

N. Wesley Pughsley Jr. & Associates CPA
401 Gainsboro Rd NW
Roanoke, VA 24016

TRI-COUNTY COMMUNITY ACTION AGENCY
TRI-COUNTY COMMUNITY ACTION AGENCY
1176 HUELL MATTHEWS HWY/PO BOX 799
SOUTH BOSTON, VA 24592



Federal Diagnostics

Critical Messages

- Part IX, Total program service expenses does not equal Part III, line 4e
- Part III, Program service accomplishment description is required for amount entered

Electronic Filing

None

Informational Messages

- Force field entered with data "1,316,464" on Screen PSA
- Force field entered with data "2,757" on Screen PSA
- Force field entered with data "380,937" on Screen PSA
- Force field entered with data "1,370,774" on Screen PSA
- Force field entered with data "16,790" on Screen Exp-2
- Force field entered with data "96,586" on Screen Bal-2
- EOY unrestricted fund balance; 96586 does not equal the calculated EOY -151874
- Historical Report (990 Return) does not display 2019 column if Tax Projection has not been selected.
- Books in Care of is using officer marked in the officer window; Organization phone number is used for contact
- Enter lobbying expenses by electing public charity on Screen SchC
- 990, Part III total program service revenue does not match 990, Part VIII, line 2g total program service revenue
- Sch C, Part II-B, Description of lobbying activities is omitted
- Preparer 'N. WESLEY PUGHSLEY, JR.'

Missing Data

	Prior Year Data
General Options, Prior Year Revenue and Expenses, Penalties	
<input type="checkbox"/> Prior year contributions rev	2,400,094
<input type="checkbox"/> Prior year prog service rev	59,109
<input type="checkbox"/> Prior year investment rev	1,966
<input type="checkbox"/> Prior year salaries expense	1,717,400
<input type="checkbox"/> Prior year other expenses	782,707
Balance Sheet - Assets	
<input type="checkbox"/> Savings - BOY	259,954
<input type="checkbox"/> Grants receivable - BOY	248,471
<input type="checkbox"/> Accounts receivable - BOY	1,524
<input type="checkbox"/> Inventories - BOY	2,772
<input type="checkbox"/> Prepaid expense - BOY	5,861
Balance Sheet - Liabilities and Equity	
<input type="checkbox"/> Accounts payable - BOY	23,225
<input type="checkbox"/> Temporarily restricted - BOY	235,585
<input type="checkbox"/> Other liabilities - BOY	392,608

Overrides

- Overridden field with data "990 MADE AVAILABLE TO THE PUBLIC UPON REQUEST" on Form / Schedule Sch O
- Overridden field with data "990 IS REVIEWED BY BOD BEFORE PROCESSING. DUE TO COVID19 WAS NOT DONE." on Form / Schedule Sch O
- Overridden field with data "CORRECT FIXED ASSETS & CD Schedule Sch O \$ (60,741)" on Form /
- Overridden field with data "-60,741" on Form / Schedule 990
- Overridden field with data "448,421" on Form / Schedule 990
- Overridden field with data "(none)" on Form / Schedule 990
- Overridden field with data "(none)" on Form / Schedule 990
- Overridden field with data "(none)" on Form / Schedule 990
- Overridden field with data "1,553,210" on Form / Schedule 990
- Overridden field with data "1,649,402" on Form / Schedule 990

Federal Diagnostics

Overrides (cont.)

- Overridden field with data "80,668" on Form / Schedule 990
- Overridden field with data "58,552" on Form / Schedule 990
- Overridden field with data "249,060" on Form / Schedule 990
- Overridden field with data "59,899" on Form / Schedule 990
- Overridden field with data "112,882" on Form / Schedule 990
- Overridden field with data "18,502" on Form / Schedule 990
- Overridden field with data "4,310" on Form / Schedule 990
- Overridden field with data "202,805" on Form / Schedule 990
- Overridden field with data "109,680" on Form / Schedule 990
- Overridden field with data "308,959" on Form / Schedule 990
- Overridden field with data "448,179" on Form / Schedule 990
- Overridden field with data "1,032,143" on Form / Schedule 990
- Overridden field with data "1,996,851" on Form / Schedule 990
- Overridden field with data "2,722,003" on Form / Schedule 990
- Overridden field with data "26,274" on Form / Schedule 990
- Overridden field with data "343" on Form / Schedule 990
- Overridden field with data "102,478" on Form / Schedule 990
- Overridden field with data "-1" on Form / Schedule 990

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning **07/01/18** , and ending **06/30/19**

TRI-COUNTY COMMUNITY ACTION AGENCY 54-0805926
TRI-COUNTY COMMUNITY ACTION AGENCY

Net Asset / Fund Balance at Beginning of Year		<u>139,220</u>
Revenue		
Contributions	<u>3,114,653</u>	
Program service revenue	<u>81,882</u>	
Investment income	<u>1,417</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>-1</u>	
Total revenue		<u>3,197,951</u>
Expenses		
Program services	<u>3,070,902</u>	
Management and general	<u>184,155</u>	
Fundraising		
Total expenses		<u>3,255,057</u>
Excess / (deficit)		<u>-57,106</u>
Changes		<u>248,460</u>
Net Asset / Fund Balance at End of Year		<u>330,574</u>

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>3,197,951</u>

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>3,255,057</u>

	Beginning	Ending	Differences
Assets	<u>448,179</u>	<u>665,411</u>	
Liabilities	<u>308,959</u>	<u>334,837</u>	
Net assets	<u>139,220</u>	<u>330,574</u>	<u>191,354</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/20
 Failure to file penalty _____

N. Wesley Pughsley Jr. & Associates CPA
401 Gainsboro Rd NW
Roanoke, VA 24016
540-345-3041

May 15, 2020

CONFIDENTIAL

TRI-COUNTY COMMUNITY ACTION AGENCY
TRI-COUNTY COMMUNITY ACTION AGENCY
1176 HUELL MATTHEWS HWY/PO BOX 799
SOUTH BOSTON, VA 24592

Dear Ms. Carter:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

N. Wesley Pughsley Jr. & Associates CPA

N. Wesley Pughsley Jr. & Associates CPA
401 Gainsboro Rd NW
Roanoke, VA 24016
540-345-3041

May 15, 2020

CONFIDENTIAL

TRI-COUNTY COMMUNITY ACTION AGENCY
TRI-COUNTY COMMUNITY ACTION AGENCY
1176 HUELL MATTHEWS HWY/PO BOX 799
SOUTH BOSTON, VA 24592

For professional services rendered in connection with the preparation of the following tax forms
for year ending 6/30/19.

