0	Payroll taxes	09,944.	09,942.		
11	Fees for services (nonemployees):				
а	Management	6,276.	6 276		
b	-	51,237.	6,276. 51,237.		
С	9	31,237.	31,237.		
d	, , , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	1/ 010	1/ 010		
	column (A), amount, list line 11g expenses on Sch 0.)	14,818.	14,818.		
12	Advertising and promotion	190.	190.		
3	Office expenses				
14	Information technology				
15	Royalties	210,399.	210,399.		
6	Occupancy	1,075.	1,075.		
7	Payments of travel or entertainment expenses	1,075.	1,073.		
8	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
9 n					
20 21	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3					
.s 24	Other expenses, Itemize expenses not covered				
·•	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS	109,174.	109,174.		
a b	REPAIRS AND MAINTENANCE	102,242.	102,242.		
D	PROGRAM SUPPORT	76,719.	76,719.		
d	CONSUMABLE SUPPLIES	31,058.	31,058.		
	All other expenses	21,515.	21,515.		
	Total functional expenses. Add lines 1 through 24e	2,015,865.	2,015,865.	0.	C
2 <u>5</u>	Joint costs. Complete this line only if the organization	4,013,003.	2,013,003.	0.	
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

² art	X	Balance Sneet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			108,662.	1	220,642
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			265,007.	3	21,212
	4	Accounts receivable, net		3,475.	4	6,657	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	•	,			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			16,960.	9	14,086
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		467,143.			
	b	Less: accumulated depreciation		188,881.	278,262.	10c	278,262
1	11	Investments - publicly traded securities			11		
1	12	Investments - other securities. See Part IV, lin			12		
1	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets	E0 E0E	14			
1	15	Other assets. See Part IV, line 11			59,705.	15	<u> </u>
	16	Total assets. Add lines 1 through 15 (must e			732,071.	16	540,859
	17	Accounts payable and accrued expenses	77,685.	17	45,122		
	18	Grants payable	141 020	18	C		
- 1	19	Deferred revenue			141,239.	19	<u> </u>
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
2 2	22	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the	-			22	
- 4	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
2	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	ies 17-24)	. Complete Part X		25	
,	06	of Schedule D			218,924.	26	45,122
+	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c			210,724.	20	43,122
ဖွ		and complete lines 27, 28, 32, and 33.	HECK HEI				
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֡֓֓֡֓֡	27				505,453.	27	488,043
<u> </u>	28	Net assets with donor restrictions	7,694.	28	7,694		
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	20	Organizations that do not follow FASB ASC			.,,,,,	20	., , , , ,
		and complete lines 29 through 33.	, 000, 0110				
ნ კ	29	Capital stock or trust principal, or current fund	de			29	
ers	30	Paid-in or capital surplus, or land, building, or				30	
ASS	31	Retained earnings, endowment, accumulated				31	
-	32	Total net assets or fund balances			513,147.	32	495,737
	33	Total liabilities and net assets/fund balances			732,071.	33	540,859

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1,99		
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	2,01		
3	Revenue less expenses. Subtract line 2 from line 1	3	<17,410		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	51	3,1	<u>47.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	49	5,7	37.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990	(2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

WILLIAMSBURG JAMES CITY COUNTY

OMB No. 1545-0047

2021
Open to Public

Inspection
Employer identification number

		COMM	UNITY ACTI	ON AGENCY, IN	NC.			2	3-7	066134	
Pai	tΙ	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The α	organi	ization is not a private found									
1	Ŏ.	A church, convention of ch)(A)(i).				
2		A school described in sect i					, ,,				
3		A hospital or a cooperative				VhV1VΔVii	i)				
4		A medical research organization					-	Viii). Enter	the h	ospital's name.	
•		city, and state:		nganosa mana a neephan		000110	(2)(.)(.)	,,,e.		5 5 p. 1 d. 1	
5		An organization operated for	or the benefit of a co	llege or university owned	l or operati	ed by a go	vernmental III	nit describe	nd in		-
3		section 170(b)(1)(A)(iv). (C		liege of university owned	or operati	ca by a go	verninentarui	in acsorbe	JU 111		
6				nontal unit decoribed in	aaatian 17	70/6//4// 8//	(. A)				
6	X	A federal, state, or local gov	ū						ـ : ا حاد	ala a a vila a al ira	
′	21	An organization that norma	•	iniai pari oi its support ir	om a gove	emmentart	anii or ironi tr	ie generai į	Jublic	described in	
•		section 170(b)(1)(A)(vi). (C	•	(4VAV.d) (Ossesslata Davi							
8		A community trust describe			•						
9		An agricultural research org				-		-	_	je	
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the i	name, city,	, and state of	the college	or		
		university:									-
10		An organization that norma	•	• •				•	-	•	
		activities related to its exem	· ·	•					_		
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	fter J	une 30, 1975.	
		See section 509(a)(2). (Cor	•								
11		An organization organized a	•	•	•						
12		An organization organized a	•	•	-			•			
		more publicly supported or	-						Check	the box on	
		lines 12a through 12d that	• •					-			
а			•	•	•	_					
		the supported organization			majority o	of the direc	tors or trustee	es of the su	ipport	ting	
		organization. You must o									
b							-		-		
		control or management o	f the supporting org	anization vested in the sa	ame perso	ns that cor	ntrol or manaç	ge the supp	orted	I	
	_	organization(s). You mus	-								
С			grated. A supportin	g organization operated	in connect	tion with, a	ind functional	ly integrate	d with	٦,	
	_	its supported organization	n(s) (see instructions). You must complete F	Part IV, Se	ctions A,	D, and E.				
d	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)										
		that is not functionally int	egrated. The organiz	zation generally must sati	isfy a distr	ibution req	uirement and	an attentiv	enes	S	
	_	requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.				
е		☐ Check this box if the orga					Type I, Type I	II, Type III			
		functionally integrated, or	Type III non-functio	nally integrated supporting	ng organiz	ation.					-
		er the number of supported o	•								-
g		vide the following information i) Name of supported	n about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monotoni	(),;;) Amount of other	_
	(organization	(II) EIN	(described on lines 1-10	(iv) Is the orga in your governi		support (see in	•		ort (see instructions)	
		organization		above (see instructions))	Yes	No			Сарр	011 (000 111011 00110110)	-
											-
											-
											-
											-
											_

