# 2023 Filing Instructions CONGREGATIONAL COMMUNITY ACTION PROJECT INC Tax year ending 12-31-2023

#### Form filed:

Form 990 and supplemental forms and schedules

#### Filing method:

The return will be e-filed once the signed and dated Form 8879-TE has been received by this office. Do not mail the return to the IRS.

#### Due date:

05-15-2024

The return reflects neither a refund nor a balance due.

#### Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

### Form **990**

### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2023 calendar year, or tax year beginning 2023, and ending 20 Check if applicable: C Name of organization CONGREGATIONAL COMMUNITY ACTION PROJECT INC D Employer identification number Address change Doing business as 23-7433688 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Initial return PO BOX 2112 (540)662-4318 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Winchester, VA 22604 2,248,771 X No Application pending F Name and address of principal officer: Laurel Coleman H(a) Is this a group return for subordinates? Same as C above H(b) Are all subordinates included? X 501(c)(3) 501(c) ( 4947(a)(1) or 527 If "No," attach a list. See instructions CCAPWINC.ORG Website: H(c) Group exemption number X Corporation Trust Association L Year of formation: 1979 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDES FOOD, CLOTHING AND FINANCIAL ASSISTANCE TO THE NEEDY OF THE CITY OF WINCHESTER AND FREDERICK COUNTY VIRGINIA. Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) .......... 3 11 4 11 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) . . . . . . . . 2 Total number of volunteers (estimate if necessary) 6 200 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . . 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) ....... 8 471,293 2,204,002 Revenue 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .... 10 6,007 44,769 <u>14,</u>116 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . . . . . 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 491,416 2,248,771 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 570,442 2,008,722 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 101,050 100,726 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . . . . . 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 140,910 125,254 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 812,402 2,234,702 Revenue less expenses. Subtract line 18 from line 12 (320,986) 14,069 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) . . . 2,051,332 2,064,082 21 Total liabilities (Part X, line 26) ...... 18,821 17,503 Net assets or fund balances. Subtract line 21 from line 20 2,032,511 2,046,579 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 Laurel Coleman Sign Signature of officer Date Here Laurel Coleman, President Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check **Paid** Michael Wu 10-28-2024 Michael Wu self-employed P01777868 Preparer Firm's name Accounting Associates Firm's EIN **Use Only** 11403 Patriot Ln Firm's address Phone no. Potomac MD 20854 301-500-7027

May the IRS discuss this return with the preparer shown above? See instructions

No

Yes

Part IV

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### Checklist of Required Schedules

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 х 2 2 х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. . . . . . . . . . . . . . . . . 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х 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? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c Х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . 11e х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X. . . . . . 11f  $\mathbf{x}_{\_}$ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a х **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . 12b Х 13 13 х х 14a 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 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 Х 20a 20a Х 20b 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? If "Yes," complete Schedule I, Parts I and II . . . . . . . . . . . . . 21 x

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	TIV Checklist of Required Schedules (continued)	000		age 4
	- I a sa a		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		-
d 	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
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? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	0.51		
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
o <del>-</del>	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II.	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	0.7		l
20	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		3.7
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
C	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	x	
23 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
50	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part J</i>	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	0.		
-	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 52		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 55		
٠.	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		
_	controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			<u> </u>
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part.VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	<u> </u>		<u> </u>
	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	x	
Par				1
. ui	Check if Schedule O contains a response or note to any line in this Part V			
	and the second s		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0		

c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners? ....

1c

Par	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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov	er,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (Fl	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	$ \   \text{Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?}  .  .$		5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions? $\dots \dots$		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
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?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$		9b		
10	Section 501(c)(7) organizations. Enter:				
а	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:				
а	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	$\textbf{Section 4947(a)(1) non-exempt charitable trusts.} \ \ \textbf{Is the organization filing Form 990 in lieu of Form 1041?}$		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.				
а	Is the organization licensed to issue qualified health plans in more than one state? $\dots \dots \dots$		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	1 1			
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	_		
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .		16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17		
	If "Yes," complete Form 6069.				

Part VI

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

36	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included 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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		Х
Sec	tion 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?	10a		Х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
40	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1F-	3.5	
a h	The organization's CEO, Executive Director, or top management official	15a	х	37
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		Х
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	ioa		X
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
. 5	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Wormade these available. Check all that apply.  Other (explain on Schedule 0)			
19	Describe on 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.			
_0	DAWN SNOW (540)662-4318, PO BOX 2112, Winchester, VA 22604			
	Dimit phon (210)007-1210, to Dow Tits, winchescel, AV 77001			

### Part VII

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	or any related organizat	ion co	mper			ny curr	ent	onicer, airector, or	trustee.	
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				s both an	'	(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) ANDREA COSANS	40.00									
EXECUTIVE DIRECTORS		Х		Х				54,000	0	0
(2)Anne_Ashby	5.00									
Board Member		Х						0	0	0
(3)Robert Boulter	5.00									
Board Member		Х						0	0	0
(4)Dennis McFaden	5.00									
Board Member		x						0	0	0
(5)Terri Hirst	5.00									
Board Member		x						0	0	0
(6)Madelyn Rodriguez	5.00									
Board Member		х						0	0	0
(7)Martha Wolfe	5.00									
Board Member		x						0	0	0
(8)Dean Cole	5.00									
Board Member		x						0	0	0
(9) Joseph Lewis	2.00									
Vice President		x		х				0	0	0
(10)Laurel Coleman	5.00									
President		x		x				0	0	0
(11)Bob Brock	20.00									
Secretary		х		x				0	0	0
(12)Kim Zimmerman	15.00									
Treasurer		х		x				0	0	0
(13)		-								
<u>(14)</u>										

