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# SCANNED SET 6 1 2010

Form **990-EZ** 

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

			ending		
В	Check if	le Please C Name of organization		D Employer i	dentification number
	Addre	S USS IRS COMMUNITY ACTION COALITION			
Ē	Name chang			54-1	549780
F	Initia	type Number and street (or P.O. how if mail is not delivered to street address)	Room/suite	E Telephone	
F	Term	in- Specific p O BOY 160		757-	925-4738
Ē	Ame	ded trops City or town, state or country, and 7IP + 4	'	F Group Exe	
F	returi Appbo pendii			Number	•
		tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed	G Accour	nting method:	
	•	Schedule A (Form 990 or 990-EZ).	1	specify)	
$\overline{}$	Wehsi	e: ►N/A			he organization is not
			<del></del> 1		Jule B (Form 990, 990-EZ, or 990-PF)
	Check				
	J.10011	Form 990 return is not required, but if the organization chooses to file a return, be sure to file			-0,000
$\overline{}$	Add Im	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of F		<u> </u>	149,720.
	ärt I				
Z ■ 36.	1	Contributions, gifts, grants, and similar amounts received	(000 11.0 11.0 11.0 11.0 11.0 11.0 11.0	1	,
	2	Program service revenue including government fees and contracts		2	87,714.
	3	Membership dues and assessments		3	01/114.
	4	Investment income		4	3,837.
	5a	Gross amount from sale of assets other than inventory STMT 4 5a	58,1		3,037.
	Va	Less: cost or other basis and sales expenses  5b	58,0		
	"	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	30,0	5c	169.
•	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming	check here		107.
ž	1	Gross revenue (not including \$ of contributions	, Check here		
Revenue	a				
Œ	١.	· · · · · · · · · · · · · · · · · · ·			
	D	• • • • • • • • • • • • • • • • • • • •			
	7.	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances 7a			
	b	Less: cost of goods sold  Cose partition (less) from color of investory (Cubtreet less 7b from less 7c)	<del></del>	7-	
	.	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		) 7c ) 8	
	8	Other revenue (describe >		_ ′	91,720.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule)  STMT 6		9	71,000.
	10			10	71,000.
	11	Benefits paid to or for members		11	
enses	12	Salaries, other compensation, and employee benefits	•		550.
Sen	13	Professional fees and other payments to independent contractors		. 13	220.
줬	14	Occupancy, rent, utilities, and maintenance		. 14	
	15	Printing, publications, postage, and shipping  Other expenses (describe ► SEE STA*	TEMENT	1 \ 15	2,003.
	16	Total expenses. Add lines 10 through 16	I EMEN I	1 16	73,553.
	17			17	18,167.
Ş	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	•	. 18	10,107.
SSe	19	Net assets or fund balances at beginning of year (from line 27, column (A))			306 064
Net Assets	100 F	(must agree with end-of-year figure reported on prior year's return)	MEMENIM	_ 19	386,064.
2		The Parity Free assets pr fund balances (attach explanation)  SEE STA	T.EMEM.I.	5 20	<29,275.>
18 b	21 <u> </u>	Net assets or fund balances at end of year. Combine lines 18 through 20  Balance Sheet 1 Total assets on line 25, column (B) are \$1,250,000 or more, file Form 9	On unstand of Ea	21 orm 000 E7	374,956.
			(A) Beginning o		(B) End of year
K	'/  '				
22		th, savings, and investments.	4,	571. 22	2,579.
73		naminipulates 17	461,	561 24	451,232.
24		er assets (describe SEE STATEMENT 2 )		561. 24 132. 25	451,232.
25		al assets  al liabilities (describe   SEE STATEMENT 3 )		068. 26	78,855.
26		•		064.27	374,956.
932	171	assets or fund balances (line 27 of column (B) must agree with line 21)	500,	7	Form <b>990-F7</b> (2009)

What is the organization's primary exempt purpose? SEE STATEMENT 8

OF VIRGINIA C/O PERREL MNGMT CO

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Form 992-EZ (2009)

