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Form 990-EZ

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

OMB No 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service

Diluter Section 301(c), 327, of 4947(a)(1) of the internal revenue bodie (except brack rung benefit trade of private foundation)

Sponsoring organizations of donor advised funds ofganizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

and ending For the 2010 calendar year, or tax year beginning Check if D Employer identification number C Name of organization COMMUNITY ACTION COALITION Address change 54-1549780 OF VIRGINIA C/O PERREL MNGMT CO Name change Number and street (or P.O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 757-925-4738 P.O. BOX 160 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return 23439-2344 Number > SUFFOLK. VA Application pending X Cash H Check X if the organization is not Accounting Method: Accrual Other (specify) Website ► N/A required to attach Schedule B Tax-exempt status (check only one) - X 501(c)(3) 501(c) () **◄**(insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). K Check In the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 190,070. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) X Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 84,697. Program service revenue including government fees and contracts 2 2 Membership dues and assessments 3 3 SEE SCHEDULE O 5,373. 4 Investment income 100,000 Gross amount from sale of assets other than inventory 100,000. Less; cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 0. 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater 6a \$15,000) b Gross income from fundraising events (not including \$ MAY from fundraising events reported on line 1) (attach schedule G if the subject such of contributions gross income and contributions exceeds \$15.000) 6Ь c Less: direct expenses from gaming and fundraising ex-6c and subtract line 6c) 6d Net income or (loss) from gaming and fundraising events (add lines 6a and 7a Gross sales of inventory, less returns and allowances 7a 7b Less, cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule 0) 8 8 90,070. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 SEE SCHEDULE O 90,825. 10 10 Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members 11 11 12 12 Salaries, other compensation, and employee benefits 550. Professional fees and other payments to independent contractors 13 13 Occupancy, rent, utilities, and maintenance 14 14 38. 15 15 Printing, publications, postage, and shipping 3,632. SEE SCHEDULE O Other expenses (describe in Schedule 0) 16 16 17 95,045. 17 Total expenses. Add lines 10 through 16 <4,975.> Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 374,956. 19 (must agree with end-of-year figure reported on prior year's return) 17,018.SEE SCHEDULE O 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 386,999. Net assets or fund balances at end of year. Combine lines 18 through 20

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2010 020E0 COMMINITARY

Form **990-EZ** (2010)

LHA For Paperwork Reduction Act Notice, see the separate instructions

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Pa	art II	Balance Sheets. (see the instructions f	or Part II)					
		Check if the organization used Schedule O to re	spond to any question	in this Part II				X
					(A) Beginning of year		(B) E	nd of year
22	Cash,	, savings, and investments			2,579	. 22		0.
23		and buildings				23		
24		-	SCHEDULE C		451,232	. 24		466,125.
25		assets			453,811			466,125.
26			SCHEDULE C		78,855			79,126.
27		ssets or fund balances (line 27 of column (B) m			374,956			386,999.
	art III							cpenses
		Check if the organization used Schedule O to i	espond to any questio	n in this Part III		X		for section
Wha	at is the	organization's primary exempt purpose?SEE						and 501(c)(4) ons and section
		hat was achieved in carrying out the organ			ncise manner, descri	be.) trusts; optional
		es provided, the number of persons benefite					for others	.)
		ATTACHED FOOTNOTES	······································					
20	<u> </u>	111111111111111111111111111111111111111						
	(Grants	s \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	unt includes foreign	grants, check here			28a	95,043.
29	<u> Cranc</u>	γ ii tiis amot	ant molades foreign	granto, oriodiction				20,0201
23								
	(Grants	s \$) If this amou	unt includes foreign	grants check here	.		29a	
30	Quant	j η this arriot	ant includes foreign	grants, oncor noro			100	
50								
	(Grants	e \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	unt includes foreign	grants, check here			30a	
21		program services (describe in Schedule O)	ant molades lereign	gramo, orioon noro			1000	
31	(Grant:		unt includes foreign	grants check here	•		31a	
22		program service expenses (add lines 28a		grants, onconnore			32	95,043.
	art IV		tees. and Kev I	Employees, List each on	e even if not compensated (see the		
	41618	Check if the organization used Schedule O to	-		(
		Onder if the organization asea concedit of to	ospona to any quosno	(b) Title and average hou	rs (c) Compensation	(d) c	Contributions	(e) Expense
		(a) Name and address		per week devoted to	(If not paid, enter	to	employee efit plans &	account and
		(a) Name and address		position	-0-)		deferred	other allowances
ш	DDV	LEE CROSS III, 1707 h	TATN	PRESIDENT		COL	npensation	
	'REE'		4. 121111	0.00	0.		0.	0.
		TE HARRELL, 407 W RIVE	PDVT FW	VICE PRESIDE			<u> </u>	· · · · ·
E INC	TARE	, SUFFOLK, VA 23434	FUATEM	0.00	0.		0.	0.
		ALWOOD		SECRETARY/TE			<u> </u>	
_			VA 23434	0.00	0.		0.	0.
<u> 1 (</u>	<u> </u>	DGEWOOD AVE, SUFFOLK,	VA 23434	0.00	0.			<u>0.</u>
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Page 3