EEA Form 990 (2023) Form 990 (2023) CONGREGATIONAL COMMUNITY ACTION PROJECT INC 23-7433688 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) Position (F) (A) (B) (D) (E) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation of other officer and a director/trustee) from related from the compensation per week organization (W-2/ organizations (W-2/ from the Individual trustee or director (list any 1099-MISC/ 1099-MISC/ nstitutional trustee Key employee Highest compensated organization and hours for 1099-NEC) 1099-NEC) related organizations related organizations below dotted line) (15) <u>(16)</u> <u>(17)</u> (18) <u>(19)</u> (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A 54,000 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 2 0

	reportable compensation from the organization			
			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			
	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	1		v

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

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

5

Statement of Revenue

23-7433688

CONGREGATIONAL COMMUNITY ACTION PROJECT INC

		Check if Schedule O contains a respons	se or note to any I	ine in this Part V	/III		
		·		(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 b c d e f	Federated campaigns	26,588				
Contribu and Oth	g h		\$ 1,614,193	2,204,002			
Program Service Revenue	2a b c d e f	All other program service revenue					
		Total. Add lines 2a-2f	and ceeds	44,769	44,769		
	b c	Gross rents	(ii) Personal				
evenue	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
Other Rev	8a	Net gain or (loss)	a				
	c 9a b	Net income or (loss) from fundraising events  Gross income from gaming activities. See Part IV, line 19 94 Less: direct expenses 91	3				
	b	Gross sales of inventory, less returns and allowances	b				
Miscellanous Revenue		·					
	•	Total revenue See instructions		2 248 771	44 769	0	0

23-7433688

### CONGREGATIONAL COMMUNITY ACTION PROJECT INC

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 n	·			
	not include amounts reported on lines 6b, 7b, 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	2,008,722	2,008,722		
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	54,000	40,500	13,500	
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	39,568	29,676	9,892	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,158	5,369	1,789	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	28,026		28,026	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
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.)	9,547		9,547	
12	Advertising and promotion				
13	Office expenses	7,984	5,988	1,996	
14	Information technology	5,910		5,910	
15	Royalties				
16	Occupancy	15,693	13,339	2,354	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	959		959	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	30,931	26,291	4,640	
23	Insurance	13,651	11,603	2,048	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
_	VEHICLE MAINTENANCE	6,337	6,337	0 1=1	
b	REPAIRS AND MAINTENANCE	2,658		2,658	
C	TAXES AND LICENSES	25	25	2 = 22	
d	MISCELLANEOUS	3,533		3,533	
е 25	All other expenses	0 004 705	0.145.055	05.055	
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	2,234,702	2,147,850	86,852	0
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				

Form **990** (2023) EEA

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2,046,579

2,064,082

2,032,511

2,051,332

Form 990 (2023) CONGREGATIONAL COMMUNITY ACTION PROJECT INC 23-7433688 Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 655,357 385,630 2 2 3 Pledges and grants receivable, net .............. 3 4 4 29,133 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . 6 7 7 Notes and loans receivable, net 8 8 9 Prepaid expenses and deferred charges ..... 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . . 10a 1,080,932 10b b Less: accumulated depreciation . . . . . . . . . . 10c 340,089 728,480 740,843 11 11 12 Investments - other securities. See Part IV, line 11 667,495 12 908,476 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 33) . . . . . . . . . . . . . . . 16 2,051,332 16 2,064,082 17 18,821 17 17,503 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . . 22 Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties . . . . . . . . . 23 24 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 25 Total liabilities. Add lines 17 through 25 \_ . . . . . . . . 26 26 17,503 18,821 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 1,954,985 2,003,392 28 Net assets with donor restrictions 77,526 28 43,187

EEA Form 990 (2023)

Organizations that do not follow FASB ASC 958, check here

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building, or equipment fund

and complete lines 29 through 33.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,248,	,771
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,234	,702
3	Revenue less expenses. Subtract line 2 from line 1	3		14,	,069
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,032,	,511
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2	,046	,580
Pa	rt 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:   Cash   Accrual   Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Fo	rm <b>990</b>	(2023)