Amount due \$ 0.00

Filing Instructions

TRI-COUNTY COMMUNITY ACTION AGENCY TRI-COUNTY COMMUNITY ACTION AGENCY

Exempt Organization Tax Return

Taxable Year Ended June 30, 2019

Date Due: May 15, 2020

Remittance: None is required. Your Form 990 for the tax year ended 6/30/19 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

N. Wesley Pughsley Jr. & Associates CPA
401 Gainsboro Rd NW
Roanoke, VA 24016

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19.

u Do not send to the IRS. Keep for your records.

u Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

**TRI-COUNTY COMMUNITY ACTION AGENCY
TRI-COUNTY COMMUNITY ACTION AGENCY**

Employer identification number

54-0805926

Name and title of officer

**PETRINA CARTER
PRESIDENT & CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	3,197,951
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN as my signature
ERO firm name Enter five numbers, but
do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **05/15/20**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54121505926

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **N. WESLEY PUGHSLEY, JR.**

Date } **05/15/20**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **TRI-COUNTY COMMUNITY ACTION AGENCY**
 TRI-COUNTY COMMUNITY ACTION AGENCY
 Doing business as: **TCCAA**
 Number and street (or P.O. box if mail is not delivered to street address): **1176 HUELL MATTHEWS HWY/PO BOX 799**
 Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **SOUTH BOSTON VA 24592**

D Employer identification number: **54-0805926**

E Telephone number: **434-575-7916**

G Gross receipts: \$ **3,197,951**

F Name and address of principal officer:
1176 HUELL MATHEWES HWY
VA 24592

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **u TRICOUNTYVA.ORG**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: _____ **M** State of legal domicile: _____

H(c) Group exemption number **u** _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	77
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,722,003	Current Year 3,114,653
	9 Program service revenue (Part VIII, line 2g)	102,478	81,882
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	343	1,417
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,274	-1
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,851,098	3,197,951
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,996,851	2,086,932
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) u		0	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,032,143	1,168,125
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,028,994	3,255,057	
19 Revenue less expenses. Subtract line 18 from line 12	-177,896	-57,106	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 448,179	End of Year 665,411
	21 Total liabilities (Part X, line 26)	308,959	334,837
	22 Net assets or fund balances. Subtract line 21 from line 20	139,220	330,574

Part II Signature Block

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.

Sign Here Signature of officer: **PETRINA CARTER** Date: _____
 Type or print name and title: **PRESIDENT & CEO**

Paid Preparer Use Only

Print/Type preparer's name: **N. WESLEY PUGHSLEY, JR.** Preparer's signature: **N. WESLEY PUGHSLEY, JR.** Date: **05/15/20** Check if self-employed PTIN: **P00487434**

Firm's name: **N. Wesley Pughsley Jr. & Associates CPA** Firm's EIN: _____
 Firm's address: **401 Gainsboro Rd NW**
Roanoke, VA 24016 Phone no.: **540-345-3041**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,370,774** including grants of \$) (Revenue \$)

See Schedule O

4b (Code:) (Expenses \$ **380,937** including grants of \$) (Revenue \$)

The Domestic Violence and Sexual Assault Program assists individuals and families in Halifax, Charlotte, Mecklenburg, and Lunenburg Counties. Services include a 24-Hour hotline, an emergency shelter, assistance filing for a protective order, custody and/or visitation, criminal justice information, crisis intervention, supportive services, medical and court room companionship, transportation and education. During the 2018-2019 fiscal year Tri-County has been successful in providing 997 nights of safe shelter to 36 families. The program accompanied 267 individuals to court for civil and criminal proceedings to gain protective orders and/or testify against their abusers.

4c (Code:) (Expenses \$ **2,757** including grants of \$) (Revenue \$)

The Mentor Role Program which became a part of TCCAA in February of 2019, currently serves Halifax County youth by delivering quality mentoring services. The children enrolled in the Mentor Role Model Program participate in one-on-one mentoring, photography camps, coding for elementary, middle and high school aged girls, and other STEAM enrichment activities. Through this program we were successful in enrolling 30 middle school girls in the Girls Who Code program. This program was successful in developing a partnership with Microsoft Corporation which has offices in Mecklenburg County. Microsoft enhanced the program by donating tablets for the youth to use outside of the program.

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

(Expenses \$ **1,316,464** including grants of \$) (Revenue \$)

4e Total program service expenses **u 3,070,932**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 77		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official		X
15b	b Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

PETRINA CARTER **1176 HUELL MATHEWES HWY**
SOUTH BOSTON **VA 24592** **434-575-7916**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANIE LUCK	0.00									
TREASURER	0.00	X					0	0	0	
(2) GLANZY SPAIN	0.00									
BOD CHAIR	0.00	X					0	0	0	
(3) LINDA LEAK	0.00									
BOD MEMBER	0.00	X					0	0	0	
(4) ANDY HARGROVE	0.00									
BOD MEMBER	0.00	X					0	0	0	
(5) THELMA SALTERS	0.00									
BOD MEMBER	0.00	X					0	0	0	
(6) HURBERT PANNELL	0.00									
VICE CAHIRMAN	0.00	X					0	0	0	
(7) JUANITA KINCY	0.00									
BOD MEMBER	0.00	X					0	0	0	
(8) ELIZABETH BLAIR TRENT	0.00									
SECRETARY	0.00	X					0	0	0	
(9) LAVERN TAYLOR	0.00									
BOD MEMBER	0.00	X					0	0	0	
(10) JEFFERY FRANCISCO	0.00									
BOD MEMBER	0.00	X					0	0	0	
(11) TANESHIA MAYFIELD	0.00									
BOD MEMBER	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) LOTT ROGERS	0.00									
BOD MEMBER	0.00	X					0	0	0	
(13) ANNETTE TUCKER	0.00									
BOD MEMBER	0.00	X					0	0	0	
(14) DEBRA CROWDER	0.00									
BOD MEMBER	0.00	X					0	0	0	
(15) WILLIAM MCCARGO	0.00									
BOD MEMBER	0.00	X					0	0	0	
(16) KAY PIERANTONI	0.00									
BOD MEMBER	0.00	X					0	0	0	
(17) SARI GOFF	0.00									
BOD MEMBER	0.00	X					0	0	0	
(18) PETRINA CARTER	0.00									
PRESIDENT & CEO	0.00			X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	3,096,595			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,058			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u	3,114,653			
Program Service Revenue	2a INCOME/MISCELLANEOUS	Busn. Code	41,054	41,054		
	b INCOME/DEPR RECAPTURE		27,385	27,385		
	c IPR LOAN- WILFORD SYDNOR		3,450	3,450		
	d INC/HALIFAX PARENT FUND		2,358	2,358		
	e IPR LOAN - CATHY CLARK		2,166	2,166		
	f All other program service revenue		5,469	5,469		
	g Total. Add lines 2a-2f	u	81,882			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	1,417	1,417	
4 Income from investment of tax-exempt bond proceeds		u				
5 Royalties		u				
6a Gross rents		(i) Real				
		(ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)		u				
7a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other				
b Less: cost or other basis & sales exps.						
c Gain or (loss)						
d Net gain or (loss)		u				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
		b Less: direct expenses	b			
	c Net income or (loss) from fundraising events	u				
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	u				
Miscellaneous Revenue		Busn. Code				
11a			-1			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u		-1			
12 Total revenue. See instructions.	u	3,197,951	83,299	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,636,941	1,636,941		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,760	10,760		
9 Other employee benefits	406,711	406,711		
10 Payroll taxes	32,520	32,520		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	11,381	11,381		
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	113,773	108,812	4,961	
17 Travel	54,197	54,197		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,385	23,385		
20 Interest	14,565	14,565		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,790	16,790		
23 Insurance	22,596	22,217	379	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INDIRECT COSTS	244,953	244,953		
b OTHER/ MISCELLANEOUS	148,737	148,737		
c FOOD COSTS	121,936	121,936		
d MATERIALS	60,651	60,651		
e All other expenses	335,161	156,346	178,815	
25 Total functional expenses. Add lines 1 through 24e	3,255,057	3,070,902	184,155	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing		1	0
	2 Savings and temporary cash investments	109,680	2	115,189
	3 Pledges and grants receivable, net	202,805	3	408,216
	4 Accounts receivable, net	4,310	4	31,725
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	1,000
	9 Prepaid expenses and deferred charges	18,502	9	13,089
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,649,402		
	b Less: accumulated depreciation	10b 1,553,210	112,882	10c 96,192
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	448,179	16	665,411	
Liabilities	17 Accounts payable and accrued expenses	59,899	17	25,426
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	249,060	25	309,411
	26 Total liabilities. Add lines 17 through 25	308,959	26	334,837
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	58,552	27	96,586
	28 Temporarily restricted net assets	80,668	28	233,988
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	139,220	33	330,574	
34 Total liabilities and net assets/fund balances	448,179	34	665,411	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,197,951
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,255,057
3	Revenue less expenses. Subtract line 2 from line 1	3	-57,106
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	448,421
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-60,741
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	330,574