54-1549780

**Expenses** 

(Required for section 501(c)(3) and 501(c)(4) organizations and

Page 2

Page 3

Pa	Tt V Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			l
8	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		x
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			f
00	complete applicable parts of Sch. N	36		x
27.	Enter amount of political expenditures, direct or indirect, as described in the instructions.	"		
		37b		X
	Did the organization file Form 1120-POL for this year?	3/0		
368	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made		,	X
	in a prior year and still outstanding at the end of the period covered by this return?	38a		A 21
	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		× 20
39	Section 501(c)(7) organizations. Enter:	20.25 × 3	8777 8224	1
a	Initiation fees and capital contributions included on line 9		,	
b	Gross receipts, included on line 9, for public use of club facilities			÷,,,
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ O.	2.5	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	l,
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	i žii		أحنك
	year or is it 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	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	X 5.00		1 3
	or disqualified persons during the year under sections 4912, 4955, and 4958		8. J. E.	
ď	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	\$\$\tau_{\text{\tint{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	i & .	
	organization   •	%, /. %, %	, ×, `	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed.   NONE			
42 a	The organization's books are in care of ▶ DANA CUTLER Telephone no. ▶ 757-92	<u>5-4</u>	<u>738</u>	·
	Located at $\triangleright$ P.O. BOX 160, SUFFOLK, VA ZIP+4 $\triangleright$ 2	<u>343</u>	<u>9-0</u>	160
b	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			黎麥
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			<b>22</b>
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		<b>•</b>	
_		N/A		
	· · · · · · · · · · · · · · · · · · ·			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	\$ <b>8</b> %		W//
. •	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			25.24
70	completed instead of Form 990-EZ	45	20000000000000000000000000000000000000	X
			90-F7	(2009)
				,_000)

