

Capital Area Community Action Agency

Board of Directors Meeting Agenda

Tuesday, November 16, 2021 – 6:00 pm

Ghazvini Center for Healthcare, 1528 Surgeons Drive, Tallahassee, FL

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I. Call to Order	Brent Couch – vice-Chair	
II. Agenda Approval		Page
III. Sign-In/Attendance/Introductions		
IV. Action – Recommendation for Review & Approval		
A. Approval of Minutes		2
Board Meeting Minutes – September 28, 2021		
Executive Committee Minutes – October 26, 2021		
B. Fiscal Report	Stephanie Sgouros	10
• Narrative		
• Revenue & Expenditures Agency-wide		
• Balance Sheet		
• Revenue & Expenditures – major programs		
• Head Start Non Federal Share Match		
• Head Start Credit Card Activity		
D. Annual Agency Budget - DRAFT	Tim Center	34
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VI Organizational Standards	Tim Center	37
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VII. Chief Operating Officer's Report		83
• Program Updates	Nina Self	
VIII. Chair's Report		
XI. Adjournment		

Next Board of Directors Meeting 01/25/2022 – 6:00 pm – Ghazvini Center for Healthcare Education

Next Executive Committee Meeting 12/14/2021 - 5:30 pm – Microsoft Teams Video



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Capital Area
Community Action
Agency

Board of Directors
Meeting Minutes
September 28, 2021

Members in Attendance:

Derrick Jennings, Chair
Brent Couch, Vice-Chair
Quincee Messersmith, Secretary
Lauren Johnson, Member-at-Large
Shanetta Keel
Allen Jones

CACAA Staff:

Nina Self
Margaret Watson
Stephanie Sgouros

Member Absent: Brent Couch

The meeting was called to order at 6:14 p.m. by the Secretary. A quorum was established.

The Chair asked for a motion to approve the agenda. Ms. Edgar made a motion to approve the agenda. It was seconded by Ms. Keel, and unanimously approved.

ACTION ITEMS

Approval of Minutes

The Chair asked for a motion to approve the minutes of July 27, 2021. Ms. Keel made a motion to approve the minutes. It was seconded by Ms. Johnson, and unanimously approved.

The Secretary asked members to review the Executive Committee Minutes of August 24, 2021.

Ms. Edgar addressed Board members thanking them for voting to renew her seat on the Board.

Board –Interim Chair Elections

Mr. Center reported that Mr. Jennings, Chair, sent an emailing informing the Agency that his role has changed professionally which will allow him to relocate to a new area. He is resigning his seat on the Board of Directors as Chair.

Mr. Center explained that Mr. Couch agreed to accept the role as Chair of the Board. He asked if the Board would agree to elect Mr. Couch as Chair, explaining that without a Chair, the Vice-Chair would resume that role.

Ms. Johnson asked if we would table the election until the next Board meeting, November 15, 2021, which would allow all members to express interest in the position of Chair, as well as Vice-Chair.

Mr. Center explained that Board Elections will be held in January 2022. The Board can function without the Chair until the elections. The Board agreed to table the elections until January 2022.

FISCAL

Ms. Sgouros presented the financial reports for the month ending July 31, 2021. She said we have completed ten months of the fiscal year and, as a benchmark, we would expect the year-to-date actual expenses and revenue to be around 83% of the annual budget, with Head Start expenses at 84%. At month end, the Year to Date Actual Revenue and Expenses are 100% and 89% respectively, with a net income of \$1,112,318 including \$711,165 in forgiven Payroll Protection Program (PPP) loan with the remainder mostly restricted including \$59,407 in the SunTrust (now Truist) Grant and \$17,000 in Franklin County Fire Victims fund.

Ms. Sgouros stated that the NFS Match at July 31, 2021, is \$412,149, or 80%, of the \$512,345 target. She said we have new market studies for our rents so we expect additional matching to help meet the target.

New Variances and Explanation

The Finance Director reviewed the financial reports noting variances that were significantly above the budget benchmark for the period ending July 31, 2021. There were several revenue variances, most of which resulted from increased donations received directly and indirectly.

The Chair asked for a motion to accept the financial report for July 31, 2021. Ms. Messersmith made a motion to accept the financial report. It was seconded by Ms. Edgar, and unanimously approved.

Annual Agency Budget -DRAFT

Mr. Center presented the Annual Budget Allocations to the Board explaining that it was difficult securing funding from the Department of Economic Opportunity (DEO), which caused a delaying in completing the budget prior to the Board meeting. The Budget will be brought before the Executive Committee at the next meeting, October 23, 2021.

It was reported that effective Friday, October 1, 2021, the minimum wage will increase from \$8.65 to \$10.00. The Agency will progressively increase the wages until we meet \$15.00. With the new budget our goal is to increase staff wages to \$12.00 per hour, install a new phone system, upgrade all program computers that are outdated, and lastly prepare an RFP for the CSBG Community Needs Assessment.