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **TRI-COUNTY COMMUNITY ACTION AGENCY** Employer identification number **54-0805926**
TRI-COUNTY COMMUNITY ACTION AGENCY

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,520,644	2,510,939	2,400,094		3,114,653	10,546,330
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,520,644	2,510,939	2,400,094		3,114,653	10,546,330
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.						10,546,330

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	2,520,644	2,510,939	2,400,094		3,114,653	10,546,330
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 VI.)						
11 Total support. Add lines 7 through 10						10,546,330

12 Gross receipts from related activities, etc. (see instructions) 12 83,299

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	100.00 %

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2018. 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—2017. 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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)			Current Year
Section D - Distributions			
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018
			(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2018		
	a From 2013		
	b From 2014		
	c From 2015		
	d From 2016		
	e From 2017		
	f Total of lines 3a through e		
	g Applied to underdistributions of prior years		
	h Applied to 2018 distributable amount		
	i Carryover from 2013 not applied (see instructions)		
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2018 from Section D, line 7: \$		
	a Applied to underdistributions of prior years		
	b Applied to 2018 distributable amount		
	c Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		
8	Breakdown of line 7:		
	a Excess from 2014		
	b Excess from 2015		
	c Excess from 2016		
	d Excess from 2017		
	e Excess from 2018		

**SCHEDULE C
(Form 990 or 990-EZ)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2018

Department of the Treasury
Internal Revenue Service

u Complete if the organization is described below. **u** Attach to Form 990 or Form 990-EZ.
u Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **TRI-COUNTY COMMUNITY ACTION AGENCY** Employer identification number **54-0805926**
TRI-COUNTY COMMUNITY ACTION AGENCY

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) **u** \$
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 **u** \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 **u** \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities **u** \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities **u** \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b **u** \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

TRI-COUNTY COMMUNITY ACTION AGENCY TRI-COUNTY COMMUNITY ACTION AGENCY

Employer identification number

54-0805926

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors... Yes No, 6 Did the organization inform all grantees, donors, and donor advisors... Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		59,826		59,826
b Buildings		1,649,402	1,553,210	96,192
c Leasehold improvements				
d Equipment				
e Other		750,206	713,941	36,265
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				192,283

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) NOTES PAYABLES FHA L. TERM	216,644	
(3) VACATION ACCURAL LIABILITY	44,277	
(4) LINE OF CREDIT	31,797	
(5) NOTES PAYABLES FHA CURR	16,693	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	309,411	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Dotted lines for providing supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization	TRI-COUNTY COMMUNITY ACTION AGENCY TRI-COUNTY COMMUNITY ACTION AGENCY	Employer identification number 54-0805926
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Doing Business As - Additional Names

TCCAA

Form 990 - Organization's Mission

Tri-County Community Action (TCCAA) is rooted in the community and is utilized by its citizens as a central repository for resources and services which address the needs of the community. TCCAA has been a staple in the community for fifty-five (55) years. Since its inception, TCCAA has successfully administered over 50 million dollars in human services and community economic development projects geared towards low income individuals and families.

Our program services are developed to enable low income families and individuals the ability to attain skills, knowledge, support and motivation to become fully self-sufficient. Tri-County Community Action Agency is on a mission to eliminate the violence of poverty through advocacy, empowerment and self-sufficiency. We are a non-profit 501 (c)(3) organization dedicated to making a positive difference in the lives of individuals and families who are experiencing the effects of poverty.

Form 990, Part III, Line 4a - First Accomplishment

HEAD START:

As part of the war on poverty, the Head Start program was created in 1965. It was designed to narrow the gap between disadvantaged and more privileged children as they entered kindergarten, by providing a high-quality

Name of the organization TRI-COUNTY COMMUNITY ACTION AGENCY	Employer identification number 54-0805926
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preschool education to improve children's school readiness. Our Head Start program serves low income families with children ages three to five in Halifax and Mecklenburg Counties. The program prepares children with school readiness skills through education, health, and other social services. Head Start ensures family well-being through parent involvement, cultural enrichment, and community resources. Head Start is about more than early childhood education. The social service and parental involvement components of the program are vitally important to the success of children and families. This is the key tenet that sets the Head Start program apart from other preschool programs. During the 2018-2019 school year TCCAA was successful in maintaining full enrollment in our Halifax and Mecklenburg classes. We served 181 pre-school families through early education, family intervention, transportation, health services and early identification for children with disabilities.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
990 IS REVIEWED BY BOD BEFORE PROCESSING. DUE TO COVID19 WAS NOT DONE.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
The agency completes a conflict of interest/related party questionnaire annually as a part of the audit.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
990 MADE AVAILABLE TO THE PUBLIC UPON REQUEST