### **SCHEDULE A** (Form 990)

### **Public Charity Status and Public Support**

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

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

**Open to Public** Inspection Employer identification number

CONC	RE	GATIONAL COMMUNITY ACTI	ON PROJECT I	NC			23-743368	8	
Par	t I	Reason for Public Cha	rity Status. (Al	l organizations mus	st comple	ete this p	oart.) See instruction	ons.	
The c	rgar	nization is not a private foundation be	ecause it is: (For lin	es 1 through 12, check of	only one bo	x.)			
1		A church, convention of churches,	or association of c	hurches described in <b>se</b>	ction 170(	b)(1)(A)(i)	).		
2		A school described in section 170	<b>(b)(1)(A)(ii).</b> (Attac	h Schedule E (Form 990	0).)				
3		A hospital or a cooperative hospital	l service organizat	ion described in <b>section</b>	170(b)(1)	(A)(iii).			
4		A medical research organization of	perated in conjunct	ion with a hospital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(iii). Enter the		
	_	hospital's name, city, and state:							
5		An organization operated for the be	nefit of a college o	r university owned or ope	erated by a	a governm	ental unit described in		
	_	section 170(b)(1)(A)(iv). (Complete	e Part II.)						
6	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>								
7	Ш	An organization that normally receive	es a substantial pa	art of its support from a g	overnmen	tal unit or f	rom the general public		
	_	described in section 170(b)(1)(A)(		•					
8	Ц	A community trust described in sec							
9	Ш	An agricultural research organization				•	•	ege	
		or university or a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or		
		university:							
10	X	An organization that normally received receipts from activities related to its						S	
		support from gross investment inco	me and unrelated b	ousiness taxable income	(less secti	on 511 tax	from businesses		
		acquired by the organization after			•	•	45		
11	님	An organization organized and ope	•	•			•	(	
12	Ш	An organization organized and open	•	•					N.
		one or more publicly supported org					. , ,	). Chec	ж
•		the box on lines 12a through 12d th <b>Type I.</b> A supporting organizat				•	•	vina	
а		the supported organization(s) the		•		•		virig	
		supporting organization. <b>You</b> r				unectors	or trustees or the		
b		Type II. A supporting organiza	•			nnorted or	rganization(s), by havin	a	
		control or management of the s	•					-	
		organization(s). You must cor		·		at control o	manage the supporte	u	
С		Type III functionally integrate	•		connection	with, and	functionally integrated	with.	
		its supported organization(s) (s	•	•			, ,	,	
d		Type III non-functionally inte	•	•				ion(s)	
		that is not functionally integrate	•				•	. ,	
		requirement (see instructions).	You must comple	ete Part IV, Sections A	and D, an	d Part V.			
е		Check this box if the organization	on received a writte	n determination from the	IRS that it	is a Type	I, Type II, Type III		
		functionally integrated, or Type	III non-functionally	integrated supporting of	rganizatior	١.			
f	Е	nter the number of supported organ	zations						
g	Р	rovide the following information abou	ut the supported or	ganization(s).					
	(	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary		Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum	r governing ent?	support (see instructions)		r support (see nstructions)
								,	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
,									
(E)									
Total									

Part II

23-7433688 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support	T		1	1		
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10	,	<u> </u>				
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop her						
	on C. Computation of Public Suppor			14 1 (0)		144	
	Public support percentage for 2023 (line 6					14	<u>%</u>
15	Public support percentage from 2022 Sch					15	<u>%</u>
16a	33 1/3% support test - 2023. If the organ						
<b>L</b>	box and <b>stop here.</b> The organization qua <b>33 1/3% support test - 2022.</b> If the organ	•		-			
b							
170	this box and stop here. The organization	•		-			
17a	<b>10%-facts-and-circumstances test - 20</b> 10% or more, and if the organization mee	-					
	Part VI how the organization meets the fa			-			
<b>L</b>	organization						
b		•					
	15 is 10% or more, and if the organization					-	•
	in Part VI how the organization meets the			-		-	
10	organization						
18							
	instructions						· · · · · · <u></u>

Schedule A (Form 990) 2023 EEA

23-7433688

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.)