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support						
Calend	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 (Gifts, grants, contributions, and						
r	nembership fees received. (Do not						
İ	nclude any "unusual grants.")	3484905.	2602345.	1819593.	1863791.	1998430.	11769064.
2 7	ax revenues levied for the organ-						
i	zation's benefit and either paid to						
C	or expended on its behalf						
3 7	The value of services or facilities						
f	urnished by a governmental unit to						
t	he organization without charge						
4 1	Total. Add lines 1 through 3	3484905.	2602345.	1819593.	1863791.	1998430.	11769064.
5 7	The portion of total contributions						
t	by each person (other than a						
Ç	governmental unit or publicly						
S	supported organization) included						
c	on line 1 that exceeds 2% of the						
a	amount shown on line 11,						
c	column (f)						330,153.
6 F	Public support. Subtract line 5 from line 4.						11438911.
Sect	ion B. Total Support						
Calend	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 /	Amounts from line 4	3484905.	2602345.	1819593.	1863791.	1998430.	11769064.
8 (Gross income from interest,						
c	dividends, payments received on						
	securities loans, rents, royalties,						
a	and income from similar sources	137.	70.	345.	51.	25.	628.
9 1	Net income from unrelated business						
a	activities, whether or not the						
	ousiness is regularly carried on						
	Other income. Do not include gain						
c	or loss from the sale of capital						
a	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						11769692.
12 (Gross receipts from related activities,	etc. (see instructio	ns)			12	
13 F	First 5 years. If the Form 990 is for th	e organization's fir				01(c)(3)	
c	organization, check this box and stop	here					
Sect	ion C. Computation of Publi	c Support Per	centage				
14 F	Public support percentage for 2021 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	97.19 %
15 F	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	87.08 %
16a 3	16a 33 1/3% support test - 2021. 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							
		as a publicly suppo	orted organization				
b 3	stop here. The organization qualifies	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
b 3	stop here. The organization qualifies 33 1/3% support test - 2020. If the o	organization did no ifies as a publicly s	t check a box on li upported organiza	ne 13 or 16a, and tion	line 15 is 33 1/3%	or more, check th	is box
b 3 17a 1	stop here. The organization qualifies 33 1/3% support test - 2020. If the cand stop here. The organization qual	organization did no ifies as a publicly s - 2021. If the org	t check a box on li upported organiza anization did not c	ne 13 or 16a, and tion heck a box on line	line 15 is 33 1/3% 13, 16a, or 16b, a	or more, check th and line 14 is 10%	or more,
b 3 17a 1	stop here. The organization qualifies 33 1/3% support test - 2020. If the cand stop here. The organization qual 10% -facts-and-circumstances test	organization did no ifies as a publicly s - 2021. If the orga s-and-circumstance	t check a box on li upported organiza anization did not c es test, check this	ne 13 or 16a, and tion heck a box on line box and stop her	line 15 is 33 1/3% 13, 16a, or 16b, a re. Explain in Part	or more, check th and line 14 is 10%	is boxor more, zation
b 3 17a 1 a	stop here. The organization qualifies 33 1/3% support test - 2020. If the cand stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the facts	organization did no ifies as a publicly s - 2021. If the orgonal seand-circumstance st. The organizatio	t check a box on li upported organiza anization did not c es test, check this n qualifies as a pul	ne 13 or 16a, and tionheck a box on line box and stop her blicly supported or	line 15 is 33 1/3% 13, 16a, or 16b, a re. Explain in Part	or more, check th and line 14 is 10% VI how the organiz	is boxor more, zation
b 3 17a 1 a r b 1	stop here. The organization qualifies 33 1/3% support test - 2020. If the cand stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the facts neets the facts-and-circumstances te	organization did no difies as a publicly so a publicly so a 2021. If the organization at the organization	t check a box on li upported organiza anization did not c es test, check this n qualifies as a pul anization did not c	ne 13 or 16a, and tionheck a box on line box and stop her blicly supported or heck a box on line	line 15 is 33 1/3% 13, 16a, or 16b, a re. Explain in Part rganization 13, 16a, 16b, or 1	or more, check th nd line 14 is 10% VI how the organiz 7a, and line 15 is	is boxor more, zation
b 3 17a 1 a r b 1	stop here. The organization qualifies 33 1/3% support test - 2020. If the cand stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the facts neets the facts-and-circumstances test 10% -facts-and-circumstances test	organization did no ifies as a publicly s - 2021. If the organ-circumstance st. The organizatio - 2020. If the organicatione facts-and-circum	t check a box on li upported organiza anization did not c es test, check this n qualifies as a pul anization did not c estances test, chec	ne 13 or 16a, and tion	line 15 is 33 1/3% 13, 16a, or 16b, a re. Explain in Part r ganization 13, 16a, 16b, or 1 op here. Explain ir	or more, check th and line 14 is 10% VI how the organiz 7a, and line 15 is	is boxor more, zation

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	ow, piease com	piete Fart II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	(4) 2017	(6) 2010	(0) 2013	(4) 2020	(6) 2021	(i) Total
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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	tion,
check this box and stop here						>
Section C. Computation of Public						
15 Public support percentage for 2021 (lin			column (f))		15	%
Public support percentage from 2020 S					16	%
Section D. Computation of Invest					 	
17 Investment income percentage for 202					17	%
18 Investment income percentage from 20					18	9/
19a 33 1/3% support tests - 2021. If the o						17 is not
more than 33 1/3%, check this box and b 33 1/3% support tests - 2020. If the c	-	-	•	• •		
line 18 is not more than 33 1/3%, check	k this box and s	top here. The orga	nization qualifies	as a publicly suppo	orted organization	· > 🔲
20 Private foundation. If the organization						

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Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
- 55		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
_		
7		
8		
9a		
Ja		
9b		
0-		
9c		
10a		
10b		
ule A (Forn	n 990)	2021

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Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b				
	of its supported organizations? If Vec decaying in Part VI the released by the expenization is this record	3h		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu		•	T	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see	

Schedule A (Form 990) 2021

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 **a** From 2016 **b** From 2017 c From 2018 **d** From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions **6** Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3 and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019

Schedule A (Form 990) 2021

d Excess from 2020e Excess from 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization WILLIAMSBURG JAMES CITY COUNTY

Employer identification number

COMMUNITY ACTION AGENCY, INC. 23-7066134

Organization type (check one):						
Filers of: Section:						
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	nuie					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization
WILLIAMSBURG JAMES CITY COUNTY
COMMUNITY ACTION AGENCY, INC.

Employer identification number

Page 2

23-7066134

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,998,186.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
WILLIAMSBURG JAMES CITY COUNTY
COMMUNITY ACTION AGENCY, INC.

Employer identification number

23-7066134

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
			-	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
23453 11-11			Schedule B (Form 9	

Schedule B (Form 990) (2021) Name of organization **Employer identification number** WILLIAMSBURG JAMES CITY COUNTY COMMUNITY ACTION AGENCY, INC. 23-7066134 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		-	·
ŀ		(a) Turns for a finish	

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

WILLIAMSBURG JAMES CITY COUNTY COMMUNITY ACTION AGENCY, INC.