Form 990, Part IX, Line 24e - Other Expenses
Description

Name of the organization TRI-COUNTY COMMUNITY ACTION AGENCY	Employer identification number 54-0805926
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Tot/Prog Service	Mgt & General	Fundraising
TRANSP/VEH OPERATIONS		
\$ 45,773	\$ 0	\$ 0
TELEP/POSTAGE/PRINT ETC		
\$ 41,592	\$ 0	\$ 0
CONSUMABLE SUPPLIES		
\$ 26,037	\$ 0	\$ 0
RENT ASSISTANCE-ARREARS		
\$ 25,476	\$ 0	\$ 0
EMERGENCY SERVICES		
\$ 22,993	\$ 0	\$ 0
TRAINING PA 20 EXPENSES		
\$ 20,791	\$ 0	\$ 0
CANNERY EXPENSES		
\$ 19,656	\$ 0	\$ 0
OFFICE FURNITURE & EQUIP		
\$ 18,581	\$ 0	\$ 0
RENT ASSISTANCE-CURRENT		
\$ 15,110	\$ 0	\$ 0
E H R EXPENSE		
\$ 10,985	\$ 0	\$ 0
ADMINISTRATIVE COSTS		
\$ 8,302	\$ 0	\$ 0
TEMP SHELTER ASSISTANCE		
\$ 8,135	\$ 0	\$ 0
TRAINING/PERSONNEL		
\$ 8,031	\$ 0	\$ 0

Name of the organization TRI-COUNTY COMMUNITY ACTION AGENCY	Employer identification number 54-0805926
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CONTRACT SVCS/CONSULTANTS	\$ 6,018	\$ 0	\$ 0
TOOLS/SUPPLIES	\$ 5,896	\$ 0	\$ 0
SECURITY DEPOSIT ASSIST	\$ 4,272	\$ 0	\$ 0
CUSTODIAL SUPPLIES	\$ 4,154	\$ 0	\$ 0
HOME REPAIRS & MAINTENANCE	\$ 3,891	\$ 0	\$ 0
PARENT SERVICES	\$ 3,400	\$ 0	\$ 0
CAA BD REG & ANN MTG EXP	\$ 3,129	\$ 0	\$ 0
CLASSR/PLAYGROUND SUPPLIE	\$ 3,031	\$ 0	\$ 0
CHILD FOOD & OTHERS	\$ 2,986	\$ 0	\$ 0
EQUIPMENT (LESS THAN \$500)	\$ 2,852	\$ 0	\$ 0
MEDICAL/DENTAL/DISAB SUPP	\$ 2,609	\$ 0	\$ 0
INDIRECT COST	\$ 2,560	\$ 0	\$ 0
INFORMATION TECHNOLOGY	\$ 2,342	\$ 0	\$ 0
HALIFAX PARENT FUND EXP			

Name of the organization	Employer identification number
TRI-COUNTY COMMUNITY ACTION AGENCY	54-0805926

	\$	2,016	\$	0	\$	0
PUBLICITY/ADVERTISING						
	\$	1,955	\$	0	\$	0
OTHER/COMM FORUM/SUPP GR						
	\$	1,798	\$	0	\$	0
LICENSESE AND FEES						
	\$	1,750	\$	0	\$	0
LEGAL/RECORDING FEES						
	\$	1,700	\$	0	\$	0
PRIVATE JOB EXPENSES						
	\$	1,517	\$	0	\$	0
DOM VIOLENCE EXP (DONATIO						
	\$	1,415	\$	0	\$	0
FINANCIAL ASSIST-STABILIZ						
	\$	1,300	\$	0	\$	0
TRANSPORTATION-RENTAL						
	\$	1,049	\$	0	\$	0
CHILDREN SERVICES						
	\$	910	\$	0	\$	0
MECKLENB PARENT FUND EXP						
	\$	829	\$	0	\$	0
VOL FOOD COST PARENTS						
	\$	716	\$	0	\$	0
EQUIP/MAINT/REPAIRS						
	\$	666	\$	0	\$	0
MICROSOFT EXPENSES						
	\$	641	\$	0	\$	0

Name of the organization TRI-COUNTY COMMUNITY ACTION AGENCY	Employer identification number 54-0805926
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RECAP DEPRECIATION			
	\$	542	\$
			0
	\$		\$
			0
MRMP DONATED EXPENSES			
	\$	63	\$
			0
	\$		\$
			0
I P R CONSTRUCTION EXP			
	\$	57	\$
			0
	\$		\$
			0
CU BOARD MTG EXPENSES			
	\$	41	\$
			0
	\$		\$
			0
FUEL ASST/WOOD,GAS/OIL			
	\$	31	\$
			0
	\$		\$
			0
admin telephone			
	\$	-2,117	\$
			2,117
	\$		\$
			0
admin consumable supplies			
	\$	-6,349	\$
			6,349
	\$		\$
			0
indirect admin			
	\$	-140,310	\$
			140,310
	\$		\$
			0
RENTAL, LEASE, PURCH EQUI			
	\$	-10,855	\$
			10,855
	\$		\$
			0
admin other			
	\$	-19,184	\$
			19,184
	\$		\$
			0
AUDIT			
	\$	-563	\$
			0
	\$		\$
			0
OTHER COST			
	\$	-1,874	\$
			0
	\$		\$
			0
Total			
	\$	156,346	\$
			178,815
	\$		\$
			0

Name of the organization TRI-COUNTY COMMUNITY ACTION AGENCY	Employer identification number 54-0805926
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Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

CORRECT FIXED ASSETS & CD	\$ (60,741)
RETURN TO GRANTOR	\$ 0
PRIOR PERIOD ADJUSTMENT	\$ 0

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2018

Attachment Sequence No. **179**

Name(s) shown on return **TRI-COUNTY COMMUNITY ACTION AGENCY**
TRI-COUNTY COMMUNITY ACTION AGENCY Identifying number **54-0805926**

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	18,670

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	18,670
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2018)