Page 4

office? If "Yes," complete Schedule C, Part II  15 list the organization reage in biotyling activities? If "Yes," complete Schedule C, Part II  16 list the organization aschola as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  17 lift was the related organization aschola as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  18 lift was was the related organization aschola as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  18 lift was was the related organization aschola aschorated organization?  19 lift was the forther organization in the organization. If there is none, enter "None."  (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Title and average hours (c) Compensation from the organization. If there is none, enter "None."  (c) Compensation (c) Compensation from the organization is the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  1 Total number of other employees paid over \$100,000  1 Total number of other employees paid over \$100,000  1 Total number of other employees paid over \$100,000  2 Total number of other employees paid over \$100,000  2 Total number of other independent contractors like highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  1 Total number of other employees paid over \$100,000  2 Total number of other independent contractors like highest compensation from the organization. If there is none, enter "None."  1 Total number of other employees paid over \$100,000  2 Total number of other independent contractors like highest compensation from the organization. If there is none, enter "None."  2 Total number of other independent contractors each receiving over \$100,000  3 Total number of other independent contractors each receiving accompa	Part VI	organizations and section 4947(a)(1) nonexempt charitable to and 51.			-		
do files? If Yes, * complete Schedule C, Part I   46   47   18   46   47   18   47   18   48   18 the organization ashord as decrebed in section 170(b)(1)(A)(ii)? If Yes, * complete Schedule E   49   49   49   49   49   49   49	46 Did th	e organization engage in direct or indirect political campaign activities or	n behalf of or in opposition t	o candidates for n	ublic	TY	es No
1 Total number of other employees paid over \$100,000			r bondii or or in opposition t	o outlandates for pr	2010	$\overline{}$	X
to the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  48 a Use organization rate any transfers to an exempt non-charable related organization?  50 Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees and key employees) who each received in than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Tatle and average hours (c) Compensation for the foreign per week devoted to position  (c) Compensation for the organization. If there is none, enter "None."  (a) Name and address of each employee paid more than \$100,000 or ompensation from the organization. If there is none, enter "None."  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization. If there is none, enter "None."  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization. If there is none, enter "None."  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization. If there is none, enter "None."  (b) Tute and average hours (c) Compensation for the organization of the organization o		•	dule C. Part II			$\overline{}$	X
98					•		X
b If Yes,* was the related organization a section 527 organization?  1 Younglet this table for the organization of the highest compensated employees (other than officers, directors, trustees and key employees) who each received mithan \$100,000 of compensation from the organization. If there is none, enter 'None.'  (a) Name and address of each employee paid more than \$100,000 mpensation from the organization. WONDS  1 Total number of other employees paid over \$100,000  1 Total number of other employees paid over \$100,000  1 Total number of other employees paid over \$100,000  1 Total number of other employees paid over \$100,000  1 Total number of other employees paid over \$100,000  1 Total number of other employees paid over \$100,000  1 Total number of other employees paid over \$100,000  1 Total number of other employees paid over \$100,000  1 Total number of other employees paid over \$100,000  2 Total number of other employees paid over \$100,000  3 Name and address of each independent contractor paid more than \$100,000  4 Total number of other independent contractors each receiving over \$100,000  4 Total number of other independent contractors each receiving over \$100,000  5 Sign Here  1 Total number of other independent contractors each receiving over \$100,000  2 Total number of other independent contractors each receiving over \$100,000  4 Total number of other independent contractors each receiving over \$100,000  5 Sign Here  1 Total number of other independent contractors each receiving over \$100,000  2 Total number of other independent contractors each receiving over \$100,000  3 Total number of other independent contractors each receiving over \$100,000  4 Total number of other independent contractors each receiving over \$100,000  4 Total number of other independent contractors each receiving over \$100,000  5 Sign Here  1 Total number of other independent contractors each receiving over \$100,000  2 Total number of other independent contractors each receiving over \$100,000  3 Total number of other independent c				•		<del></del>	X
Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees and key employees) who each received than \$100,000 of compensation from the organization. If there is none, enter None:  (a) Name and address of each employee paid more than \$100,000  NONE  (b) Title and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans & to employee plant from the organization. If there is none, enter "None:  NONE  (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None:  NONE  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (d) Contributions  (e) Expensation  (b) Type of service  (c) Compensation  (d) Contributions  (e) Expensation  (b) Type of service  (c) Compensation  (d) Contributions  (e) Expensation  (b) Type of service  (c) Compensation  (d) Total number of other employees paid over \$100,000  (e) Type of service  (e) Compensation  (e) Compensation  (f) Type of service  (f) Type of service  (f) Compensation  (f) Type of service  (f			rganization:				
(a) Name and address of each employee paid more than \$100,000  1 Total number of other employees pand over \$100,000  1 Total number of other employees pand over \$100,000  1 Total number of other employees pand over \$100,000  1 Total number of other employees pand over \$100,000  1 Total number of other employees pand over \$100,000  1 Total number of other employees pand over \$100,000  1 Total number of other employees pand over \$100,000  1 Total number of other employees pand over \$100,000  1 Total number of other employees pand over \$100,000  1 Total number of other independent contractor pand more than \$100,000  1 Total number of other independent contractor pand more than \$100,000  1 Total number of other independent contractors pand more than \$100,000  2 Total number of other independent contractors each receiving over \$100,000  3 Total number of other independent contractors each receiving over \$100,000  4 Total number of other independent contractors each receiving over \$100,000  5 Total number of other independent contractors each receiving over \$100,000  6 Total number of other independent contractors each receiving over \$100,000  6 Total number of other independent contractors each receiving over \$100,000  6 Total number of other independent contractors each receiving over \$100,000  6 Total number of other independent contractors each receiving over \$100,000  6 Total number of other independent contractors each receiving over \$100,000  6 Total number of other independent contractors each receiving over \$100,000  6 Total number of other independent contractors each receiving over \$100,000  6 Total number of other independent contractors each receiving over \$100,000  6 Total number of other independent contractors each receiving over \$100,000  6 Total number of other independent contractors each receiving over \$100,000  6 Total number of other independent contractors each receiving over \$100,000  6 Total number of other independent contractors who each received more than \$100,000 of ommers in the end of o	50 Comp	elete this table for the organization's five highest compensated employees	=	ors, trustees and k	ey employees) who		red more
1 Total number of other employees paid over \$100,000 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (c) Total number of other independent contractors each receiving over \$100,000  (c) Type of service  (d) Total number of other independent contractors each receiving over \$100,000  (e) Type of service  (f) Compensation  (g) Compensation  (h) Type of service  (h)		(a) Name and address of each employee paid more	(b) Title and average hour	s (c) Compensa	tion to employee benefit plans	e) E acco	unt and
Total number of other independent contractors each receiving over \$100,000    Compensation   Co		NONE			compensatio	n	<del></del>
Total number of other independent contractors each receiving over \$100,000    Compensation   Co							
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  (e) Type of service  (f) Compensation  (g) Compensation  (h) Type of service  (h) Type of service  (g) Compensation  (h) Type of service  (h) Type of servic							
(a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  Under penalties of peryury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete—peclaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Type or print name and title  Preparer's signature  Preparer's signature  Date  Check if self-employed  Firm's name (or yours it self-employed)  JOHN R WYNN CPA PC  Histienployed)	51 Comp	olete this table for the organization's five highest compensated independent nization. If there is none, enter "None."	ent contractors who each red	ceived more than \$	5100,000 of compen	sation from	n the
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete-Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Value		(a) Name and address of each independent contractor paid more to	han \$100,000	<b>(b)</b> Type o	of service	(c) Comper	nsation
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete-Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Value							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete-Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Value					-	. <u> </u>	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete-Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Value							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Signature of officer							
Sign Here  Correct, and complete-Beclaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Date  Date  Paid Preparer's signature  Preparer's signature  Preparer's signature  Preparer's identifying number (See instr.)  Firm's name (or yours if self-employed).  Address, and ZIP+4  VA. BEACH, VA. 23462  Preparer has any knowledge  Date  Check if self-employed  Preparer's identifying number (See instr.)  Phone Phone Phone 757-965-9900	d Total	number of other independent contractors each receiving over \$100,000		<b>&gt;</b>			
Paid Preparer's Use Only    Preparer's Use Only   Preparer's Identifying number (See Instr.)		correct, and complete Declaration of preparer (other than officer) is based on all in	ompanying schedules and stater formation of which preparer has a	nents, and to the best uny knowledge	,		6,
Preparer's   employed	Here	1	7		Date		
Him's name (or yours it setf-employed), address, and ZIP+4  VA. BEACH, VA. 23462  Finds name (or yours it setf-employed), address, and ZIP+4  VA. BEACH, VA. 23462	Preparer's	· · · · · · · · · · · · · · · · · · ·		mployed ▶ 🔲	L	number (See	ınstr )
VA. BEACH, VA. 23402	USE VIIIY	if self-employed). >5520 GREENWICH RD #200	)	<u> </u>	Phone►	· · · · · ·	
May the IRS discuss this return with the preparer shown above? See instructions		VA: DEACH; VA: 25402			<u> </u>	X Yes	900 □ N₀