1 Gifs, grants, contributions, and membratily fears received, for on include any number of profiles family from the profi	Secti	on A. Public Support						
Received (Do not include any "unusual grants") 2 Gross receipts from amissions, merchandles 2 Gross receipts from amissions, merchandles 3 gross receipts from amissions, merchandles 5 Gross receipts from and storic bits is related to the organization's tax-exampt purpose	Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
2 Gross receipts from admissions, merchandles sold or services performed. I facilities furnished in any activity that is related to the organizations benefit and either paid to or expended for the organizations 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.  7 A Amounts included on lines 1, 2, and 3 received from disqualified persons.  b Amounts included on lines 1, 2, and 3 received from onlines 2 and 3 received from disqualified persons.  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) 9 Amounts from line 6 .  9 Amounts from line 6 .  5 Public support. (Subtract line 7c from line 6).  10 Amounts from line 6 .  10 Amounts from line 6 .  10 Amounts from line 6 .  11 Net lines 6).  12 Ald lines 10 and 10 b.  13 Amounts included on lines 2 and 3 received from other than disqualified persons.  10 Amounts from line 6 .  11 Net lines 6).  12 Ald lines 10 and 10 b.  13 Amounts included on lines 2 and 3 received from other than disqualified persons.  10 Add lines 10 and 10 b.  11 Net income from unletted businesss saction 51 that year or an additional persons that support. (Subtract line 10, whether or other lines of the year of the persons of the sale of capital assets (Explain I) Part IV.).  13 Total support. (Add lines 9, 10, 11, 394, 074 429, 633 1, 161, 030 478, 712 2, 222, 182 4, 685, 714 1, 184, 184, 184, 184, 184, 184, 184,	1	Gifts, grants, contributions, and membership fees						
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 and 10 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 disqualified persons . b Amounts included on lines 2 and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons the executed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7 and 70  8 Public support. (Subtract line 7c from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  10 June 10 J		received. (Do not include any "unusual grants.")	381,295	424,877	1,158,537	471,293	2,177,413	4,613,415
unclated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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 disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons b Amounts included on lines 1 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) 10a Gross income from interest, dividends, payments received on securities loans, rens, 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 10, 564 4, 507 2, 031 6, 520 44, 769 68, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	2	sold or services performed, or facilities fumished in any activity that is related to the						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	3	Gross receipts from activities that are not an						
organization's benefit and either paid to or expended on its behalf  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 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)		unrelated trade or business under section 513						
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 5 381,295 424,877 1,158,537 471,293 2,177,413 4,613,774 Amounts included on lines 1, 2, and 3 received from disqualified persons 5  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 7 and 7 b 8 Public support. (Subtract line 7 of from line 6.) 4,613,78 Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6	4	Tax revenues levied for the						
5 The value of services or facilities furnished by a governmental unit to the organization without charge 381,295 424,877 1,158,537 471,293 2,177,413 4,613,73 Amounts included on lines 1,2, and 3 received from disqualified persons .  b Amounts included on lines 2 and 3 received from the than disqualified persons 381,295 424,877 1,158,537 471,293 2,177,413 4,613,7 1,00 on 1% of the amount on line 13 for the year c 4dd lines 7a and 7b		organization's benefit and either paid						
turnished by a governmental unit to the organization without charge		to or expended on its behalf						
organization without charge 381,295 424,877 1,158,537 471,293 2,177,413 4,613,77 Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 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 7 and 7b 4,613, 8 Public support. (Subtract line 7c from line 6 4,613, 8 Public support. (Subtract line 7c from line 6 381,295 424,877 1,158,537 471,293 2,177,413 4,613, 103 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . 10,564 4,507 2,031 6,520 44,769 68, 10 Unrelated business taxable income (less section 5.11 taxes) from businesses acquired after June 30,1975 c Add lines 10a and 10b 10,564 4,507 2,031 6,520 44,769 68, 11 Net income from unrelated business activities not included on line 10b, whether orn or the business is regulatry carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IVI) 2,215 249 462 899 3, 3, 13 Total support. (Add lines 9, 10c, 11, and 12) 394,074 429,633 1,161,030 478,712 2,222,182 4,685, 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 98.4 (lines 14) 10 10 10 10 10 10 10 10 10 10 10 10 10	5	The value of services or facilities						
Total. Add lines 1 through 5		furnished by a governmental unit to the						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .  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 .  Public support. (Subtract line 7c from line 6.)		organization without charge						
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 7 a and 7 b	6	<b>Total.</b> Add lines 1 through 5	381,295	424,877	1,158,537	471,293	2,177,413	4,613,415
b Amounts included on lines 2 and 3 received from other than disqualified persors that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b	7a	Amounts included on lines 1, 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		received from disqualified persons						
persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year C Add lines 7 and 77 h	b	Amounts included on lines 2 and 3						
c Add lines 7a and 7b		received from other than disqualified						
c Add lines 7a and 7b.  8 Public support. (Subtract line 7c from line 6.)		persons that exceed the greater of \$5,000						
8		or 1% of the amount on line 13 for the year						
Section B. Total Support   Calendar year (or fiscal year beginning in)   (a) 2019   (b) 2020   (c) 2021   (d) 2022   (e) 2023   (f) Total Support   Calendar year (or fiscal year beginning in)   (a) 2019   (b) 2020   (c) 2021   (d) 2022   (e) 2023   (f) Total Support   Calendar year (or fiscal year beginning in)   (a) 2019   (b) 2020   (c) 2021   (d) 2022   (e) 2023   (f) Total Support   Calendar year (or fiscal year beginning in)   (a) 2019   (b) 2020   (c) 2021   (d) 2022   (e) 2023   (f) Total Support   Calendar year (or fiscal year beginning in)   (a) 2019   (b) 2020   (c) 2021   (d) 2022   (e) 2023   (f) Total Support   Calendar year (or fiscal year beginning in)   (a) 2019   (b) 2020   (c) 2021   (d) 2022   (e) 2023   (f) Total Support   Calendar year (or fiscal year beginning in)   (a) 2019   (b) 2020   (c) 2021   (d) 2022   (e) 2023   (f) Total Support   Calendar year (or fiscal year beginning in)   (a) 2019   (b) 2020   (c) 2021   (d) 2022   (e) 2023   (f) Total Support   Calendar year (or fiscal year beginning in)   (a) 2019   (2) 2021   (d) 2022   (f) Total Support   Calendar year (or fiscal year year and year (or fiscal year year and year)   (a) 2,217   (a) 2,221   (a) 2,227   (a) 2,277,413   (a) 4,613,713   (a) 4,613,714   (a) 4,613,714   (b) 4,769   (b) 6,520   (b) 6	С	· · · · · · · · · · · · · · · · · · ·						
Section B. Total Support   Calendar year (or fiscal year beginning in)   (a) 2019   (b) 2020   (c) 2021   (d) 2022   (e) 2023   (f) Total 9   Amounts from line 6	8	• • `						
Calendar year (or fiscal year beginning in) Amounts from line 6								4,613,415
9 Amounts from line 6					T	T		
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								
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	_	<b>1</b>	381,295	424,877	1,158,537	471,293	2,177,413	4,613,415
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	10a							
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
section 511 taxes) from businesses acquired after June 30, 1975			10,564	4,507	2,031	6,520	44,769	68,391
acquired after June 30, 1975	b	,						
c Add lines 10a and 10b		•						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		•						
activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		<b>1</b>	10,564	4,507	2,031	6,520	44,769	68,391
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.)	11							
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		· · · · · · · · · · · · · · · · · · ·						
loss from the sale of capital assets (Explain in Part VI.)		_ ,						
(Explain in Part VI.)	12	J I						
Total support. (Add lines 9, 10c, 11, and 12.)		· · · · · · · · · · · · · · · · · · ·						
and 12.)	46	· · ·	2,215	249	462	899		3,825
First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	13	- · · · · · · · · · · · · · · · · · · ·						
organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))		•					•	4,685,631
Section C. Computation of Public Support Percentage  15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	14	-	•			•	•	· · · · —
Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	Cooti	•				<u> </u>		· · · · · · L
Public support percentage from 2022 Schedule A, Part III, line 15					12 column (f\)		45	22.45.9/
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))				•				98.46 %
Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))						<u> </u>	16	98.87 %
Investment income percentage from 2022 Schedule A, Part III, line 17					ov line 12 colu	mn (f))	17	1 00 %
<ul> <li>19a 33 1/3% support tests - 2023. 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</li> <li>33 1/3% support tests - 2022. 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</li> </ul>		· · · · · · · · · · · · · · · · · · ·			-			1.00 %
<ul> <li>17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>33 1/3% support tests - 2022. 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</li> </ul>		· · · · · · · · · · · · · · · · · · ·						0.00 %
b 33 1/3% support tests - 2022. 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	134							
line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	h		=	-	· · · · · · · · · · · · · · · · · · ·			
	D							
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20		-	_			-	