54-0805926

Federal Asset Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
2	vehicle	11/01/07	17,612				17,612	5	HY 200DB	17,612	0
3	drive thru	2/15/08	11,331			X	5,666	5	HY 200DB	11,331	0
			<u>28,943</u>				<u>23,278</u>			<u>28,943</u>	<u>0</u>
Other Depreciation:											
1	BUILDING	1/01/90	484,445				484,445	31	MO S/L	436,956	15,380
4	FORD 500 SADAN	5/27/09	7,600				7,600	5	MO S/L	7,600	0
5	FILE CABINET	12/30/05	1,410				1,410	7	MO S/L	1,410	0
6	COMPUTER HARD DRIVE	3/12/10	783				783	5	MO S/L	783	0
7	COMPUTER HARD DRIVE	5/10/10	400				400	5	MO S/L	400	0
8	2004 FORD MINOTAUR	12/13/04	44,917				44,917	10	MO S/L	44,917	0
9	2006 FORD BLUE BIRD	10/09/05	45,129				45,129	10	MO S/L	45,129	0
10	TODDLER II GYM SET	2/11/05	3,942				3,942	10	MO S/L	3,942	0
11	PLAY ACTIVITY CENTER	2/11/05	1,377				1,377	10	MO S/L	1,377	0
12	CHOO CHOO TRAIN SET	2/11/05	1,069				1,069	10	MO S/L	1,069	0
13	SLIDE W/BARREL	2/11/05	949				949	10	MO S/L	949	0
14	CHOO CHOO TRAIN SET	2/11/05	1,069				1,069	10	MO S/L	1,069	0
15	KIDDIE KOPTER	2/11/05	849				849	10	MO S/L	849	0
16	PLAY CENTER W/BARREL	2/11/05	899				899	10	MO S/L	899	0
17	STARCRAFT SPACE SUTTLE	2/11/05	939				939	10	MO S/L	939	0
18	ACER MONITOR	5/10/10	189				189	5	MO S/L	189	0
19	HARD DRIVE	5/10/10	699				699	5	MO S/L	699	0
20	MONITOR	5/10/10	189				189	5	MO S/L	189	0
21	HARD DRIVE	5/10/10	699				699	5	MO S/L	699	0
22	MONITOR	5/10/10	153				153	5	MO S/L	153	0
23	HARD DRIVE	5/10/10	799				799	5	MO S/L	799	0
24	INSULLATION BLOWER	10/27/04	5,900				5,900	10	MO S/L	5,900	0
25	GENERATOR	10/27/04	2,099				2,099	10	MO S/L	2,099	0
26	PORTABLE GENERATOR	4/30/11	2,000				2,000	10	MO S/L	2,000	0
27	MONITOR	5/10/10	95				95	5	MO S/L	95	0
28	HARD DRIVE	5/10/10	400				400	5	MO S/L	400	0
29	2006 INERNATIONAL BOX TRUCK	1/24/11	26,290				26,290	5	MO S/L	26,290	0
30	PORTABLE GENERATOR	4/30/11	2,249				2,249	10	MO S/L	1,621	225
31	PORTABLE GENERATOR	4/30/11	2,249				2,249	10	MO S/L	1,621	225
32	MODEL 3 SINGLE FAN BLOWER	4/30/11	3,099				3,099	10	MO S/L	2,234	310
33	COMPUTER & PRINTERS	5/26/11	2,060				2,060	5	MO S/L	2,060	0
34	BLOWING MACHINE	5/27/11	8,135				8,135	10	MO S/L	5,796	814
35	COMPUTER	5/04/09	685				685	5	MO S/L	685	0
36	2 INFRARED CAMERAS	5/28/09	16,870				16,870	10	MO S/L	15,394	1,476
37	2001 GMC TRUCK	5/28/09	4,100				4,100	5	MO S/L	4,100	0
38	2002 DODGE VAN	5/28/09	4,700				4,700	5	MO S/L	4,700	0
39	2009 FORD TRUCK	7/15/09	25,004				25,004	5	MO S/L	25,004	0
40	SHED/STORAGE BUILDING	10/20/09	3,600				3,600	15	MO S/L	2,090	240
41	COMPUTER	6/12/10	726				726	5	MO S/L	726	0
42	COMPUTER	11/06/09	700				700	5	MO S/L	700	0
43	COMPUTER	3/12/10	916				916	5	MO S/L	916	0
44	MONITOR	5/10/10	400				400	5	MO S/L	400	0
45	MONITOR	5/10/10	95				95	5	MO S/L	95	0
46	COMPUTER	5/10/10	799				799	5	MO S/L	799	0
47	HARD DRIVE	8/10/10	400				400	5	MO S/L	400	0
48	PRINTER	6/18/10	539				539	5	MO S/L	539	0
49	COMPUTER	1/01/11	1,048				1,048	5	MO S/L	1,048	0
50	2005 FORD SADAN	6/02/09	7,600				7,600	5	MO S/L	7,600	0
51	LAND	1/01/90	59,826				59,826	0	-- Land	0	0
	Total Other Depreciation		<u>781,089</u>				<u>781,089</u>			<u>666,328</u>	<u>18,670</u>
	Total ACRS and Other Depreciation		<u>781,089</u>				<u>781,089</u>			<u>666,328</u>	<u>18,670</u>

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
	Grand Totals		810,032				804,367			695,271	18,670
	Less: Dispositions and Transfers		0				0			0	0
	Less: Start-up/Org Expense		0				0			0	0
	Net Grand Totals		<u>810,032</u>				<u>804,367</u>			<u>695,271</u>	<u>18,670</u>