Form 990-EZ (2009)

### SCHEDULE'A

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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. ➤ See separate instructions.

COMMUNITY ACTION COALITION

Employer identification number

			INIA C/O PER						54	-154978	0
Part I	Reason	for Public Char	ity Status (All organiz	zations mus	st comple	te this par	t.) See inst	tructions.			
The organ	ization is not a	private foundation	because it is: (For lines	1 through 1	1, check	only one b	ox.)				
1 ∐	A church, cor	nvention of churche	s, or association of chur	ches descr	ribed ın se	ection 170	(b)(1)(A)(i)	) <b>.</b>			
2	A school des	cribed in section 17	' <b>0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)							
3 🖳	A hospital or	a cooperative hospi	tal service organization	described i	n section	170(b)(1)	(A)(iii).				
4 📖	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital's na	me,
	city, and stat	e:									
5 📖	_	•	benefit of a college or un	niversity ov	vned or o	perated by	a govern	mental uni	t describe	d in	
		<b>(b)(1)(A)(iv).</b> (Comple									
6		_	ent or governmental uni								
7 L			eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general p	ublic described	ın
. —		b)(1)(A)(vi). (Comple			<b></b>						
8	•		section 170(b)(1)(A)(vi).	-	-						
9 X	_	•	eives: (1) more than 33							-	
			nctions - subject to certa	-		-				-	
			axable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y tne orga	nization a	mer June 30, 19	9/5.
$\Box$		509(a)(2). (Complete		-4 & l- l-		<b> </b>	- 500(-)(/	• •			
<u>¹</u> ⁰  -	•	•	perated exclusively to te	-	•			•	4 4		
11 📖	•		perated exclusively for that tions described in secti		•					•	
		• • • •	organization and compl	` ' ' '	•		z). See sec	euen aust	aj(3). One	CK trie DOX triat	
	a Type I		¬ *		_	tionally in	tearated		dП	Type III - Other	
e 🗀			at the organization is not			•	•	r more disc			
•	,	•	han one or more publich		•	•	•		•		
f		•	tten determination from		•				(-)(-)		,-
•	_	rganization, check th				P- 1, 1, P-	.,,,,				
g		•	organization accepted ai	ny aift or co	ontribution	from any	of the folk	owing pers	ons?		
•			lirectly controls, either a							Yes	No
			upported organization?							11g(i)	
	(ii) A family	member of a perso	n described in (i) above?							. 11g(ii)	
	(iii) A 35% (	controlled entity of a	person described in (i)							. 11g(iii)	
h			about the supported or								
			(iii) Type of	Viva lo abo o	i-otion	(A) Did yo		(vi) Is	the		
	of supported	(ii) EIN	organization	in col. (i) lis		(v) Did you organizat	ion in col.	Lorganizatio	on in col.	(vii) Amount	ot
Gry	anization	1	(described on lines 1-9	governing			r support?	(i) organiz U.S	eo in the   .?	support	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
			, , , , , , , , , , , , , , , , , , ,								
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		Shall Shall					52 m		9'5		