EEA Schedule A (Form 990) 2023

#### Part IV **Supporting Organizations**

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

Section A. All Supporting Organization	Section	A. All	Supporting	Organizations
--	---------	--------	------------	---------------

Secti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		162	NO
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion	4.		
_	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	70		
ou	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
_	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
0-	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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			
		00		
b	described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	9a		
D	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	30		
·	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

Part I	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
Section	on B. Type I Supporting Organizations			ı
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sooti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
Secur	on 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		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	. 2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	ı	
Section	on 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	e inst	ructio	ons).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instruc	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	20		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
~	of its supported organizations? If "Yes " describe in <b>Part VI</b> the role played by the organization in this regard	3h		

**Current Year** 

**Section C - Distributable Amount** 

(see instructions).

Enter 0.85 of line 1.

Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

1

2

4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly ir	ntegrated Type III supporting	g organization

1 2

EEA Schedule A (Form 990) 2023

b Excess from 2020c Excess from 2021d Excess from 2022e Excess from 2023

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	<b>izations</b> (continue	ed)	
Secti	on D - Distributions				Current Year
1_	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exen				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	·	<i>a</i>	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	(i)	Underdistribution	ns	Distributable
	,	Excess Distributions	Pre-2023		Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u></u> h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
•	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
J	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	<b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2024. Add lines 3				
'	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
a	EA0000 HOHI 2010				

EEA Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### **SCHEDULE D** (Form 990)

### **Supplemental Financial Statements**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

**Open to Public** Inspection

Name o	the organization			Employer identification number
CONG	EGATIONAL COMMUNITY ACTION PROJECT INC	2		23-7433688
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Sir	nilar Funds or Ac	counts
	Complete if the organization answered "Yes"			
	•	(a) Donor ad	dvised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets	held in donor advised	
	funds are the organization's property, subject to the organiz	-		
6	Did the organization inform all grantees, donors, and donor			
•	only for charitable purposes and not for the benefit of the do			
	conferring impermissible private benefit?			
Par				· · · · · · · · · · · · · · · · · · ·
· u	Complete if the organization answered "Yes"	on Form 990 Part IV	/ line 7	
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recreating the organization).		_	historically important land area
	Protection of natural habitat	ion or education)		certified historic structure
	Preservation of open space		Fieservation of a	certified historic structure
•		ified concernation contr	ibution in the form of	a concernation
2	Complete lines 2a through 2d if the organization held a qual	illed conservation contr	ibution in the form of	
	easement on the last day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
C	Number of conservation easements on a certified historic s			<u>2c</u>
d	Number of conservation easements included on line 2c, acc			
_	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, r	eleased, extinguished,	or terminated by the o	organization during the
	tax year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the p	= :		
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and	enforcing conservatio	n easements during the year
8	Does each conservation easement reported on line 2d abor			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conserva-			
	sheet, and include, if applicable, the text of the footnote to the	ne organization's financi	al statements that des	scribes the
	organization's accounting for conservation easements			
Par		•	•	Other Similar Assets
	Complete if the organization answered "Yes"	on Form 990, Part I\	/, line 8.	
1a	If the organization elected, as permitted under FASB ASC 9	958, not to report in its i	evenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pu	ublic exhibition, education	on, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its fin	ancial statements that d	escribes these items.	
b	If the organization elected, as permitted under FASB ASC 9	958, to report in its reve	nue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for publ	ic exhibition, education,	or research in further	rance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tr			gain, provide the
	following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	-		\$
b	Assets included in Form 990, Part X			