54-0805926

AMT Asset Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
2	vehicle	11/01/07	17,612				17,612	5	HY 150DB	17,612	0
3	drive thru	2/15/08	11,331			X	5,666	5	HY 200DB	11,331	0
			<u>28,943</u>				<u>23,278</u>			<u>28,943</u>	<u>0</u>
Other Depreciation:											
1	BUILDING	1/01/90	0				0	0	HY	0	0
4	FORD 500 SADAN	5/27/09	0				0	0	HY	0	0
5	FILE CABINET	12/30/05	0				0	0	HY	0	0
6	COMPUTER HARD DRIVE	3/12/10	0				0	0	HY	0	0
7	COMPUTER HARD DRIVE	5/10/10	0				0	0	HY	0	0
8	2004 FORD MINOTAUR	12/13/04	0				0	0	HY	0	0
9	2006 FORD BLUE BIRD	10/09/05	0				0	0	HY	0	0
10	TODDLER II GYM SET	2/11/05	0				0	0	HY	0	0
11	PLAY ACTIVITY CENTER	2/11/05	0				0	0	HY	0	0
12	CHOO CHOO TRAIN SET	2/11/05	0				0	0	HY	0	0
13	SLIDE W/BARREL	2/11/05	0				0	0	HY	0	0
14	CHOO CHOO TRAIN SET	2/11/05	0				0	0	HY	0	0
15	KIDDIE KOPTER	2/11/05	0				0	0	HY	0	0
16	PLAY CENTER W/BARREL	2/11/05	0				0	0	HY	0	0
17	STARCRAFT SPACE SUTTLE	2/11/05	0				0	0	HY	0	0
18	ACER MONITOR	5/10/10	0				0	0	HY	0	0
19	HARD DRIVE	5/10/10	0				0	0	HY	0	0
20	MONITOR	5/10/10	0				0	0	HY	0	0
21	HARD DRIVE	5/10/10	0				0	0	HY	0	0
22	MONITOR	5/10/10	0				0	0	HY	0	0
23	HARD DRIVE	5/10/10	0				0	0	HY	0	0
24	INSULLATION BLOWER	10/27/04	0				0	0	HY	0	0
25	GENERATOR	10/27/04	0				0	0	HY	0	0
26	PORTABLE GENERATOR	4/30/11	0				0	0	HY	0	0
27	MONITOR	5/10/10	0				0	0	HY	0	0
28	HARD DRIVE	5/10/10	0				0	0	HY	0	0
29	2006 INRERNATIONAL BOX TRUCK	1/24/11	0				0	0	HY	0	0
30	PORTABLE GENERATOR	4/30/11	0				0	0	HY	0	0
31	PORTABLE GENERATOR	4/30/11	0				0	0	HY	0	0
32	MODEL 3 SINGLE FAN BLOWER	4/30/11	0				0	0	HY	0	0
33	COMPUTER & PRINTERS	5/26/11	0				0	0	HY	0	0
34	BLOWING MACHINE	5/27/11	0				0	0	HY	0	0
35	COMPUTER	5/04/09	0				0	0	HY	0	0
36	2 INFRARED CAMERAS	5/28/09	0				0	0	HY	0	0
37	2001 GMC TRUCK	5/28/09	0				0	0	HY	0	0
38	2002 DODGE VAN	5/28/09	0				0	0	HY	0	0
39	2009 FORD TRUCK	7/15/09	0				0	0	HY	0	0
40	SHED/STORAGE BUILDING	10/20/09	0				0	0	HY	0	0
41	COMPUTER	6/12/10	0				0	0	HY	0	0
42	COMPUTER	11/06/09	0				0	0	HY	0	0
43	COMPUTER	3/12/10	0				0	0	HY	0	0
44	MONITOR	5/10/10	0				0	0	HY	0	0
45	MONITOR	5/10/10	0				0	0	HY	0	0
46	COMPUTER	5/10/10	0				0	0	HY	0	0
47	HARD DRIVE	8/10/10	0				0	0	HY	0	0
48	PRINTER	6/18/10	0				0	0	HY	0	0
49	COMPUTER	1/01/11	0				0	0	HY	0	0
50	2005 FORD SADAN	6/02/09	0				0	0	HY	0	0
51	LAND	1/01/90	0				0	0	HY	0	0
	Total Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>

54-0805926

AMT Asset Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
	Grand Totals		28,943				23,278			28,943	0
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Net Grand Totals		<u>28,943</u>				<u>23,278</u>			<u>28,943</u>	<u>0</u>

Bonus Depreciation Report

Form 990, Page 1

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
3	drive thru	2/15/08	11,331		0	0	5,665	5,666
Grand Total			<u>11,331</u>		<u>0</u>	<u>0</u>	<u>5,665</u>	<u>5,666</u>

54-0805926

Depreciation Adjustment Report

FYE: 6/30/2019

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	2	vehicle	0	0	0
Page 1	1	3	drive thru	0	0	0
				<u>0</u>	<u>0</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
2	vehicle	11/01/07	17,612	0	0
3	drive thru	2/15/08	11,331	0	0
			<u>28,943</u>	<u>0</u>	<u>0</u>
Other Depreciation:					
1	BUILDING	1/01/90	484,445	15,379	0
4	FORD 500 SADAN	5/27/09	7,600	0	0
5	FILE CABINET	12/30/05	1,410	0	0
6	COMPUTER HARD DRIVE	3/12/10	783	0	0
7	COMPUTER HARD DRIVE	5/10/10	400	0	0
8	2004 FORD MINOTAUR	12/13/04	44,917	0	0
9	2006 FORD BLUE BIRD	10/09/05	45,129	0	0
10	TODDLER II GYM SET	2/11/05	3,942	0	0
11	PLAY ACTIVITY CENTER	2/11/05	1,377	0	0
12	CHOO CHOO TRAIN SET	2/11/05	1,069	0	0
13	SLIDE W/BARREL	2/11/05	949	0	0
14	CHOO CHOO TRAIN SET	2/11/05	1,069	0	0
15	KIDDIE KOPTER	2/11/05	849	0	0
16	PLAY CENTER W/BARREL	2/11/05	899	0	0
17	STARCRAFT SPACE SUTTLE	2/11/05	939	0	0
18	ACER MONITOR	5/10/10	189	0	0
19	HARD DRIVE	5/10/10	699	0	0
20	MONITOR	5/10/10	189	0	0
21	HARD DRIVE	5/10/10	699	0	0
22	MONITOR	5/10/10	153	0	0
23	HARD DRIVE	5/10/10	799	0	0
24	INSULLATION BLOWER	10/27/04	5,900	0	0
25	GENERATOR	10/27/04	2,099	0	0
26	PORTABLE GENERATOR	4/30/11	2,000	0	0
27	MONITOR	5/10/10	95	0	0
28	HARD DRIVE	5/10/10	400	0	0
29	2006 INRERNATIONAL BOX TRUCK	1/24/11	26,290	0	0
30	PORTABLE GENERATOR	4/30/11	2,249	225	0
31	PORTABLE GENERATOR	4/30/11	2,249	225	0
32	MODEL 3 SINGLE FAN BLOWER	4/30/11	3,099	310	0
33	COMPUTER & PRINTERS	5/26/11	2,060	0	0
34	BLOWING MACHINE	5/27/11	8,135	813	0
35	COMPUTER	5/04/09	685	0	0
36	2 INFRARED CAMERAS	5/28/09	16,870	0	0
37	2001 GMC TRUCK	5/28/09	4,100	0	0
38	2002 DODGE VAN	5/28/09	4,700	0	0
39	2009 FORD TRUCK	7/15/09	25,004	0	0
40	SHED/STORAGE BUILDING	10/20/09	3,600	240	0
41	COMPUTER	6/12/10	726	0	0
42	COMPUTER	11/06/09	700	0	0
43	COMPUTER	3/12/10	916	0	0
44	MONITOR	5/10/10	400	0	0
45	MONITOR	5/10/10	95	0	0
46	COMPUTER	5/10/10	799	0	0
47	HARD DRIVE	8/10/10	400	0	0
48	PRINTER	6/18/10	539	0	0
49	COMPUTER	1/01/11	1,048	0	0
50	2005 FORD SADAN	6/02/09	7,600	0	0
51	LAND	1/01/90	59,826	0	0
	Total Other Depreciation		<u>781,089</u>	<u>17,192</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>781,089</u>	<u>17,192</u>	<u>0</u>
	Grand Totals		<u>810,032</u>	<u>17,192</u>	<u>0</u>