Pa	Other Information (Note the statement requirements in the instructions for Part V.)			Х
	Check if the organization used Schedule 0 to respond to any question in this Part V		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in		163	140
33	Schedule 0	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
•	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
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, explain in Schedule O why the organization did not report the income on Form 990-T.			1
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or			ĺ
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		Х
ь	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,"			i
	complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	,		
b	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A	_		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	_		
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 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization O.			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			37
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X
41	List the states with which a copy of this return is filed. NONE) E 1	720	
42 a	The organization's books are in care of \blacktriangleright DANA CUTLER Located at \blacktriangleright P.O. BOX 160, SUFFOLK, VA Telephone no. \blacktriangleright 757-92			
	· · · · · · · · · · · · · · · · · · ·	1343	<u> </u>	100
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	Nο
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	Х
	,	420		
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ĺ
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		х
Ü	If "Yes," enter the name of the foreign country:	720		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
70	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		_
	and enter the amount of tax exempt microst resolved or accorded during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
•••	Form 990-EZ	44a		x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		l	
·	of Form 990-EZ	44b		Х
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
-	ın Schedule O	44d_		L
		Form 9	90-EZ	(2010

-0111	1 990-62 (2	OF VIRGINIA C/C) PERREL MN	IGMT CO		- -	54-1545	<u> </u>		Page 4
									Yes	
45	Is any rela	ated organization a controlled entity of the org	ganization within the	meaning of section	n 512(b)	(13)?		45		X
а	Did the or	ganization receive any payment from or enga-	ge in any transaction wi	ith a controlled entity	within the	e meaning of section	512(b)(13)?			
	If "Yes," F	orm 990 and Schedule R may need to be com	pleted instead of Form	990-EZ				45a		X
46	Did the or	ganization engage, directly or indirectly, in po	litical campaign activitie	es on behalf of or in i	opposition	to candidates for pi	ublic office?			
	If "Yes," c	omplete Schedule C, Part I						46		X
Pa	art VI	Section 501(c)(3) organizations	and section 49	947(a)(1) none	kempt	charitable tru	sts only. Al	section	n 501(d	0)(3)
		organizations and section 4947(a)(1) nonexer	mpt charitable trusts mi	ust answer questions	s 47-49b a	and 52, and complete	the tables for I	ines 50	and 51	1
		Check if the organization used Schedule O to r	•							