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

	(Complete only if you checke	d the box on line 5	5. 7. or 8 of Part I \				
Sec	ction A. Public Support		., . , o. o or at i.,	<del>"</del> "			
_		(a) 2005	(h) 2006	(=) 2007	(a) 2009	(e) 2009	(6) Total
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		 			-	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	ļ					
	furnished by a governmental unit to					1	
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions	, ,	\$ · *	* /	,		
	by each person (other than a	5. 2.	2 / / / 36	1 x 1 , 1 , 1 , 1			
	governmental unit or publicly	1 1111	, 4, 4, 3		~ ` '	. > . 4	
	supported organization) included	· · · · · · · · · · · · · · · · · · ·	\$			1 1 4	
	on line 1 that exceeds 2% of the		\$ 14 C C 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2			* 3 × × × × × × × × × × × × × × × × × ×	
	amount shown on line 11,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 100 51 1 - 4 XX	133 47/484 1 4			
	column (f)	* * *	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			> 4	
6	Public support. Subtract line 5 from line 4	* / - 43 1 3 5	- (	Start Start		7,7 * * * *	
	ction B. Total Support			· <u>······</u>		<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2005	(ь) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(2) = 333	(2) = = =	15/	(2) =		· ·
8	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
^	Net income from unrelated business						
9							
	activities, whether or not the						
	business is regularly carried on						<del></del>
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	liberally 1966 and sociality and	St	7 2 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
11	<b>Total support.</b> Add lines 7 through 10		2 - 3/2 / 1/2	1 2 x 3 W/y/2	~ \$2 \tag{2} \tag{2} \tag{3} \tag{4} \tag{4} \tag{4}		
	Gross receipts from related activities	•				12	
	First five years. If the Form 990 is fo		,	<b>-,</b> . <b>-</b>	,		. —
<u></u>	organization, check this box and sto ction C. Computation of Publ	here			· · · · · · · · · · · · · · · · · · ·	<del></del>	
	Public support percentage for 2009 (					14	%
15	Public support percentage from 2008						%
			t check the hov or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	33 1/3% support test - 2009. If the o	organization did no	CONCOR UNO DOX OF				
16a	33 1/3% support test - 2009. If the c stop here. The organization qualifies	as a publicly supp	orted organization				
16a	33 1/3% support test - 2009. If the o	as a publicly supp	orted organization				
16a	33 1/3% support test - 2009. If the c stop here. The organization qualifies	as a publicly supportant	oorted organizatior t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	
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16a	33 1/3% support test - 2009. If the c stop here. The organization qualifies 33 1/3% support test - 2008. If the c and stop here. The organization qua	as a publicly supporganization did no lifes as a publicly set - 2009. If the organization is a set of t	oorted organization t check a box on li supported organiz anization did not c	ne 13 or 16a, and ation heck a box on line	line 15 is 33 1/3%  13, 16a, or 16b, a	or more, check this	box ►
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16a b 17a	33 1/3% support test - 2009. If the costop here. The organization qualifies 33 1/3% support test - 2008. If the cost and stop here. The organization qualifies 10% -facts-and-circumstances test and if the organization meets the "facts and if the organization meets and if the orga	as a publicly supporganization did no lifies as a publicly st 2009. If the organization. The organizations.	oorted organization t check a box on li supported organiz anization did not c aces" test, check ti ation qualifies as a	ne 13 or 16a, and ation heck a box on line his box and stop hould be publicly supported	line 15 is 33 1/3% 	or more, check this und line 14 is 10% or rt IV how the organia	r more,
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### COMMUNITY ACTION COALITION