Employer identification number 23-7066134

Schedule D (Form 990) 2021

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line 6.				
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds		
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring		
_					
Pai	TII Conservation Easements. Complete if the organization	ganization answered "Yes" on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	f a historically important land area		
	Protection of natural habitat	Preservation of	f a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form			
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired a				
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax		
	year ▶				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year		
					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year		
	▶ \$				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation	·			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statement	ents that describes the		
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Transuras or Ot	har Similar Assats		
rai			ilei Siiliiai Assets.		
	Complete if the organization answered "Yes" on Form		and be also as a short of contract		
па	If the organization elected, as permitted under FASB ASC 95	•			
	of art, historical treasures, or other similar assets held for put	, ,	'		
	service, provide in Part XIII the text of the footnote to its finar				
b	If the organization elected, as permitted under FASB ASC 95	•			
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furth	nerance of public service,		
	provide the following amounts relating to these items:		.		
	(i) Revenue included on Form 990, Part VIII, line 1		. .		
_		All and the state of the state	·		
2	If the organization received or held works of art, historical tre		ı gaın, provide		
	the following amounts required to be reported under FASB A	_	. .		
a	Revenue included on Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X				

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23-7066134 Page 2

Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or	Other S	Similar Ass	sets _{(continu}	ıed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	make sign	ificant use of	its	
	collection items (check all that apply):							
а	Public exhibition	c	Loan or exc	change progra	ım			
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organizatio	n's exempt	t purpose in I	Part XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or othe	r similar as	sets		
	to be sold to raise funds rather than to be ma						Yes	No No
Par	rt IV Escrow and Custodial Arran		ete if the organization	on answered "	Yes" on Fo	orm 990, Parl	IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi							
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on F				-	?	Yes	└── No
	If "Yes," explain the arrangement in Part XIII.							
Par	rt V Endowment Funds. Complete							
		(a) Current year	(b) Prior year	(c) Two year	s back (d)	Three years b	ack (e) Four y	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs			1				
f	Administrative expenses			1				
g	End of year balance							
2	Provide the estimated percentage of the curr	•		i)) held as:				
a	Board designated or quasi-endowment		_%					
b	Permanent endowment >	%						
С		%						
_	The percentages on lines 2a, 2b, and 2c sho	•						
за	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administer	ed for the d	organization		Yes No
	by:							165 140
	(i) Unrelated organizations							
	(ii) Related organizations							
	If "Yes" on line 3a(ii), are the related organiza						3b	
4 Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment tunas.					
. u.	Complete if the organization answere		Part IV line 11a S	See Form 990	Part X line	e 10		
	Description of property	(a) Cost or o	i	t or other		umulated	(d) Book	voluo
	Description of property	basis (investr	` ,	(other)		eciation	(u) Book	value
12	Land	,	, , ,	21/	20010			
b	Land Buildings							
	Leasehold improvements							
		I	46	7,143.	1.8	88,881.	278	,262.
		I	1	,			2,0	,
	I. Add lines 1a through 1e. (Column (d) must e		X column (R) line 1	(Oc.)		•	278	,262.
		audi i Ollii 330. Fdll	n. coluitii (D). IIIC l	· · · · · · · · · · · · · · · · · · ·				<u>,</u>

Part VII Investments - Other Securities.	TION AGENCY,		23-7066134 Page
Complete if the organization answered "Yes" o		T	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests		+	
(3) Other		+	
(A)		+	
(B)			
(C)		1	
(D)		1	
(E) (F)		+	
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered "Yes" o	n Form 990. Part IV. line	a 11c. See Form 990, Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	n Form 000 Dort IV line	and Con Form COO Port V line 15	
Complete if the organization answered "Yes" o	Description	e Tru. See Form 990, Part A, line 15.	(b) Book value
· · · · · · · · · · · · · · · · · · ·			(b) Dook value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line : 2. Liability for uncertain tax positions. In Part XIII, provide t	,		<u> </u>

Schedule D (Form 990) 2021

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

COMMUNITY ACTION AGENCY, 23-7066134 Page 4 Schedule D (Form 990) 2021 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,998,455. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e 1,998,455. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c .998.455. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,015,865. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses **d** Other (Describe in Part XIII.) Add lines 2a through 2d 2e 2,015,865. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 2,015,865. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. FORM 990, SCHEDULE D, PARTS XI AND XII THE AUDIT OF WJCCCAA FOR THE FISCAL YEAR ENDED 6/30/2022 WAS IN PROCESS, BUT NOT COMPLETE AT THE TIME OF THIS 990 FILING. IF THE AUDIT RESULTS IN ADJUSTMENTS, THIS FORM 990 WILL BE AMENDED TO AGREE TO THE FINAL AUDITED FINANCIAL STATEMENTS UPON COMPLETION OF THE AUDIT.

Schedule D (Form 990) 2021

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

WILLIAMSBURG JAMES CITY COUNTY COMMUNITY ACTION AGENCY, INC.

Employer identification number 23-7066134

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ADDRESSED AND TO STRENGTHEN, PROMOTE, REPRESENT, AND SERVE WJCC
RESIDENTS EXPERIENCING ECONOMIC INSECURITY.
FORM 990, PART IV, LINE 12A
THE AUDIT OF WJCCCAA FOR THE FISCAL YEAR ENDED 6/30/2022 WAS IN
PROCESS, BUT NOT COMPLETE AT THE TIME OF THIS 990 FILING. IF THE AUDIT
RESULTS IN ADJUSTMENTS, THIS FORM 990 WILL BE AMENDED TO AGREE TO THE
FINAL AUDITED FINANCIAL STATEMENTS UPON COMPLETION OF THE AUDIT.
FORM 990, PART VI, SECTION A, LINE 7B:
ALL DECISIONS ARE SUBJECT TO APPROVAL BY THE BOARD MEMBERS OF THE
ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF FORM 990 IS PROVIDED TO ALL BOARD MEMBERS TO REVIEW PRIOR TO
FILING THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
THE AGENCY'S BOARD MEMBERS MUST SIGN CONFLICT OF INTEREST POLICY AT THE
BEGINNING OF EACH FISCAL YEAR.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD LOOKS AT COMPARABLE SALARIES OUTSIDE THE ORGANIZATION IN
ESTABLISHING COMPENSATION FOR THE EXECUTIVE DIRECTOR, AND APPROVES RAISES

132211 11-11-21

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2				
Name of the organization	WILLIAMSBURG JAMES CITY COUNTY COMMUNITY ACTION AGENCY, INC.	Employer identification number 23-7066134		
FOR OTHER STAI	?F.			
FORM 990, PAR	r VI, SECTION C, LINE 19:			
DOCUMENTS ARE	AVAILABLE FOR INSPECTION BY APPOINTMENT AT	THE ORGANIZATION'S		
OFFICE.				
FORM 990 PAR	r XII, LINE 2C			
	DIRECTORS SELECTS THE AUDIT FIRM AND OVERSEE	S THE ANNUAL		
	PROCESS HAS NOT CHANGED FROM PRIOR YEAR.			