Ms. Johnson stated that the Board approved the COLA increase for staff. Why the delay in staff receiving the funds? The Agency had been waiting for the funds to be provided from the federal government. He said that the staff were told that the COLA was approved and that the Agency was waiting for the disbursement.

CEO REPORT

Mr. Center presented the CEO Report for September 2021. He said that the COVID-19 policies require a signed declaration and a copy of your vaccination card. Visitors are temperature checked and masked.

It was reported that the President has announced that he has directed OSHA to develop policies as it relates to mandatory COVID testing for all employers with 100 or more employees for mandatory vaccination and testing. The Agency has not received guidelines that layout how the testing is to be done.

The Head Start Program has closed twice as many classrooms as last year. Our Head Start team is following the guidelines of the Department of Health (DOH) to ensure that we are aligned in what we do to work through the issues uniformly.

The Head Start Grant begins October 1, 2021, and the federal government has a fiscal year that begins October 1, 2021. This means that we could see a federal shutdown if congress fails to raise the debt ceiling. If this happens the Head Start Program will shut down. The Board will be updated as information is received from HHS on how the Agency should proceed.

Mr. Center said the Payroll Protection Program loan was forgiven. The loan was for \$721,000. The unused restricted funds will help secure a reserve account to ensure cash flow as well as provide an investment strategy.

Ms. Johnson asked if there is a federal shutdown. Will the Payroll Protection Program loan forgiveness funds be used to pay salaries? He said that management have not yet met with Fiscal Department to determine how much reserve funds will be made available. If the agency was shut down, we would get rule making authority from HHS to use those funds to pay salaries.

Ms. Johnson questioned if the decision would come before the Board? Mr. Center said the Board would be included in the process.

Mr. Center asked if any Board members received an email with respect to staff about allegations of inappropriate behavior. Emails were sent alleging allegations of inappropriate behavior by staff.

Ms. Edgar asked if the allegations were anonymous. The allegations were anonymous. He said Community Action staff were interviewed? No information has been made available to confirm or deny the allegations.

Mr. Center reported that the Agency is in the process of having appraisals completed of the office space to help with rent adjustments for Holdings, Inc. The goal is to complete a rent adjustment for the main office.

The Disaster Recovery Support Grant is now moving into Stage 3, which will be the final stage. We are working to spend down Stage 2 funding before October 30, 2021. The team continues to work with the Long Term Recovery Groups along with ReBuild Florida to offer temporary housing to clients receiving new homes.

The Agency continues the work with ECHO on development of an Employer Resource Network to support employees needing assistance beyond the workplace. Employers can refer their employees to Community Action Agency for assistance.

We held the regular monthly Head Start Management calls with Region IV HHS Office Specialist. The regular monthly meetings continue with Jim McShane, Career Source Capital Region. There were a number of meetings attended: Florida Head Start Association Meeting, FACA Board of Directors and Executive Committee Meetings, UPHS Advisory committee, and Board meetings and Annual meetings.

Mr. Center said that we are waiting final approved plans on the Franklin Head Start renovation of the Van Johnson Complex wing. We plan to open the new facility in late January 2022. Franklin Head Start will operate from the 6th Street Recreation Center while renovations are completed.

Mr. Center presented Mr. Jennings with a plaque for his years of service to the Board in appreciation of his leadership.

Organizational Standards

Mr. Center reported that DEO requires the Agency to follow a series of criteria to meet 52 Organizational Standards under CSBG. The Agency Annual Budget will be brought before the Executive Committee to meet Organizational Standards as required by DEO.

PROGRAM UPDATES

COO REPORT

Ms. Self presented the Summary of Programs for the month of August 2021. She reported that the Getting Ahead classes have 51 participants for this session, with two new counties, Gulf and Liberty. The Liberty County class is a transitional home for women. Staying Ahead has 26 participants.

Ms. Johnson asked if a participant enrolls in Getting Ahead, but is unable to move on to Staying Ahead, will they be able to complete Staying Ahead at a later date? Ms. Self said the participant will be interviewed and it depends on how long a lapse in time period.

During this fiscal year the agency was awarded funds through the LIHEAP CARES grant to provide additional utility services to clients. The grant expires September 30, 2021. DEO authorized a one-time supplemental "Home Energy Benefit" for a maximum of \$1,0000 per household, for qualifying applicants.

It was reported that Weatherization Program (WAP) has completed ninety-four homes of the 152 units projected to be completed.