Schedule A (Form 990 or 990 EZ) 2009 OF VIRGINIA C/O PERREL MNGMT CO 54-1549780 Page 3
| Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Galeta press (in fiscal year beginning in)   Galeta (in)   Galeta press contributions, and (in)   Galeta press contributions, and (in)   Galeta press pres		ction A. Public Support				C F (Complete only)	700 011001.00 010 00	ox on line 3 or r art i.j
Garding private contributions, and membership feer received. (Do not include any "unusual grants.").  Gross neceipte from administors, monthandise acid or services per formed, or facilities furnished in any activity that is related to the organizations take exempt purpose 3 Gross neceipte from administer furnished that are not an unrelated trade or business under section 513.  4 Tax revenues levided for the organization's benefit and either paid to or expended on fis behalf or expended or expended on fis behalf or expended on fis behalf or expended on fis b			(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
2. Gross receipts from admissions, merchandiss sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513  4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5. The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add intes 1 through 5  7.a Amounts included on lines 1.2, and 3 received from disqualified persons business under the second of the persons business that encounts included on lines 1.2, and 3 received from disqualified persons business to the persons business to person of the business to the persons business to person of the business to the persons business business to the persons business business to the persons business business business to the persons business bu		Gifts, grants, contributions, and membership fees received. (Do not			CE 075			CE 075
3 Gross receipts from activaries that are not an unrelated trade or business under section \$13  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf  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 1, 2, and 3 received from disqualified persons be a more than 15 to the syer of the second in th	2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	53 537.	72 958		106.770.	87.714.	
braid ton's benefit and either paid to or expended on its behalf	3	Gross receipts from activities that are not an unrelated trade or bus-	337337.		J 4 7 2 7 3 5		<i></i>	
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 by Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 2 and 3 received from disqualified persons by Amounts included on lines 2 and 3 received from disqualified persons that exceed the yealer of 15,000 or W is of the union to his fire the year.  2 Add lines 7 and 7b	4	ization's benefit and either paid to			:			
7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines and a received from other than disqualified persons that exceed the getair of 15,000 or 1 for other than disqualified persons that exceed the getair of 15,000 or 1 for other than disqualified persons that exceed the getair of 15,000 or 1 for other than disqualified persons that exceed the getair of 15,000 or 1 for other than disqualified persons that exceed the getair of 15,000 or 1 for other than disqualified persons that exceed the getair of 15,000 or 1 for other 2.  Section B. Total Support (Satisate Reginning in)		furnished by a governmental unit to the organization without charge				105 550	05.514	404 005
b Anounts included in lines 2 and 3 received from their band degulating parties of \$5,000 or 1% of the smount or line 13 for the year codd lines 7 a and 7 b  8 Public support (shadlith 7 lines is 5)  8 Public support (shadlith 7 lines is 6)  9 Amounts from line 6  53,537. 72,958. 160,048. 106,770. 87,714. 481,027.  9 Amounts from line 6  53,537. 72,958. 160,048. 106,770. 87,714. 481,027.  10g Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9,266. 11,310. 22,104. 17,225. 3,837. 63,742.  11 Not income from unrelated business as activities not included in line 10b. whether or not the business as activities not included in line 10b. whether or not the business is regularly carned on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support (act lines 9, tec. 11, and 12)  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  17 Investment income percentage from 2008 Schedule A Part III, line 17  18 Investment income percentage from 2008 Schedule A Part III, line 17  19a 33 1/3% support tests - 2009. If the organization did not check abox on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization of underline support degranation of lines 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, check this box and stop here. The organization durities as a publicly supported organization in line 18 is not more than 33 1/3%, check this box and stop here. The organization durities as a publicly supported organization in line 18 is not more than 33 1/3%, check this		Amounts included on lines 1, 2, and	53,537.	72,958.	160,048.	106,770.	87,714.	
8 Public support (Sebad In 7 (Fine Inte 6)  Section B. Total Support  Calendar year (or fiscal year beginning in)	t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
Section B. Total Support   Calendar year (or fiscal year beginning in)	c	Add lines 7a and 7b						0.
9 Amounts from line 6							<b>***************</b>	481,027.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  5 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  6 Add lines 10a and 10b  11 Net income from unrelated business satisfies not included in line 10b, whether or not the business is regularly carned on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  13 Total support (Add Ines 9 to, e. 1, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16 Rubic support percentage from 2008 Schedule A, Part III, line 15  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2008 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  19 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	Cal	endar year (or fiscal year beginning in)						
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b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support (add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2008 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Private foundation. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	10a	dividends, payments received on securities loans, rents, royalties	9.266.	11.310.	22.104.	17,225.	3,837.	63,742.
c Add lines 10a and 10b 9, 266 . 11, 310 . 22, 104 . 17, 225 . 3, 837 . 63, 742 .  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  13 Total support (add lines 9, 10c, 11, and 12) 62, 803 . 84, 268 . 182, 152 . 123, 995 . 91, 551 . 544, 769 .  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	t	Unrelated business taxable income (less section 511 taxes) from businesses				•		
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support (Add Innes 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2008 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  19 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		Net income from unrelated business activities not included in line 10b, whether or not the business is	9,266.	11,310.	22,104.	17,225.	3,837.	63,742.
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	12	Other income. Do not include gain or loss from the sale of capital						
Check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	13		62,803.	84,268.	<u> 182,152.</u>	<u> 123,995.</u>	91,551.	<u>544,769.</u>
Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	_	check this box and stop here	<u></u>	<u> </u>				eation,
16 Public support percentage from 2008 Schedule A, Part III, line 15	Se	ction C. Computation of Publ	ic Support Pe	rcentage				
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2008 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  19a 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.	15	Public support percentage for 2009 (	ine 8, column (f) d	ıvıded by line 13, c	column (f))		15	
Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2008 Schedule A, Part III, line 17  Investment income percentage from 2008 Schedule A, Part III, line 17  Investment income percentage from 2008 Schedule A, Part III, line 17  Investment income percentage from 2008 Schedule A, Part III, line 17  Investment income percentage from 2008 Schedule A, Part III, line 17  Investment income percentage from 2008 Schedule A, Part III, line 17  Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)  Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)  Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)  Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)  Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)  Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)  Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)  Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)  Investment income percentage from 2008 (line 10c, column (f) divided by line 13, column (f)  Investment income percentage from 2008 (line 10c, column (f) divided by line 13, column (f)  Investment income percentage from 2008 (line 10c, column (f) divided by line 13, column (f)  Investment income percentage from 2008 (line 10c, column (f) divided by line 13, column (f)  Investment income percentage from 2008 (line 10c, column (f) divided by line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, and line 17 is not more than 33 1/3%, and line 17 is not more than 33 1/3%, and line 17 is not more than 33 1/3%, and line 17 is not more than 33 1/3%, and line 17 is not more than 33 1/3%, and line 17 is not more than 33 1/3%, and line 17 is not more than 33 1/3%, and line 18 is not	_				<u> </u>		16	86.70 %
Investment income percentage from 2008 Schedule A, Part III, line 17  18  13.30 %  19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.	<u>Se</u>	ction D. Computation of Inves	stment Incom	e Percentage			<del></del>	
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	17	• •	-		ne 13, column (f))			44
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		· · · · · · · · · · · · · · · · · · ·						
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			•	_				
	ı							
	<u>20</u>	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			