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STATE COPY

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A I</u>	For the	2021 calendar year, or tax year beginning JUL I, 2021 and	ل ending	<u>UN 30, 2022</u>			
В	Check if applicable:	C Name of organization WILLIAMSBURG JAMES CITY COUNTY		D Employer identific	cation number		
Addre							
change		Doing business as		23-70661	34		
F	change	9	Room/suite	E Telephone number			
	return Final return/	,	,		757-229-9332		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,998,455.			
	Amende return			H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer: DR . CHERYL FINCH			? Yes X No		
	pending	SAME AS C ABOVE		H(b) Are all subordinates in			
<u> </u>	Tax-exe	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions		
		E: ► WWW.WJCC-CAA.ORG		H(c) Group exemptio	n number 🕨		
K	orm of o	organization: X Corporation Trust Association Other	L Year	of formation: 1968 n	M State of legal domicile: VA		
Pa	_	Summary					
40	1 E	iefly describe the organization's mission or most significant activities: THE MISSION OF WJCCCAA IS TO					
Governance	<u>I</u>	ENSURE THE CAUSES AND CONDITIONS OF POVER	TY ARE	E EFFECTIVEL	Υ		
rna	2 (Check this box $lacktriangle$ if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.		
ove	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	14		
		lumber of independent voting members of the governing body (Part VI, line 1b)			14		
Se	5 T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)		5	37		
ζŧ	6 T	otal number of volunteers (estimate if necessary)		6	100		
Activities &	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.		
_	b N	let unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.		
				Prior Year	Current Year		
<u>o</u>	8 0	Contributions and grants (Part VIII, line 1h)		1,863,791.	1,998,430.		
enc	9 F	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		51.	25.		
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,863,842.	1,998,455.		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	1	Senefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,248,736.	1,391,154.		
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	^	0.	0.		
ă X	. b T	otal fundraising expenses (Part IX, column (D), line 25)		410 000	604 711		
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		418,898.	624,711.		
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,667,634.	2,015,865.		
		Revenue less expenses. Subtract line 18 from line 12		196,208.	<17,410.>		
Assets or			Ве	ginning of Current Year	End of Year		
SSE	20 T	otal assets (Part X, line 16)		732,071.	540,859. 45,122.		
Net A	-1	otal liabilities (Part X, line 26)		218,924. 513,147.	495,737.		
	22 N art II	let assets or fund balances. Subtract line 21 from line 20 Signature Block		313,147.	433,131.		
		ies of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the heet of my	knowledge and helief it is		
		, and complete. Declaration of preparer (other than officer) is based on all information of wh			Knowledge and belief, it is		
truo	, соггось,	L	non proparor	nas any knowledge.			
Sig	n	Signature of officer		Date			
Her		DR. CHERYL FINCH, PRESIDENT & CEO					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	[Date Check	PTIN		
Paid		LESLIE F. ROBERTS LESLIE F. ROBERT	rs 0	5/11/23 of self-employ	P00040492		
		Firm's name ▶ BROWN, EDWARDS & COMPANY, LLP	1-		54-0504608		
		Firm's address 701 TOWN CENTER DRIVE					
		NEWPORT NEWS, VA 23606		Phone no. 75	7-873-1033		
May	y the IR	S discuss this return with the preparer shown above? See instructions			X Yes No		

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF WJCCCAA IS TO ENSURE THE CAUSES AND CONDITIONS OF
	POVERTY ARE EFFECTIVELY ADDRESSED AND TO STRENGTHEN, PROMOTE,
	REPRESENT, AND SERVE WJCC RESIDENTS EXPERIENCING ECONOMIC INSECURITY.
	REFREDENT, AND DERVE WOCC REDIDENTS EXTENTING ECONOMIC INDECORTITION
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ? 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?
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,015,865 • including grants of \$) (Revenue \$)
	HEAD START: HEAD START'S EDUCATIONAL GOAL IS TO PROVIDE A NURTURING
	LEARNING ENVIRONMENT WHERE DISADVANTAGED CHILDREN LEARN THE SKILLS THAT
	WILL ENABLE THEM TO BEGIN PUBLIC SCHOOL ON AN EQUAL FOOTING WITH THEIR
	MORE ADVANTAGED CLASSMATES. THE PROGRAM TEACHES CHILDREN
	PROBLEM-SOLVING AND LIFE SKILLS, WHILE BUILDING PRIDE AND
	SELF-CONFIDENCE. THE PROGRAM SUPPORTS EACH CHILD'S EMOTIONAL,
	PHYSICAL, COGNITIVE, AND MENTAL DEVELOPMENT.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$) COMMUNITY SERVICES: ELIGIBLE APPLICANTS RECEIVED SERVICES TO ASSIST IN
	STABILIZING THE FAMILIES, INCLUDING BUT NOT LIMITED TO THE FOLLOWING
	PROGRAMS: EITC, EMERGENCY PROGRAM (RENT/MORTGAGE AND UTILITY
	ASSISTANCE) PROVIDED. FOOD LION GIFT CARDS WERE DISTRIBUTED TO HEAD
	START FAMILIES AND ADDITIONAL FOOD LION GIFT CARDS WERE DISTRIBUTED TO
	HOUSE OF MERCY INDIVIDUALS / FAMILIES. THE AGENCY ALSO PARTNERED WITH
	UNITED WAY IN PROVIDING RENTAL ASSISTANCE.
4c	(Code:) (Expenses \$
	YOUTH SERVICES: PROGRAMS TO ENCOURAGE YOUTH TO STAY IN SCHOOL AND
	CONTINUE THEIR EDUCATION. YOUTH PROGRAMS INCLUDE PROJECT DISCOVERY,
	AND SUMMER CAMPS. PROJECT DISCOVERY IS A YEAR-ROUND EDUCATIONAL
	OUTREACH PROGRAM WHICH PREPARES MIDDLE AND HIGH SCHOOL STUDENTS FOR
	COLLEGE VIA WORKSHOPS, COMMUNITY SERVICE PROJECTS, CULTURAL ACTIVITIES,
	AND COLLEGE VISITS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	0.015.005
	Form 990 (2021)