						····			Yes	No
47	Old the or	ganization engage in lobbying activities? If "Y	es " complete Scher	dule C. Part II				47		Х
48		anization a school as described in section 170			ıle F			48		X
49a		ganization make any transfers to an exempt n			JIQ L			49a		X
		as the related organization a section 527 orga		gamzanom				49b		122
50		this table for the organization's five highest c		. (other than officers	directors	tructoos and kay or	nnlovens) who	ч—	201/04	more.
30		0,000 of compensation from the organization.			, uii cului s	, ii usiees anu key ei	iipioyees) wiio	Eachite	Leiveu	more
	tilali φ i ψ	5,000 of compensation from the organization.	ii tilete is florie, efiter i	(b) Title and average	na houre	(a) Companyation	(d) Contribution		- 1 Evo	
		(a) Name and address of each ampleyee no	d more	per week devot		(c) Compensation	to employee	,	e) Expe ccount	
		(a) Name and address of each employee parthan \$100,000		position	.00 10		benefit plans & deferred	. 1	er allow	
		MON	(E	<u> </u>			compensation			
				4						
								-		
				_						
								_		
				_						
		<u>-</u> .								
				_						
								1		
f	Total num	iber of other employees paid over \$100,000		•						
51	Complete	this table for the organization's five highest c	ompensated independe	ent contractors who e	ach receiv	ved more than \$100,	000 of compen	sation f	rom the	е
	organizat	on. If there is none, enter "None." NON	IE							
	-	(a) Name and address of each independent	contractor paid more th	nan \$100,000		(b) Type of ser	vice	(c) Con	pensat	tion
							ı			
					-					
					-					
										_
			-							
	T	the effective and the second								- ·· · · ·
		ber of other independent contractors each re				· · · · · · · · · · · · · · · · · · ·				
52	Did the or	ganization complete Schedule A? Note: All se	ction 501(c)(3) organiz	rations and 4947(a)(1) nonexe	mpt	-		_	_
	charitable	trusts must attach a completed Schedule A	d this return, including acco	omnanving schedules an	d statemen	le and to the heat of m	knowledge and b	X Ye	s L	No
		nder penalties of perjury, I declare that I have examine orrect, and complete. Declaration of preparer (other the	officer) is based on all infe	ormation of which prepa	rer has any	knowledge	Knowledge and b	eller, it is	uue,	
Sig	ın 📗	Von Crook								
He	re	Signature of officer					Date			
		V Harry L. Cross, I	<u> </u>				_			
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature	1	Date	Check] if PTIN			
Pai	id					self- emplo	yed			
Pre	eparer	JOHN R WYNN CPA		ļ						
	e Only	Firm's name ► JOHN R WYNN	CPA PC	· · · · · · · · · · · · · · · · · · ·		Firm's EIN	>	-		
	•	Firm's address ▶ 5520 GREENW		00		Phone no.	757-9	65-	990	0
		VA. BEACH,		-						•
Mav	the IRS dis	scuss this return with the preparer shown abo					▶ [X Ye	s	No
0321 03-04	74							Form 9		
JJ-04	T-11								JU LL	(2010)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

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. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

COMMUNITY ACTION COALITION

OF VIRGINIA C/O PERREL MNGMT CO

Reason for Public Charity Status (All organizations must complete this part) See instructions