Form 990	Event Income and Deduction Worksheet	2018
Description From CSA Import		

Name TRI-COUNTY COMMUNITY ACTION AGENCY	Taxpayer Identification Number 54-0805926
---	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

- 1. Gross receipts or sales 1. _____
- 2. Advertising income 2. _____
- 3. Circulation income 3. _____
- 4. Other income 4. _____
- 5. Returns and allowances 5. _____
- 6. Contributions received 6. _____
- 7. **Total revenue.** Add lines 1 through 6 7. _____
- 8. Cost of Goods Sold 8. _____
- 9. Employment Expense 9. _____
- 10. Fees for services 10. _____
- 11. Indirect Expense 11. _____
- 12. Depreciation Expense 12. _____
- 13. Exempt Activity Expense 13. _____
- 14. Fundraising Expense 14. _____
- 15. **Total expenses.** Add lines 8 through 14 15. _____
- 16. **Net Income/Loss.** Line 7 minus Line 15 16. _____

Expense Details - Cost of Goods Sold:

- Beginning inventory _____
- Purchases _____
- Labor _____
- Section 263A costs _____
- Other costs _____
- Ending inventory _____
- Total Cost of Goods Sold** _____

Expense Details - Employment Expense:

- Compensation of officers _____
- Other salaries and wages _____
- Pension plan contributions _____
- Other employee benefits _____
- Payroll taxes _____
- Total Employment Expense** _____

Expense Details - Fees for Services:

- Management _____
- Legal _____
- Accounting _____
- Lobbying _____
- Professional fundraising _____
- Investment management _____
- Other _____
- Total Fees for Services** _____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Expense Details - Indirect Expense:

- Advertising and promotion _____
- Office _____
- Printing/publication/postage _____
- Info technology/Maintenance _____
- Royalties & License Fees _____
- Occupancy/Real Estate Taxes _____
- Travel & Repairs _____
- Travel/entertainment (officials) _____
- Conferences/meetings _____
- Interest _____
- Insurance _____
- Total Indirect Expense** _____

Expense Details - Depreciation Expense:

- On investment property _____
- On non-investment property _____
- Amortization _____
- Depletion _____
- Total Depreciation Expense** _____

Expense Details - Exempt Activity Expense:

- Repairs/Maintenance/Other _____
- Bad debts _____
- Taxes/licenses _____
- Charitable contributions _____
- Dividend recd deductions _____
- Readership costs _____
- Total Exempt Activity Expense** _____

Expense Details - Fundraising Expense:

- Cash prizes _____
- Non-cash prizes _____
- Rent and facility costs _____
- Food & beverages (Part II only) _____
- Entertainment (Part II only) _____
- Other direct expenses _____
- Total Fundraising Expense** _____

Allocation of Expense to Program Service Accomplishments:

- First _____
- Second _____
- Third _____
- All other _____

Form 990/990PF	Rent Income and Deduction Worksheet	2018
Description ADMIN. BUILDING RENT INCOME		

Name TRI-COUNTY COMMUNITY ACTION AGENCY	Taxpayer Identification Number 54-0805926
---	---

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1. _____
Expenses (see details on worksheets below):	
2. Fees for services	2. _____
3. Depreciation Expense	3. _____
4. Direct Expense	4. _____
5. Total expenses. Add lines 8 through 12	5. _____
6. Net Income/Loss. Line 7 minus Line 13	6. _____

Expense Details - Fees for Services:

Accounting	_____
Legal	_____
Commissions	_____
Management	_____
Other Professional Fees	_____
Total Fees for Services	_____

Expense Details - Depreciation Expense:

On non-investment property	_____
On investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Direct Expense:

Interest	_____
Taxes/licenses	_____
Occupancy Expenses	_____
Repairs & Maintenance	_____
Travel/conferences/meetings	_____
Printing & Publication	_____
Advertising	_____
Insurance	_____
Utilities	_____
Supplies	_____
Other expenses	_____
Total Direct Expense	_____

Information is being used for the following Form 990-T schedules:

<input type="checkbox"/>	Schedule C
<input type="checkbox"/>	Schedule E
<input type="checkbox"/>	Schedule F
<input type="checkbox"/>	Schedule G

Expense Allocation to Program Service Accomplishments for 990/990EZ:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning 07/01/18 , ending 06/30/19		

Name **TRI-COUNTY COMMUNITY ACTION AGENCY** Taxpayer Identification Number **54-0805926**
TRI-COUNTY COMMUNITY ACTION AGENCY

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1.	18,058	18,058
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.	3,096,595	3,096,595
	4. Program service revenue	4.	81,882	81,882
	5. Investment income	5.	1,417	1,417
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.	-1	-1
	12. Total revenue. Add lines 1 through 11	12.	3,197,951	3,197,951
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16.	2,086,932	2,086,932
	17. Professional fundraising fees	17.		
	18. Other professional fees	18.	11,381	11,381
	19. Occupancy, rent, utilities, and maintenance	19.	113,773	113,773
	20. Depreciation and Depletion	20.	16,790	16,790
	21. Other expenses	21.	1,026,181	1,026,181
	22. Total expenses. Add lines 13 through 21	22.	3,255,057	3,255,057
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-57,106	-57,106
Other Information	24. Total exempt revenue	24.	3,197,951	3,197,951
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26.	83,299	83,299
	27. Total assets	27.	114,761	665,411
	28. Total liabilities	28.		334,837
	29. Retained earnings	29.	370,548	330,574
	30. Number of voting members of governing body	30.		17
	31. Number of independent voting members of governing body	31.		17
	32. Number of employees	32.		77
	33. Number of volunteers	33.		

Form 990	Tax Return History	2018
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Name	TRI-COUNTY COMMUNITY ACTION AGENCY TRI-COUNTY COMMUNITY ACTION AGENCY	Employer Identification Number 54-0805926
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	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants			2,400,094		3,114,653	
Membership dues						
Program service revenue			59,109		81,882	
Capital gain or loss			1,200			
Investment income			766		1,417	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue					-1	
Total revenue			2,461,169		3,197,951	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation			1,717,400		2,086,932	
Professional fees					11,381	
Occupancy costs			68,813		113,773	
Depreciation and depletion			23,927		16,790	
Other expenses			689,967		1,026,181	
Total expenses			2,500,107		3,255,057	
Excess or (Deficit)			-38,938		-57,106	
Total exempt revenue			2,461,169		3,197,951	
Total unrelated revenue						
Total excludable revenue			61,075		83,299	
Total Assets		153,040	671,620	114,761	665,411	
Total Liabilities			415,833		334,837	
Net Fund Balances		93,214	255,787	370,548	330,574	

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST INCOME	\$		14			
Total	\$		<u>0</u>			