FORM 990-EZ	ОТН	ER EXPENSES		STATEMENT	1
DESCRIPTION				AMOUNT	
INVESTMENT MANAGEMENT	FEES		-	64 1,36	0.
TOTAL TO FORM 990-EZ,	LINE 16		-	2,00	3.
FORM 990-EZ	ОТ	HER ASSETS		STATEMENT	2
DESCRIPTION			BEG. OF YEAR	END OF YEA	R
MARKETABLE SECURITIES PARTNERSHIP EQUITY- L		NG PROJECTS	443,621. 17,940.	431,89 19,33	
TOTAL TO FORM 990-EZ,	LINE 24	- -	461,561.	451,23	2.
FORM 990-EZ	OTHER	LIABILITIES		STATEMENT	3
DESCRIPTION			BEG. OF YEAR	END OF YEA	R
PARTNERSHIP EQUITY DE PROJECTS	FICITS- LOW INC	OME HOUSING	78,068.	78,85	5.
TOTAL TO FORM 990-EZ,	LINE 26	- -	78,068.	78,85	5.
`					
	(LOSS) FROM PUB	LICLY TRADED S	SECURITIES	STATEMENT	4
	(LOSS) FROM PUB  GROSS SALES PRICE	LICLY TRADED S  COST OR OTHER BASIS	SECURITIES  EXPENSE OF SALE	STATEMENT  NET GAIN OR (LOSS)	4
FORM 990-EZ GAIN	GROSS	COST OR	EXPENSE OF SALE	NET GAIN OR (LOSS)	4

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR F	UND BALANCES	STATEMENT	5
DESCRIPTION		TUUOMA	
UNREALIZED LOSSES ON MARKETABLE SECURITIES		<29,27	75.>
TOTAL TO FORM 990-EZ, LINE 20		<29,27	 75.>
FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS	STATEMENT	6
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN	•
PROGRAM	NONE	71,00	00.
SEE ATTACHED SCHEDULES			

FORM 990-EZ	-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				MENT	r 7	
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RESEARCHLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[	]	YES	[X]	NO	
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [	]	YES	[X]	NO	

990-EZ PG 2

STATEMENT

R

TO AID IN THE DEVELOPMENT OF HOUSING FOR LOW INCOME FAMILIES, TO PROMOTE THE EDUCATION AND INCREASE LITERACY AMONG MINORITY AND LOW INCOME PERSONS.