Form 990 (2021) COMMUNITY AC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	6		X
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	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes." <i>complete</i>	<u> </u>		
Ū	, , ,	8		x
9	Schedule D, Part III			
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
10		10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 25	
ь		11b		x
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		122
·		11c		x
٨	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
	the organization's separate of consolidated limit clarification the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza	,	12a	х	
h	Schedule D, Parts XI and XII	IZa	21	
b		12h		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		 *
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ''-		
10		18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		 ^
13	,	19		x
20-	complete Schedule G, Part III	20a		X
20a	Transfer and the contract of t	20a		 ^
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		x
	aomostio government on rat in, column (n), interess to complete schedule i. Parts i and ii	41	1	47

Form 990 (2021) Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		V	
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
132004	4 12-09-21	Form	990	(2021)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 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)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	12.5		
Ū	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinand	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records CAROL GADDY - 757-229-9332			
	7489 RICHMOND RD SUITE 515, NORGE, VA 23127			
	140) KICHMOND KD DOITH SIS, NOKCH, VA ZSIZI			

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n		orga 	ıııza			iper	isate			(F)
(A)	(B))) Pos	C) ition	1		(D)	(E)	(F)
Name and title	Average		not c	heck i	more	than (Reportable compensation	Reportable	Estimated amount of
	hours per week					s both or/trus		from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				, ,		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ll trus	nal trı		loyee	om oc		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lnd	lns	0#i	Ke	Hig em	For			
(1) DR. CHERYL FINCH	40.00	-						E0 E50	•	•
INTERIM PRESIDENT / CEO (EFF 10/2021	40.00			Х				70,750.	0.	0.
(2) TRESSELL CARTER	40.00	-						60 851	•	•
EXECUTIVE DIRECTOR (THRU 10/2021)	2 00			Х				69,751.	0.	0.
(3) HERBERT JONES, JR.	2.00								•	•
CHAIR	2 00	Х		Х				0.	0.	0.
(4) VERONICA MEADE	2.00	.,								•
VICE-CHAIR	2 00	Х		Х				0.	0.	0.
(5) KEVIN FLEMING	2.00	3,7		77					0	0
TREASURER	2 00	Х		Х				0.	0.	0.
(6) DEANNA VALENTINE	2.00	. ,		37					_	•
(7) KENDRA WORMLEY	2.00	Х		Х				0.	0.	0.
PARLIAMENTARIAN	2.00	Х						0.	0.	0.
	2.00	Δ						0.	0.	0.
(8) G. KEITH DENNY ASST SECRETARY	2.00	Х						0.	0.	0.
(9) JOI TRAMUEL	2.00	Λ						0.	0.	0.
ASST TREASURER	2.00	Х						0.	0.	0.
(10) W. PEYTON AKERS	2.00	Δ						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(11) NATALIE MAUZONE	2.00							0.	0.	<u></u>
DIRECTOR	2.00	х						0.	0.	0.
(12) ROBERT BRAXTON	2.00							•	•	•
DIRECTOR	2.00	х						0.	0.	0.
(13) LYNETTE DIAZ	2.00								0.1	
DIRECTOR		х						0.	0.	0.
(14) CHARVALLA WEST	2.00								•	
DIRECTOR		Х						0.	0.	0.
(15) DORIS HEATH	2.00									
DIRECTOR		Х						0.	0.	0.
(16) GINGER THOMPSON	2.00									
DIRECTOR		Х						0.	0.	0.

Form 990 (2021) 132007 12-09-21

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hi	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			•	C)			(D)	(E)		(F)
Name and title	Average	(do		Pos		າ than d	one	Reportable	Reportable		Estima	ated
	hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensation	n	amoui	nt of
	week		cer an	d a d	irecto	or/trus	tee)	from	from related		oth	
	(list any	rector						the	organizations		compen	
	hours for related	or dir	96			ated		organization	(W-2/1099-MIS	C/	from	
	organizations	ustee	trust		90	Suedi		(W-2/1099-MISC/	1099-NEC)		organiz	
	below	ual tr	tional		ploye	t con		1099-NEC)			and re organiz	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	20113
		=	=	0	~	1 0	ш.			\rightarrow		
										-+		
						1				\dashv		
						+				\rightarrow		
						+				\rightarrow		
	-		\vdash	_	\vdash	+	-			\dashv		
		1										
						-				\dashv		
					_	\vdash				\rightarrow		
		ł										
						-				\rightarrow		
								140 501		\rightarrow		
1b Subtotal								140,501.		0.		0.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	140,501.		0.		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			•
compensation from the organization											1	0
										_	Ye	s No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	mpl	oye	e, or	hig	hest compensated emp	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									📙	3	<u> </u>
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual		L	4	X
5 Did any person listed on line 1a receive or a	accrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes." com	plete Schedule	J f	or su	ıch <u>ı</u>	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensati	on from	
the organization. Report compensation for	the calendar ye	ear e	ndir	ıg w	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)			(C)	
Name and business	address	NC	ONE	<u> </u>				Description of s	ervices		ompensat	ion
2 Total number of independent contractors (i	ncluding but no	ot lin	nited	to '	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organia	zation 🕨				(0						
· · · · · · · · · · · · · · · · · · ·								·	·	_		. —

Form **990** (2021)

Form 990 (2021) COMMUNI
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lir	ae in this Dart VIII			
			Check if Schedule O contains a response	or note to any in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
					Total revenue	function revenue	business revenue	from tax under
								sections 512 - 514
S 8	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ភ្ជ			Fundraising events 1c					
Ţ\$,					-			
ig ëi			Related organizations 1d	000 106	-			
JS,				<u>,998,186.</u>	-			
ξĠ		f	All other contributions, gifts, grants, and					
g #			similar amounts not included above 1f	244.				
		g	Noncash contributions included in lines 1a-1f 1g \$					
Son		h	Total. Add lines 1a-1f		1,998,430.			
				Business Code				
	2	_						
<u>8</u>								-
er.		b						
am Ser		С						
ev ev		d						
Program Service Revenue		е						
Ā		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter					
			other similar amounts)		25.			25.
	4		Income from investment of tax-exempt bond					
	4		-					
	5		Royalties					
			(i) Real	(ii) Personal	-			
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
	-	_	assets other than inventory 7a	,,	-			
		L	Less: cost or other basis		-			
•		D						
Revenue			and sales expenses		-			
Š			Gain or (loss) 7c					
æ		d	Net gain or (loss)	.				
her	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		h	Less: direct expenses 8		-			
				<u>, </u>				
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19		-			
		b	Less: direct expenses 9	o				
		С	Net income or (loss) from gaming activities)				
	10	а	Gross sales of inventory, less returns					
			and allowances 10	а				
		h	Less: cost of goods sold 10					
				1				
		C	Net income or (loss) from sales of inventory					
<u>s</u>				Business Code				
e e	11	а						
and		b			1			
e le		С						
Miscellaneous Revenue		d	All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		1,998,455.	0.	0.	25.
					•			