Par	t III Organizations Maintaining Co	ollections of A	۲t, His	torical T	reasures, c	or Ot	her Similar A	ssets (co	ntinued)	
3	Using the organization's acquisition, accession,	and other records	s, check a	ny of the fo	llowing that ma	ike sig	nificant use of its			
	collection items (check all that apply):									
а	☐ Public exhibition		d	Loan or	exchange pro	gram				
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	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 re	eceive donations o	f art, hist	orical treas	ures, or other s	imilar				
	assets to be sold to raise funds rather than to b	e maintained as p	art of the	organizatio	n's collection?.			. Yes	□ No	
Par										
	Complete if the organization an	swered "Yes"	on For	m 990, Pa	art IV, line 9	, or r	eported an an	nount on	Form	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian	or other intermedia	ary for co	ntributions o	or other assets	not				
	included on Form 990, Part X?							🗌 Yes	No	
b	If "Yes," explain the arrangement in Part XIII an	nd complete the fol	lowing ta	ble.						
							Ar	mount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Form	n 990, Part X, line	21, for es	scrow or cu	stodial account	liabilit	y?	. Yes	□ No	
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	kplanation	n has been j	provided on Pa	rt XIII				
Par										
	Complete if the organization an	swered "Yes"	on For	m 990, P	art IV, line 1	0.				
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two years ba	ack	(d) Three years back	(e) Four	years back	
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	t year end balance	(line 1g,	column (a)	) held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment%									
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possessi	ion of the organiza	ation that	are held an	d administered	for the	)	г		
	organization by:								Yes No	
	(i) Unrelated organizations?				• • • • • • •			. 3a(i)		
	(ii) Related organizations?							— <u>`</u>		
b	If "Yes" on line 3a(ii), are the related organization					• • •		. 3b		
4	Describe in Part XIII the intended uses of the o	<u> </u>	owment fu	ınds.						
Par			_					5		
	Complete if the organization an					1a. S	see Form 990	, Part X, I	ine 10.	
	Description of property	(a) Cost or othe		1 ' '	other basis		Accumulated	(d) Book	value	
		(investmer	nt)	1	ther)	de	epreciation			
1a	Land				184,183				.84,183	
b	Buildings			1 7	739,503		241,390	4	98,113	
С	Leasehold improvements									
d	Equipment				68,720		48,112		20,608	
e	Other				88,526		50,587		37,939	
Total.	Add lines 1a through 1e. (Column (d) must equ	ıal Form 990, Part	X, line 1	Oc, column	(B)			7	40,843	

	(a) Description of security or category		(b) Book value	le le	orm 990, Part X, line 1.  Method of valuation:
	(including name of security)		(b) Book value		or end-of-year market value
) Financial der	ivatives				
) Closely-held	equity interests				
) Other					
(ACOMMUNIT	Y FOUNDATION		150,890	FMV	
(BMERRILL	LYNCH		557,520	FMV	
(ODDWARD J	ONES		200,066	FMV	
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, line 12,		908,476		
	Investments - Program Related Complete if the organization answ		m 990, Part IV, lin	ne 11c. See Fo	orm 990, Part X, line 1
	(a) Description of investment		(b) Book value		e) Method of valuation: or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
otal. (Column (	b) must equal Form 990, Part X, line 13, (	col. (B))			
Part IX	Other Assets				
Part IX			m 990, Part IV, lin	e 11d. See Fo	orm 990, Part X, line 1
Part IX	Other Assets		m 990, Part IV, lin	e 11d. See Fo	orm 990, Part X, line 1
Part IX	Other Assets	wered "Yes" on For	m 990, Part IV, lin	e 11d. See Fo	
Part IX	Other Assets	wered "Yes" on For	m 990, Part IV, lin	e 11d. See Fo	
Part IX	Other Assets	wered "Yes" on For	m 990, Part IV, lin	e 11d. See Fo	
(1) (2)	Other Assets	wered "Yes" on For	m 990, Part IV, lin	e 11d. See Fo	
(1) (2) (3)	Other Assets	wered "Yes" on For	m 990, Part IV, lin	e 11d. See Fo	
(1) (2) (3) (4)	Other Assets	wered "Yes" on For	m 990, Part IV, lin	ue 11d. See Fo	
(1) (2) (3) (4) (5)	Other Assets	wered "Yes" on For	m 990, Part IV, lin	ue 11d. See Fo	
(1) (2) (3) (4) (5) (6)	Other Assets	wered "Yes" on For	m 990, Part IV, lin	e 11d. See Fo	
(1) (2) (3) (4) (5) (6) (7)	Other Assets	wered "Yes" on For	m 990, Part IV, lin	e 11d. See Fo	
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (	Other Assets Complete if the organization answ	wered "Yes" on For (a) Description		e 11d. See Fo	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (	Other Assets Complete if the organization answ  (b) must equal Form 990, Part X, line 15 c  Other Liabilities	wered "Yes" on For (a) Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (	Other Assets Complete if the organization answ	wered "Yes" on For (a) Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (	Other Assets Complete if the organization answ  (b) must equal Form 990, Part X, line 15 co Other Liabilities Complete if the organization answ	wered "Yes" on For (a) Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (	Other Assets Complete if the organization answ  (b) must equal Form 990, Part X, line 15 c  Other Liabilities Complete if the organization answ line 25.  (a) Description of liability	wered "Yes" on For  (a) Description  col. (B))			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (Part X)	Other Assets Complete if the organization answ  (b) must equal Form 990, Part X, line 15 c  Other Liabilities Complete if the organization answ line 25.  (a) Description of liability	wered "Yes" on For  (a) Description  col. (B))			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (Part X)) (1) Federal inc.	Other Assets Complete if the organization answ  (b) must equal Form 990, Part X, line 15 c  Other Liabilities Complete if the organization answ line 25.  (a) Description of liability	wered "Yes" on For  (a) Description  col. (B))			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (Part X)) (1) Federal inco. (2)	Other Assets Complete if the organization answ  (b) must equal Form 990, Part X, line 15 c  Other Liabilities Complete if the organization answ line 25.  (a) Description of liability	wered "Yes" on For  (a) Description  col. (B))			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (Part X)) (1) Federal incompart (2) (3)	Other Assets Complete if the organization answ  (b) must equal Form 990, Part X, line 15 c  Other Liabilities Complete if the organization answ line 25.  (a) Description of liability	wered "Yes" on For  (a) Description  col. (B))			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (Part X)) (1) Federal inc. (2) (3) (4)	Other Assets Complete if the organization answ  (b) must equal Form 990, Part X, line 15 c  Other Liabilities Complete if the organization answ line 25.  (a) Description of liability	wered "Yes" on For  (a) Description  col. (B))			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (Part X)) (1) Federal inc. (2) (3) (4) (5)	Other Assets Complete if the organization answ  (b) must equal Form 990, Part X, line 15 c  Other Liabilities Complete if the organization answ line 25.  (a) Description of liability	wered "Yes" on For  (a) Description  col. (B))			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Part X) (1) Federal inco. (2) (3) (4) (5) (6)	Other Assets Complete if the organization answ  (b) must equal Form 990, Part X, line 15 c  Other Liabilities Complete if the organization answ line 25.  (a) Description of liability	wered "Yes" on For  (a) Description  col. (B))			(b) Book value