# Community Action Coalition of VA P O Box 160 - Suffolk, VA 23439-0160 Federal ID No 54-1549780

Stated Purpose	Classification	Donee's Name	Donee's Address	Donee's Relationship	Amount
2	Promote healthcare for minority and low income persons	Edmarc Hospice for Children	516 London Street	None	\$ 2,000.00
	and low income percent	- Crimaren	Portsmouth, VA 23704		
1	Low Income Housing Assistance	ForKids	P O. Box 6044	None	\$ 5,000.00
			Norfolk, VA 23508		
3	Promote the education of minority-low income persons	Va Legal Aid Society	P.O. Box 6200	None	\$ 5,000.00
			Lynchburg, VA 24505		
3	Promote the education of minority-low income persons	The Planning Council	130 West Plume Street	None	\$ 1,500.00
			Norfolk, VA 23510		
3	Promote the education of minority-low income persons	Girl Scout Council	912 Cedar Road	None	\$ 3,500.00
			Chesapeake, VA 23322-7002		
5	Promote healthcare for minority and low income persons	Western Tidewater Free Clinic	3000 Godwin Boulevard	None	\$ 15,000.00
			Suffolk, VA 23434		
4	Environmental	Nansemond Suffolk Academy	3373 Pruden Boulevard	None	\$ 3,000.00
			Suffolk, VA 23434		
1	Low Income Housing Assistance	Welcome Home	101 Brewer Avenue	None	\$ 5,000.00
			Suffolk, VA 23434		
4	Environmental	Suffolk Public Schools	100 North Main Street	None	\$ 2,000.00
			Suffolk, VA 23434		
5	Promote healthcare for minority and low income persons	Meals on Wheels	P O. Box 1100	None	\$ 3,000.00
	'		Suffolk, VA 23439-1100		
3	Promote the education of minority-low income persons	Salvation Army	P.O Box 1000	None	\$ 14,000.00
			Suffolk, VA 23439-1000		
3	Promote the education of minority-low income persons	YMCA	2769 Godwin Boulevard Suffolk, VA 23434	None	\$ 12,000.00

### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).  Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.  Part II  Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete  Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the a (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. In you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filling of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.  Type or print  Name of Exempt Organization  COMMUNITY ACTION COALITION  OF VIRGINIA C/O PERREL MNGMT CO  Number, street, and room or suite no. If a P.O. box, see instructions.  JOHN R. WYNN CPA, P. C., 5520 GREENWICH ROAD, SUITE 200	additional nstead,
Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Electronic Filling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the a (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. In you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.  Type or print  Name of Exempt Organization  COMMUNITY ACTION COALITION  OF VIRGINIA C/O PERREL MNGMT CO  S4-1549780  Number, street, and room or suite no. If a P.O. box, see instructions.  JOHN R. WYNN CPA, P. C., 5520 GREENWICH ROAD, SUITE 200	additional nstead,
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OF VIRGINIA C/O PERREL MNGMT CO Step the due date for filling your return See JOHN R. WYNN CPA, P. C., 5520 GREENWICH ROAD, SUITE 200	a number
Number, street, and room or suite no. If a P.O. box, see instructions.  JOHN R. WYNN CPA, P. C., 5520 GREENWICH ROAD, SUITE 200	
due date for filing your return See JOHN R. WYNN CPA, P. C., 5520 GREENWICH ROAD, SUITE 200	
return See	
Instructions   City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
VIRGINIA BEACH, VA 23462	
Check type of return to be filed (file a separate application for each return):	
Form 990 Form 990-T (corporation) Form 4720	
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227	
X Form 990-EZ Form 990-T (trust other than above) Form 6069	
☐ Form 990-PF ☐ Form 1041-A ☐ Form 8870	
DANA CUTLER  The books are in the care of ▶ P.O. BOX 160 - SUFFOLK, VA 23439-0160  Telephone No. ▶ 757-925-4738  FAX No. ▶ 757-539-5014  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group,	check this
box   If it is for part of the group, check this box   and attach a list with the names and EINs of all members the extension of the group.	
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until XUGUST_15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ X calendar year 2009 or  ▶ tax year beginning, and ending	
2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in account	iting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	
tax payments made. Include any prior year overpayment allowed as a credit.  3b \$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	
e i e construction de la constru	
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	N/A

LHA

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

Form 8868 (Rev. 4-2009)