Tax-Exempt Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	InState Muni (\$ or %)
INTEREST/DIVIDENDS	\$					
						1,333
INTEREST/DIVIDENDS						84
Total	\$					<u>1,417</u>

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Federal Statements

FYE: 6/30/2019

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
TRANSP/VEH OPERATIONS	\$ 45,773	\$ 45,773	\$	\$
TELEP/POSTAGE/PRINT ETC	41,592	41,592		
CONSUMABLE SUPPLIES	26,037	26,037		
RENT ASSISTANCE-ARREARS	25,476	25,476		
EMERGENCY SERVICES	22,993	22,993		
TRAINING PA 20 EXPENSES	20,791	20,791		
CANNERY EXPENSES	19,656	19,656		
OFFICE FURNITURE & EQUIP	18,581	18,581		
RENT ASSISTANCE-CURRENT	15,110	15,110		
E H R EXPENSE	10,985	10,985		
ADMINISTRATIVE COSTS	8,302	8,302		
TEMP SHELTER ASSISTANCE	8,135	8,135		
TRAINING/PERSONNEL	8,031	8,031		
CONTRACT SVCS/CONSULTANTS	6,018	6,018		
TOOLS/SUPPLIES	5,896	5,896		
SECURITY DEPOSIT ASSIST	4,272	4,272		
CUSTODIAL SUPPLIES	4,154	4,154		
HOME REPAIRS & MAINTENANCE	3,891	3,891		
PARENT SERVICES	3,400	3,400		
CAA BD REG & ANN MTG EXP	3,129	3,129		
CLASSR/PLAYGROUND SUPPLIE	3,031	3,031		
CHILD FOOD & OTHERS	2,986	2,986		
EQUIPMENT(LESS THAN \$500)	2,852	2,852		
MEDICAL/DENTAL/DISAB SUPP	2,609	2,609		
INDIRECT COST	2,560	2,560		
INFORMATION TECHNOLOGY	2,342	2,342		
HALIFAX PARENT FUND EXP	2,016	2,016		
PUBLICITY/ADVERTISING	1,955	1,955		
OTHER/COMM FORUM/SUPP GR	1,798	1,798		
LICENSESE AND FEES	1,750	1,750		
LEGAL/RECORDING FEES	1,700	1,700		
PRIVATE JOB EXPENSES	1,517	1,517		
DOM VIOLENCE EXP (DONATIO	1,415	1,415		
FINANCIAL ASSIST-STABILIZ	1,300	1,300		
TRANSPORTATION-RENTAL	1,049	1,049		
CHILDREN SERVICES	910	910		
MECKLENB PARENT FUND EXP	829	829		

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FYE: 6/30/2019

Form 990, Part IX, Line 24e - All Other Expenses (continued)

Description	Total Expenses	Program Service	Management & General	Fund Raising
VOL FOOD COST PARENTS	\$ 716	\$ 716	\$	\$
EQUIP/MAINT/REPAIRS	666	666		
MICROSOFT EXPENSES	641	641		
RECAP DEPRECIATION	542	542		
MRMP DONATED EXPENSES	63	63		
I P R CONSTRUCTION EXP	57	57		
CU BOARD MTG EXPENSES	41	41		
FUEL ASST/WOOD,GAS/OIL	31	31		
admin telephone		-2,117	2,117	
admin consumable supplies		-6,349	6,349	
indirect admin		-140,310	140,310	
RENTAL, LEASE, PURCH EQUI		-10,855	10,855	
admin other		-19,184	19,184	
AUDIT	-563	-563		
OTHER COST	-1,874	-1,874		
Total	\$ <u>335,161</u>	\$ <u>156,346</u>	\$ <u>178,815</u>	\$ <u>0</u>

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FYE: 6/30/2019

Schedule A, Part II, Line 1(e)

Description	Amount
INCOME\FUNDING	\$ 9,633
INCOME\FUNDING	11,158
INCOME/LIHEAP ASSISTANCE	42,373
INCOME/USDA FOOD	3,485
INCOME/FUNDING SOURCE	671,065
INCOME/FUNDING SOURCE	34,564
INCOME/FUNDING SOURCE	2,757
INCOME/FUNDING SOURCE	-20,000
INCOME/FUNDING SOURCE	210,031
INCOME/TANF FUNDS	126,562
INCOME/FUNDING SOURCE	130,595
INCOME/FUNDING SOURCE	75,844
INCOME/LIHEAP ASSISTANCE	266,245
INCOME/FUNDING SOURCE	10,560
INCOME/FUNDING SOURCE	50,764
INCOME/MECKLENBURG CO	55,000
INCOME/CHARLOTTE COUNTY	18,750
INCOME-USDA LOANS	2,650
INCOME/USDA FOOD	111,437
INCOME/FUNDING SOURCE	3,000
INCOME/FUNDING SOURCE	665,281
INCOME/FUNDING SOURCE	114,899
INCOME/FUNDING SOURCE	7,456
INCOME/EITC GRANT AWARD	7,000
INCOME/FUNDING SOURCE	266,038
INCOME/FUNDING SOURCE	92,776
INCOME/FUNDING SOURCE	102,965
INCOME/FUNDING SOURCE	12,324
INCOME/FUNDING SOURCE	10,008
INCOME/FUNDING SOURCE	1,375
AGENCY BANQUET DONATION	4,090
DONATION - BD FUNDRAISER	1,035
INCOME/DVP - DONATION	2,020
DONATIONS - MENTOR ROLE	10,913
Total	\$ <u><u>3,114,653</u></u>

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Federal Statements

FYE: 6/30/2019

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	\$
Total	\$ 0

Schedule A, Part II, Line 12 - Current year

Description	Amount
PROGRAM INCOME	\$ 441
IPR LOAN - IDA YOUNG	100
IPR LOAN- WILFORD SYDNOR	3,450
IPR LOAN - TONYA SPENCER	275
IPR LOAN - HAZEL MOSLEY	552
IPR LOAN - LINDA BAILEY	275
IPR LOAN -JAMES BOWMAN	100
IPR LOAN- BLAKE JONES	275
IPR LOAN - ALVIN JONES	150
IPR LOAN - H & V VENABLE	480
IPR LOAN - CATHY CLARK	2,166
INC/MECKLENB PARENT FUND	1,262
INC/HALIFAX PARENT FUND	2,358
INCOME/CANNERY PROCEEDS	674
INCOME/DEPR RECAPTURE	27,385
INCOME/MISCELLANEOUS	41,054
INC/PRIVATE JOB CONTRACT	885
INTEREST/DIVIDENDS	1,333
INTEREST/DIVIDENDS From CSA Import	84
ADMIN. BUILDING RENT INCOME	
Total	\$ 83,299