Part				Return	
	Complete if the organization answered "Yes" on Form 990, P	art IV	', line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	2,248,770
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	2,248,770
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	2,248,770
Part				er Retu	ırn
	Complete if the organization answered "Yes" on Form 990, P	art IV	', line 12a.		
1	Total expenses and losses per audited financial statements			1	2,234,702
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		_	
b	Prior year adjustments	2b		_	
С	Other losses	2c		_	
d	Other (Describe in Part XIII.)	2d		-	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	2,234,702
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
с 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			4c 5	2,234,702
c 5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information			5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b	and 2b; Part V, line 4;	5	

Schedule D (Form 990) 2023 EEA

### **SCHEDULE G** (Form 990)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

	REGATIONAL COMMUNITY ACTI					23-743	
Part					vered "Yes" on f	Form 990, Part IV,	line 17.
	Form 990-EZ filers are n Indicate whether the organization rais	<u> </u>			tion Chook all that a	nnh	
1	Mail solicitations	sea runas inrougn		_	of non-government		
a b	Internet and email solicitations		<b>.</b>		of government gran		
C	Phone solicitations		, L		ndraising events	15	
d	In-person solicitations		g L	J Special luli	idiaising events		
2a	Did the organization have a written or	r oral agreement v	with any indivi	dual (includin	a officers directors	trustoes	
Za	or key employees listed in Form 990,	-	-		=		☐ Yes ☐ No
b	If "Yes," list the 10 highest paid individ				_		
	compensated at least \$5,000 by the compensated at l		ununununun p	arodani to ag	greenerie ander win	on the fandraiser is to t	,,,
	compensated at react \$6,000 by the c	nganization.					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		(-)	
1					1		
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3	List all states in which the organization				tions or has been no	tified it is exempt from	-1
	registration or licensing.	Ü				·	
-							

Schedule G (Form 990) 2023 CONGREGATIONAL COMMUNITY ACTION PROJECT INC 23-7433688 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add col. (a) through BIKE EVENT None col. (c)) (event type) (event type) (total number)

Revenue Gross receipts . . . . . . . 1 35,813 35,813 2 Less: Contributions 3 Gross income (line 1 minus line 2) . . . . . . . . . . . . . . . . . . 35,813 35,813 4 Cash prizes . . . . . . . . . 5 Noncash prizes 6 Rent/facility costs . . . . . . . Direct Expenses Food and beverages . . . . . 8 Entertainment . . . . . . . . Other direct expenses . . . . 9 9,225 9,225 10 9,225 11 Net income summary. Subtract line 10 from line 3, column (d) 26,588 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue . . . . . . . . 2 Cash prizes . . . . . . . . . Direct Expenses 3 Noncash prizes 4 Rent/facility costs . . . . . . 5 Other direct expenses 6 Volunteer labor No 7 8 9 Enter the state(s) in which the organization conducts gaming activities: If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a If "Yes," explain:

EEA Schedule G (Form 990) 2023

### **SCHEDULE I** (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

### **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

	<del>-</del>						1	
CONC	GREGATIONAL COMMUNITY ACTION	N PROJECT					23-7433688	
Pai			tance					
1	Does the organization maintain records to	substantiate the amou	nt of the grants or assi	stance, the grantees' el	igibility for the grants or	assistance, and		
	the selection criteria used to award the gr	rants or assistance?						. 🛛 Yes 🗌 N
2	Describe in Part IV the organization's pro	cedures for monitoring	the use of grant funds	in the United States.				
	rt II Grants and Other Assistan				nts. Complete if the o	organization answered	"Yes" on Form 990	),
	Part IV, line 21, for any recip	_				_		
1	(a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of gran
	or government		(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1)						,		
(2)								
(3)								
(4)								
(5)								
<b>(6)</b>								
(6)								
(7)								
(.,								
(8)								
` ,								
(9)								
(10)								
2	Enter total number of section 501(c)(3) as	nd government organiza	tions listed in the line 1	table				
3	Enter total number of other organizations	listed in the line 1 table						

		organization ansv	vered "Yes" on Form 99	0, Part IV, line 22.
(b) Number of	(c) Amount of	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
·	36,034			
	244,738			
	6,056			
	102,977			
	800			
	1,604,849			DONATED FOODS, CLOTHES AND LINENS
	13,269			
c Schedule	I			
	space is needed  (b) Number of recipients  the information recipients	space is needed.  (b) Number of recipients (c) Amount of cash grant  36,034  244,738  6,056  102,977  800  1,604,849  13,269  the information required in Part I, line	space is needed.  (b) Number of recipients  (c) Amount of cash grant  36,034  244,738  6,056  102,977  800  1,604,849  13,269  the information required in Part I, line 2; Part III, columns as schedule I	(b) Number of recipients (c) Amount of cash grant (d) Amount of noncash assistance (e) Method of valuation (book, FMV, appraisal, other)  36,034  244,738  6,056  102,977  800  1,604,849  13,269  the information required in Part I, line 2; Part III, column (b); and any other additional column (c) Amount of noncash assistance (e) Method of valuation (book, FMV, appraisal, other)

### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization CONGREGATIONAL COMMUNITY ACTION PROJECT INC 23-7433688 Part I Types of Property (c) (d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on items contributed applicable noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art . . . . . . . . . . . . 1 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications . . . . . . . 5 Clothing and household 666,573 national average х 6 Cars and other vehicles Boats and planes ...... 7 8 Intellectual property . . . . . . . . . 9 Securities - Publicly traded . . . . . . 10 Securities - Closely held stock . . . . Securities - Partnership, LLC, 11 or trust interests . . . . . . . . . . 12 Securities - Miscellaneous Qualified conservation contribution - Historic structures . . . . . . . . . . . . . 14 Qualified conservation contribution - Other . . . . . . . . 15 Real estate - Residential . . . . . . 16 17 Real estate - Other . . . . . . . . . Collectibles . . . . . . . . . . . . . . . . . . 18 19 Food inventory . . . . . . . . . . . . 486,000 938,275 national average 20 Drugs and medical supplies . . . . . 21 Taxidermy . . . . . . . . . . . . . . 22 Historical artifacts 23 Scientific specimens ..... 24 Archeological artifacts . . . . . . 25 Other ( Donated Service 6 9,344 Vendor provided Х 26 27 Other ( 28 Other ( 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a х If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? х b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** CONGREGATIONAL COMMUNITY ACTION PROJECT INC 23-7433688 01. Members or stockholder classes and rights (Part VI, line 6) GOVERNING BODY: CONGREGATIONAL COMMUNITY ACTION PROJECT, INC. WAS FOUNDED BY THREE OF THE LOCAL FAITH COMMUNITIES (SACRED HEART OF JESUS CATHOLIC CHURCH, BETH EL SYNAGOGUE AND GRACE EVANGELICAL LUTHERAN CHURCH) AND NOW IS SUPPORTED BY MOST OF THE LOCAL FAITH COMMUNITIES. EACH PARTICIPATING FAITH COMMUNITY HAS A REPRESENTATIVE (MEMBER) ON THE GOVERNING BODY MEETING ON THE 3RD FRIDAY OF JANUARY, APRIL, JULY, AND OCTOBER, WHICH ARE JOINT MEETINGS WITH THE BOARD OF DIRECTORS. 02. Member election for additional members (Part VI, line 7a) OPERATIONS ARE REVIEWED BY THE GOVERNING BODY AT THESE MEETINGS AND CORPORATE DIRECTORS AND OFFICERS ARE ELECTED AT THE ANNUAL MEETING IN JANUARY. 03. Governing body decisions (Part VI, line 7b) OPERATIONS ARE REVIEWED BY THE GOVERNING BODY AT THESE MEETINGS AND CORPORATE DIRECTORS AND OFFICERS ARE ELECTED AT THE ANNUAL MEETING IN JANUARY.

04. Form 990 governing body review (Part VI, line 11)

THE FORM 990 WAS REVIEWED AND APPROVED BY THE CORPORATE BOARD BEFORE BEING FILED.

05. Conflict of interest policy compliance (Part VI, line 12c)

Board Members and the Executive Director review annually the organization's conflict of interest policy and sign acknowledging compliance.

06. CEO, executive director, top management comp (Part VI, line 15a)

The Governance Committee of the Board of Directors conducts and documents the process for