Employer identification number

54-1549780

The	organ	ization is not a	private foundation	because it is (For lines 1	through	11, check	only one t	oox)					
1		A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ection 170	(b)(1)(A)(i)).				
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E)								
3		A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	ii). Enter t	the hospital	's nam	ie,
		city, and stat								•	•		
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed in		
		section 170	(b)(1)(A)(ıv). (Comple	ete Part II)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi). (Comple	te Part II)									
8		A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II)							
9	X			eives (1) more than 33 1			rom contri	ibutions, n	nembershi	p fees, ai	nd gross red	ceipts	from
		activities rela	ted to its exempt fur	nctions - subject to certa	ıın exceptı	ons, and (2) no more	than 33 1	1/3% of its	support	from gross	invest	ment
		income and u	inrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 3	0, 197	'5
		See section	509(a)(2). (Complete	Part III)									
10		An organizati	on organized and or	perated exclusively to tes	st for publ	c safety S	See sect io	on 509(a)(4	4).				
11		An organizati	on organized and or	perated exclusively for th	ne benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes o	of one	or
		more publicly	supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(a	2) See se o	ction 509(a)(3). Che	eck the box	that	
		describes the	type of supporting	organization and comple	ete lines 1	1e through	11h						
		a Type I	b	Type II c	: 🔲 Тур	e III - Fund	tionally in	tegrated		d	Type III (Other	
е		By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified	persons oth	er tha	n
		foundation m	anagers and other t	han one or more publicly	supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2)	
f		If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting or	ganization, check th	nis box									
g	I	Since August	17, 2006, has the c	rganization accepted an	y gift or co	ontribution	from any	of the follo	owing pers	sons?			
		(i) A persoi	n who directly or ind	rectly controls, either ale	one or tog	ether with	persons o	described	ın (ıı) and (III) below,		Yes	No
		the gove	erning body of the si	upported organization?							11g(i)		
		(ii) A family	member of a persor	n described in (i) above?							11g(iı)		
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	e?					11g(ni)		
h)	Provide the fe	ollowing information	about the supported org	ganization	(s)							
(i)	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization			(vi) Is	the	(vii) Am	ount o	f
•		anization	, ,	l (decembed on lines 1 ()	. , ,	sted in your		tion in col.	organization (i) organiz U.S	ed in the		port	
				above or IRC section	governing	document?	(i) of you	r support?	U.S	?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for 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

				,			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4				-A		
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	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 IV)			<u></u>			
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	· · · · · · · · · · · · · · · · · · ·
	organization, check this box and stor						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (line 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2010. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatioi	ו			▶□
b	33 1/3% support test - 2009. If the o	rganization did no	t check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	ıs box
	and stop here. The organization qual	ifies as a publicly:	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - 2010. If the orga	anization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"	test The organiza	ition qualifies as a	publicly supporte	ed organization		▶□
b	10% -facts-and-circumstances tes	t - 2009.If the orga	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		•		•		
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a pub	licly supported org	anızatıon	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box	and see instruction	s >
					Sch	edule A (Form 990	or 990-EZ) 2010

Schedule A (Form 990 or 990 EZ) 2010 OF VIRGINIA C/O PERREL MNGMT CO 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 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.)

Sec	ction A. Public Support	sigw, piedae comp	nete i art ii j			· · · · · - · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	,	65,875.				65,875.
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	72,958.	94,173.	106,770.	87,714.	84,697.	446,312.
3	Gross receipts from activities that						
	are not an unrelated trade or bus				-		
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf	<u>-</u>					
5	The value of services or facilities	1					
	furnished by a governmental unit to	1					
	the organization without charge						
6	Total. Add lines 1 through 5	72,958.	160,048.	106,770.	87,714.	84,697.	512,187.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
C	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
	amount on line 13 for the year						0.
	Add lines 7a and 7b						512,187.
	Public support (Subtract line 7c from line 6) ction B. Total Support						312,107.
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	72,958.	160,048.	106,770.	87,714.	84,697.	512,187.
-	Gross income from interest,	72,330.	100,040.	100,770.	07,7120	01/03/1	312/10/1
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	11,310.	22,104.	17,225.	3,837.	5,373.	59,849.
Ł	Unrelated business taxable income				9 / 9 9		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	11,310.	22,104.	17,225.	3,837.	5,373.	59,849.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)	84,268.	182,152.	123,995.	91,551.	90,070.	572,036.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3) organız	ation,
_	check this box and stop here						
	ction C. Computation of Publ					1	00 54
	Public support percentage for 2010 (I	• • • • • • • • • • • • • • • • • • • •	•	column (f))		15	89.54 % 88.30 %
	Public support percentage from 2009 ction D. Computation of Investigation					16	88.30 %
_	Investment income percentage for 20			ne 13 column (fl)		17	10.46 %
	Investment income percentage from 2			ie 13, column (ij)		18	11.70 %
	a 33 1/3% support tests - 2010. If the			on line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box a						▶ X
ı	33 1/3% support tests - 2009. If the	-	•		•		
	line 18 is not more than 33 1/3%, che	•					▶□
20	Private foundation. If the organization			•		-	▶□