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 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 domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 100 015	4 400 045		<u></u>
7	Other salaries and wages	1,193,345.	1,193,345.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	100.000	100.000		
9	Other employee benefits	107,867. 89,942.	107,867. 89,942.		
10	Payroll taxes	89,942.	89,942.		
11	Fees for services (nonemployees):				
a	Management	6 276	6 276		
b	Legal	6,276. 51,237.	6,276. 51,237.		
C	Accounting	31,237.	31,237.		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)	14,818.	14,818.		
12	Advertising and promotion	198.	198.		
13	Office expenses		1501		
14	Information technology				
15	Royalties				
16	Occupancy	210,399.	210,399.		
17	Travel	1,075.	1,075.		
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				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	109,174.	109,174.		
b	REPAIRS AND MAINTENANCE	102,242.	102,242.		
С	PROGRAM SUPPORT	76,719.	76,719.		
d	CONSUMABLE SUPPLIES	31,058.	31,058.		
е	All other expenses	21,515.	21,515.		
25	Total functional expenses. Add lines 1 through 24e	2,015,865.	2,015,865.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				i

14540511 700842 1600048.000

Form 990 (2021)
Part X Balance Sheet

Part		Balance Sneet					
		Check if Schedule O contains a response or n	ote to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			108,662.	1	220,642
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			265,007.	3	21,212
	4	Accounts receivable, net		3,475.	4	6,657	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial con	tributor, or 35%			
		controlled entity or family member of any of the	ese persons	s		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sectio	n 4958(c)(3)(B) L		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	B			16,960.	9	14,086
-	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	467,143.			
	b	Less: accumulated depreciation	. 10b	188,881.	278,262.	10c	278,262
-	11	Investments - publicly traded securities			11		
-	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	59,705.	15	0		
	16	Total assets. Add lines 1 through 15 (must ed	qual line 33)		732,071.	16	540,859
-	17	Accounts payable and accrued expenses			77,685.	17	45,122
-	18	Grants payable		18			
	19	Deferred revenue	141,239.	19	0		
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complet	e Part IV of	Schedule D		21	
se 2	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
<u>a</u>		controlled entity or family member of any of the	· ·			22	
- 2	23	Secured mortgages and notes payable to unre				23	
2	24	Unsecured notes and loans payable to unrelate				24	
2	25	Other liabilities (including federal income tax,	-				
		parties, and other liabilities not included on lin	es 17-24). C	Complete Part X			
		of Schedule D			010 004	25	45 100
- 12	26	Total liabilities. Add lines 17 through 25		. च्ह	218,924.	26	45,122
_s		Organizations that follow FASB ASC 958, c	neck here	► X			
Š		and complete lines 27, 28, 32, and 33.			FOF 4F2		400 043
<u>ا عا</u>	27				505,453.	27	488,043
2 2	28	Net assets with donor restrictions			7,694.	28	7,694
<u> </u>		Organizations that do not follow FASB ASC	958, check	there			
<u>-</u>		and complete lines 29 through 33.					
ှိ ²	29	Capital stock or trust principal, or current fund				29	
sse (30	Paid-in or capital surplus, or land, building, or				30	
- □	31	Retained earnings, endowment, accumulated			E12 140	31	405 727
	32	Total net assets or fund balances			513,147.	32	495,737
:	33	Total liabilities and net assets/fund balances			732,071.	33	540,859

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,99	8,4!	<u>55.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,01		
3	Revenue less expenses. Subtract line 2 from line 1	3	<17		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	51	3,14	<u>47.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	49	5,73	37.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?	_	3a	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	Х	
			Form	990 (2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

WILLIAMSBURG JAMES CITY COUNTY

OMB No. 1545-0047

2021
Open to Public

Inspection
Employer identification number

		COMM	UNITY ACTI	ON AGENCY, IN	NC.			2	3-7	066134				
Pai	tΙ	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.						
The α	organi	ization is not a private found												
1	Ŏ.	A church, convention of ch)(A)(i).							
2		A school described in sect i					, ,,,							
3		A hospital or a cooperative				VhV1VΔVii	i)							
4		A medical research organization					-	Viii). Enter	the h	ospital's name.				
•		city, and state:		nganosa mana a moopha.		000110	(2)(.)(.)	,,,e.		5 5 p. 1 d. 1				
5		An organization operated for	or the benefit of a co	llege or university owned	l or operati	ed by a go	vernmental III	nit describe	nd in		-			
3		section 170(b)(1)(A)(iv). (C		liege of university owned	or operati	ca by a go	verninentarui	in acsorbe	JU 111					
6				nontal unit decoribed in	aaatian 17	70/6//4// 8//	(. A)							
6	X	A federal, state, or local gov	ū						ـ : ا حاد	ala a a vila a al ira				
′	21	An organization that norma	•	iniai pari oi its support ir	om a gove	emmentart	anii or ironi tr	ie generai į	Jublic	described in				
•		section 170(b)(1)(A)(vi). (C	•	(4VAV.d) (Ossesslata Davi										
8		A community trust describe			•									
9		An agricultural research org				-		-	_	je				
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the i	name, city,	, and state of	the college	or					
		university:									-			
10		An organization that norma	•	• •				•	-	•				
		activities related to its exem	· ·	•					_					
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	fter J	une 30, 1975.				
		See section 509(a)(2). (Cor	•											
11		An organization organized a	•	•	•									
12		An organization organized a	•	•	-			•						
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on												
		lines 12a through 12d that	• •					-						
а			•	•	•	_								
		the supported organization			majority o	of the direc	tors or trustee	es of the su	ipport	ting				
		organization. You must o												
b							-		-					
		control or management o	f the supporting org	anization vested in the sa	ame perso	ns that cor	ntrol or manaç	ge the supp	orted	I				
	_	organization(s). You mus	-											
С			grated. A supportin	g organization operated	in connect	tion with, a	ind functional	ly integrate	d with	٦,				
	_	its supported organization	n(s) (see instructions). You must complete F	Part IV, Se	ctions A,	D, and E.							
d			integrated. A supp	porting organization oper	ated in cor	nnection w	rith its suppor	ted organiz	ation	(s)				
		that is not functionally int	egrated. The organiz	zation generally must sati	isfy a distr	ibution req	uirement and	an attentiv	enes	S				
	_	requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.							
е		☐ Check this box if the orga					Type I, Type I	II, Type III						
		functionally integrated, or	Type III non-functio	nally integrated supporting	ng organiz	ation.					-			
		er the number of supported o	•								-			
g		vide the following information i) Name of supported	n about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monotoni	(),;;) Amount of other	_			
	(organization	(II) EIN	(described on lines 1-10	(iv) Is the orga in your governi		support (see in	•		ort (see instructions)				
		organization		above (see instructions))	Yes	No			Сарр	011 (000 111011 00110110)	-			
											-			
											-			
											-			
											-			
											_			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) **(a)** 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1998430.11769064. 3484905 2602345. 1819593. 1863791. include any "unusual grants.") 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 3484905. 2602345. 1819593. 1863791. 1998430.11769064. 4 Total. Add lines 1 through 3 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) 330,153. 1438911 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2019 (d) 2020 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (e) 2021 (f) Total 1998430.11769064. 3484905 2602345 1819593. 1863791 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 137. 70. 345. 51 25. 628. and income from similar sources

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 VI.) 11769692. Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions)

First 5 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

Se	ction C. Computation of Public Support Percentage								
14	Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	97.19 %						
15	Public support percentage from 2020 Schedule A, Part II, line 14	15	87.08 %						
16a	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								

 $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. 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

17a 10% -facts-and-circumstances test - 2021. 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 VI how the organization

	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶[
b	10% -facts-and-circumstances test - 2020. 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 VI how the		
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶[
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	▶	

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	0-		
	3a		
	3b		
	3с		
	4a		
	41-		
	4b		
	4c		
	F-		
	5a		
	5b		
	5c		
	6		
	_		
	7		
	8		
	9a		
	9b		
	On		
	9с		
	10a		
	10b		
ule	A (Forn	n 990)	2021
		,	

Schedule A (Form 990) 2021

· u	Capporting Organizations (Continued)			
		Y	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	а		
b	A family member of a person described on line 11a above?	5		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	3		
Sec	tion B. Type I Supporting Organizations			
		Y	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Sec	tion C. Type II Supporting Organizations			
		Y	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations			
			⁄es	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		_	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	_		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. 3 tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruct		- 1	N 1 -
2	Activities Test. Answer lines 2a and 2b below.	Y	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities 28			
h				
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	-			
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.			
a				
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.			
b				
D	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard.			

Part '	V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 [Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations may		•	
Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
2 R	lecoveries of prior-year distributions	2		
3 0	Other gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
5 D	Depreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
C	ollection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	nstructions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	Discount claimed for blockage or other factors			
	explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	subtract line 2 from line 1d.	3		
4 C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	fultiply line 5 by 0.035.	6		
	ecoveries of prior-year distributions	7		
8 M	finimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
	inter 0.85 of line 1.	2		
3 M	finimum asset amount for prior year (from Section B, line 8, column A)	3		
	inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
88	Breakdown of line 7:			
a	Excess from 2017			
<u>b</u>	Excess from 2018			
c	Excess from 2019			
<u>d</u>	Excess from 2020			

Schedule A (Form 990) 2021

e Excess from 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 12:
	Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV. Section B. lines 1 and 2; Part IV. Section C.
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	
-	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization WILLIAMSBURG JAMES CITY COUNTY

Employer identification number

COMMUNITY ACTION AGENCY, INC. 23-7066134

Organization type (check one):								
Filers of:		Section:						
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 990)-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	ly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	nuie							
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special I	Rules							
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
answer "	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).							

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Name of organization

WILLIAMSBURG JAMES CITY COUNTY

Employer identification number

WILLIAMSBURG JAMES CITY COUNTY COMMUNITY ACTION AGENCY, INC.

23-7066134

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,998,186</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Hume, dudress, and Zir + +	\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
WILLIAMSBURG JAMES CITY COUNTY
COMMUNITY ACTION AGENCY, INC.

Employer identification number

23-7066134

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number

WILLIAMSBURG JAMES CITY COUNTY COMMUNITY ACTION AGENCY, INC.

23-7066134

Part III Ex		ions to organizations described in		23 - 7066134 (c)(7), (8), or (10) that total more than \$1,000 for the year			
fro cor	om any one contributor. Complete columns (ampleting Part III, enter the total of exclusively religious,	through (e) and the following line of charitable, etc., contributions of \$1,000 contributions of \$1,00	entry. For org or less for the	ganizations e year. (Enter this info. once.)			
Us	se duplicate copies of Part III if additional	space is needed.	1				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
_							
		(e) Transfer of g	ift				
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
_		(e) Transfer of g					
	Transferee's name, address, a			lationship of transferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer of g	ift				
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
_							
		(e) Transfer of g	ift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
-							

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

WILLIAMSBURG JAMES CITY COUNTY COMMUNITY ACTION AGENCY,

Employer identification number 23-7066134

Pal	organizations maintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		illiai Fulius O	Complete if the
	organization answered Tes On FOITH 990, Part IV, IIII	e 6. (a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year	(,,		.,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v		l in donor advised	funds
J	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor ac			
Ū	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•	• •	
Pai				
1	Purpose(s) of conservation easements held by the organization		0111 01111 000,1 4	
•	Preservation of land for public use (for example, recreat		Preservation of a	historically important land area
	Protection of natural habitat			certified historic structure
	Preservation of open space		i reservation or a	certified filstoffe structure
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribut	ion in the form of	a conservation easement on the last
_	day of the tax year.	ica conscivation contribut		Held at the End of the Tax Year
•				
C				****
	Number of conservation easements included in (c) acquired a			
u	listed in the National Register	•		
3	Number of conservation easements modified, transferred, rele			
Ü	year	casca, extinguished, or tel	minated by the of	rgariization dariing the tax
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri		n handling of	
Ū	violations, and enforcement of the conservation easements it	• •		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			
Ū	b	riariaming of violations, and	ornoronig concor	valori oacemente aaring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enfo	rcing conservatio	n easements during the year
•	\$	ming or violations, and orne	romig concervatio	n sacements daring the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)((4)(B)(i)
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
·	balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.	ioto to the organization on	manolal otatomon	to that dooshoo the
Pai	rt III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958		ue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958			lance sheet works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	,,		,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			
_	the following amounts required to be reported under FASB AS			, p. 31140
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			
<u> </u>	Assets included in Form 330, Fall A			▼ Ψ