COMMITTEE 1

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

COMMUNITY ACTION COALITION
OF VIRGINIA C/O PERREL MNGMT CO

Employer identification number 54-1549780

OF VIRGINIA C/O PERREL MNGMT CO	54-1549780
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	4,602.
DIVIDENDS	771.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	5,373.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: PROGRAM	
GRANTEE NAME: SEE ATTACHED SCHEDULES	
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
AMOUNT GIVEN:	90,825.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INVESTMENT MANAGEMENT FEES	2,286.
INSURANCE	1,346.
TOTAL TO FORM 990-EZ, LINE 16	3,632.
FORM 990-EZ, PART I, LINE 21, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED LOSSES ON MARKETABLE SECURITIES	17,018.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	
DESCRIPTION BEG. OF	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sch	nedule O (Form 990 or 990-EZ) (2010)

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

COMMUNITY ACTION COALITION Name of the organization

Employer identification number

PARTNERSHIP EQUITY- LOW INCOME HOUSING PROJECTS 19 TOTAL TO FORM 990-EZ, LINE 24 FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: DESCRIPTION BEG. OF PARTNERSHIP EQUITY DEFICITS- LOW INCOME	, , ,	er identification number 1549780
PROJECTS TOTAL TO FORM 990-EZ, LINE 24 451 FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: DESCRIPTION BEG. OF PARTNERSHIP EQUITY DEFICITS- LOW INCOME HOUSING PROJECTS 78 FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO AID I OF HOUSING FOR LOW INCOME FAMILIES, TO PROMOTE THE EDUCA INCREASE LITERACY AMONG MINORITY AND LOW INCOME PERSONS. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENE THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY F OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CON THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREM	,898.	458,473.
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THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREM		
	TRACT.	
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	IUMS,	DIRECTLY,
		

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

	Federal ID No 54-1548	9780				
Stated Purpose	Classification	Donee's Name	Donee's Address	Donee's Relationship		Amount
5	Promote healthcare and nutrition for minority and low income	Edmarc Hospice for Children	516 London Street	None	\$	5,000.00
			Portsmouth, VA 23704			
3	Promote the education of minority-low income persons	Suffolk Sister Cities	PO Box 796	None	\$	5,000.00
			Suffolk, VA 23439-0796			
3	Promote the education of minority-low income persons	Va Legal Aid Society	P O Box 6200	None	\$	7,500.00
			Lynchburg, VA 24505			
3	Promote the education of minority-low income persons	Suffolk Art League	P O Box 1086	None	\$	2,000.00
			Suffolk, VA 23439-1086			
3	Promote the education of minority-low income persons	Access College Foundation	7300 Newport Avenue, Suite 500	None	\$	5,000.00
			Norfolk, VA 23505			
5	Promote healthcare and nutrition for minority and low income	Western Tidewater Free Clinic	3000 Godwin Boulevard	None	\$	8,000.00
			Suffolk, VA 23434			
4	Environmental	Nansemond Suffolk Academy	3373 Pruden Boulevard	None	\$	5,000.00
			Suffolk, VA 23434			
5	Promote healthcare and nutrition for minority and low income	Suffolk Churches	Vanous	None	\$	2,000 00
			Funded local churches food banks			
1	Low Income Housing Assistance	The Geneive Shelter	PO Box 1585	None	\$	15,000.00
			Suffolk, VA 23439-1585			
3	Promote the education of minority-low income persons	Suffolk Literacy Council	157 North Main Street	None	\$	2,000.00
			Suffolk, VA 23434			
5	Promote healthcare and nutrition for minority and low income persons	Meals on Wheels	P O Box 1100	None	\$	8,000.00
			Suffolk, VA 23439-1100			
3	Promote the education of minority-low income persons	Salvation Army	P O Box 1000	None	\$	14,325.00
	Promote the education of		Suffolk, VA 23439-1000		<u> </u>	
3	minority-low income persons	YMCA	2769 Godwin Boulevard Suffolk, VA 23434	None	\$	12,000.00

Total Grants included on Form 990 part 2, line 22

90,825 00