Schedule D (Form 990) 2021

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

		TY ACTION						<u>23-70</u>	66134	1 Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Tre	asures, or	Other	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check ar	y of the f	ollowing that	make sig	nificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition		d Lo	an or excl	hange progra	ım					
b	Scholarly research	•			0 1 0						
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how they	further th	e organizatio	n's exem	nt nurno	se in Part	XIII		
5	During the year, did the organization solicit o							oo iirr art			
Ū	to be sold to raise funds rather than to be ma		,		•				Yes		No
Par	t IV Escrow and Custodial Arrang					Vec" on I	000	Dart IV			
	reported an amount on Form 990, Par		iete ii tile oi	gariizatio	ii alisweled	163 0111	01111 330	, i aitiv, i	ii ie 3, 0i		
10			dian, for oor	tributions	or other see	oto not ir	aludad				
та	Is the organization an agent, trustee, custodi								7		٦
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tabl	e:					A		
									Amoun		
	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for esc	row or cu	ıstodial accou	unt liabilit	y?	L	Yes	<u> </u>	_ No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization ar	nswered "Ye	es" on Fo							
		(a) Current year	(b) Prio	r year	(c) Two year	s back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1a c	olumn (a)) held as:	I					
a	Board designated or quasi-endowment	•	%	o.a (a)	, a.c.						
b	Permanent endowment	%	—′°								
Ŭ	The percentages on lines 2a, 2b, and 2c short	, -									
32	Are there endowment funds not in the posses	•	ation that a	a hald an	nd administer	ad for the	organiza	ation			
Ja		331011 Of the organiza	ation that a	e neid an	iu auriii iisteri	ed for tire	organiza	ation	ſ	Yes	No
	by: (i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
									3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fund	ds.							
Fai			0 Dad IV II	11- 0	F 000	David V. I	10				
	Complete if the organization answered				T T						
	Description of property	(a) Cost or o			or other	` '	cumulate	ed	(d) Bool	k valu	е
		basis (investi	ment)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			46	7,143.	1	88,88	81.	278	3,2	<u>52.</u>
<u>e</u>	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X. column	B), line 10	Oc.)			•	278	3,2	62 <mark>.</mark>

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 COMMUNITY AC Part VII Investments - Other Securities.	CTION AGENCY,	INC. 2	3-7066134 Page 3
Complete if the organization answered "Yes" o	on Form 990 Part IV line	11h 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 e	nd-of-vear market value
(4) =:	(b) Book value	(b) Mothod of Valuation. Cost of C	nd or your market value
(0) 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered "Yes" of	on Form 990 Part IV line	2 11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(1)	(2) 200K Mildo	(c)care c. valuation. cost of c	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		>
Part X Other Liabilities.		•	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		<u> </u>
2 Liability for uncertain tax positions. In Part XIII, provide t	,	o the organization's financial statements	that reports the

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

Schedule D (Form 990) 2021

Par	t XI Reconciliation of Revenue per Audited Financial Si	tatements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,998,455.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		•
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	1,998,455.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		0
	Add lines 4a and 4b			1 000 455
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line : TXII Reconciliation of Expenses per Audited Financial S	(2.)	5	1,998,455.
Pai			es per neturi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV,		1.1	2 015 065
1	Total expenses and losses per audited financial statements		1	2,015,865.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1		
а	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)	<u> </u>		0
_	Add lines 2a through 2d			2,015,865.
3	Subtract line 2e from line 1		3	2,013,003.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ا م		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		4.	0.
	Add lines 4a and 4b			2,015,865.
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line t XIII Supplemental Information.	<u>: 18.) </u>	3	2,013,003
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Part IV lines 1h and 2h: Pa	art V line 1: Part X	(line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		art v, iii ic +, i art x	, iiio z, i ait Xi,
	24 and 45, and 1 are 741, integ 24 and 45.7 1100 complete time part to provide	arry additional information.		
FOF	RM 990, SCHEDULE D, PARTS XI AND XII			
	,			
THE	AUDIT OF WJCCCAA FOR THE FISCAL YEAR	ENDED 6/30/2022	WAS IN E	PROCESS,
				•
BUI	NOT COMPLETE AT THE TIME OF THIS 990	FILING. IF THE	E AUDIT RE	ESULTS IN
ADJ	USTMENTS, THIS FORM 990 WILL BE AMEND	ED TO AGREE TO T	HE FINAL	AUDITED
FIN	NANCIAL STATEMENTS UPON COMPLETION OF	THE AUDIT.		

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WILLIAMSBURG JAMES CITY COUNTY COMMUNITY ACTION AGENCY, INC.

Employer identification number 23-7066134

001m101(111 1101101(11021(01 / 11(0)
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ADDRESSED AND TO STRENGTHEN, PROMOTE, REPRESENT, AND SERVE WJCC
RESIDENTS EXPERIENCING ECONOMIC INSECURITY.
FORM 990, PART IV, LINE 12A
THE AUDIT OF WJCCCAA FOR THE FISCAL YEAR ENDED 6/30/2022 WAS IN
PROCESS, BUT NOT COMPLETE AT THE TIME OF THIS 990 FILING. IF THE AUDIT
RESULTS IN ADJUSTMENTS, THIS FORM 990 WILL BE AMENDED TO AGREE TO THE
FINAL AUDITED FINANCIAL STATEMENTS UPON COMPLETION OF THE AUDIT.
FORM 990, PART VI, SECTION A, LINE 7B:
ALL DECISIONS ARE SUBJECT TO APPROVAL BY THE BOARD MEMBERS OF THE
ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF FORM 990 IS PROVIDED TO ALL BOARD MEMBERS TO REVIEW PRIOR TO
FILING THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
THE AGENCY'S BOARD MEMBERS MUST SIGN CONFLICT OF INTEREST POLICY AT THE
BEGINNING OF EACH FISCAL YEAR.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD LOOKS AT COMPARABLE SALARIES OUTSIDE THE ORGANIZATION IN
ESTABLISHING COMPENSATION FOR THE EXECUTIVE DIRECTOR, AND APPROVES RAISES

132211 11-11-21

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

Schedule O (Form 990) 2021

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Name of the organization	WILLIAMSBURG JAMES CITY COUNTY COMMUNITY ACTION AGENCY, INC.	Employer identification number 23-7066134
	COMMUNITY ACTION AGENCY, INC.	<u> </u>
FOR OTHER STAF	?F.	
EODM 000 DAD	r VI, SECTION C, LINE 19:	
DOCUMENTS ARE	AVAILABLE FOR INSPECTION BY APPOINTMENT AT T	HE ORGANIZATION'S
OFFICE.		
FORM 990, PART	F XII, LINE 2C	
THE BOARD OF I	DIRECTORS SELECTS THE AUDIT FIRM AND OVERSEES	THE ANNUAL
AUDIT. THIS I	PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	
	_	