Disaster Recovery Program Manager and one Case Manager resigned from the Disaster Recovery team to relocate. Ms. Self reported that Phase 2 of DR ends September 30, 2021, and any unspent funds won't roll over to Phase 3. All funds have to be spent by September 30, 2021. DR is working in partnership with Rebuild Florida to provide temporary housing for their clients that are having their homes replaced, refurbished or reconstructed. The budget is being completed for Phase 3.

Head Start has overcome some challenges due to COVID. Total enrollment 251.

CHAIR'S REPORT

Mr. Jennings gave his farewell speech to the Board. He said that it has been a great opportunity for him to serve on the Board.

The meeting adjourned at 7:30 P.M.

Ms. Messersmith, Secretary

Date

Capital Area **Community Action** Agency

Executive Committee Meeting Minutes October 26, 2021

Members in Attendance:

Brent Couch, Vice-Chair
Quincee Messersmith, Secretary
Lauren Johnson, Member-at-Large
Shanetta Keel, Treasurer

CACAA Staff:

Tim Center
Nina Self
Margaret Watson
Stephanie Sgouros

The meeting was called to order at 6:05 PM, by the Vice-Chair. A quorum was established.

ACTION ITEMS

Approval of Minutes

The Vice-Chair asked for a motion to approve the minutes of August 24, 2021. Ms. Messersmith made a motion to approve the minutes. It was seconded by Ms. Keel, and unanimously approved.

FINANCIAL REPORTS

Ms. Sgouros presented the financial reports for the month ending August 31, 2021. She said that we have completed eleven months of the fiscal year, and as a benchmark would expect the year-to-date actual expenses and revenue to be around 92% of the annual budget. At month end, the Year to Date Actual Revenue and Expenses are 109% and 98% respectively, with a net income of \$1,142,702 including \$711,165 in forgiven PPP funds with the remainder mostly restricted including \$58,552 in the SunTrust (now Truist) Grant and \$30,034 for the Franklin County Fire Victims.

Ms. Sgouros reported that the Non-Federal Share (NFS) Match at August 31, 2021, is \$433,640, or 85%, of the \$512,345 target.

Ms. Keel asked what is an unallowable expense? Ms. Sgouros said that the grant does not allow that particular expenditure to be paid from that grant. What may be allowable on one grant may not be allowable on another.

New Variances and Explanations

The Finance Director reviewed the financial reports noting variances that were above the budget benchmark for the period ending August 30, 2021. There were several revenue variances, most of which resulted from increased donations received directly and indirectly.

The Vice-Chair asked for a motion to accept the financial reports. Ms. Messersmith made a motion to accept the financial reports. Ms. Keel seconded the motion, and it was unanimously approved.

Telephone System Request for Proposal (RFP)

Mr. Center reported that our current phones system is over 12 years old. He said we have maxed out its capacity to meet the call volume which continues to fail. Our service provider is unable to meet our service requests and the communications systems needs an upgrade. The cost that we project is \$120,000.

We are asking the Executive Committee to approve issuing a Request for Proposal (RFP) for the implementation of a new phone system for the Agency.

The Vice-Chair asked for a motion to approve issuing a Request for Proposal (RFP) for the implementation of a new phone system for the Agency. Ms. Keel made a motion to approve issuing a Request for Proposal (RFP) for the implementation of a new phone system. It was seconded by Ms. Messersmith, and unanimously approved.

Ms. Johnson asked has the RFP been drafted? Ms. Center said that we are working on completing the draft. He said that a final draft copy will be sent to the Board for review.

Community Service Block Grant (CSBG) Organizational Standards

Mr. Center explained that the Agency file annually with the DEO 52 Organizational Standards under CSBG. The deadline is December 15, 2021. We will bring before the Board at the November meeting for review and approval for submission to DEO.

Building Exterior Improvement Option

Mr. Center reported that the exterior of the building has not had any renovations or improvements. He said what we are proposing that the Agency use some of the forgiven PPP Loan funds of \$148,000, for renovations to make the building more valuable.

The Vice-Chair asked for a motion to accept the Building Exterior Improvements. Ms. Messersmith made the motion to accept the Building Exterior Improvement. Ms. Keel seconded the motion, and it was unanimously approved.

Ms. Johnson stated that at the last Board meeting there was a discussion about what were the plans for the PPP Loan. It was said that there was not a plan for these funds. She said what is the overall plan? Mr. Center explained that the goal of the Agency is to build a cash reserve for the Agency that would enable us to continue, should we have an issue in funding. Normally we would use our line-of credit for cash flow to cover grant expenses for which we would be reimbursed or for building improvements. Interest is charged on the Line of Credit and this would permit us to avoid paying interest charges.

Ms. Johnson questioned the available funds on reserve? Ms. Sgouros explained that the Agency will use at least \$350,000 of the forgiven PPP Loan as reserve until we receive DEO advances for cost-reimbursable grants.

CEO REPORT

Mr. Center presented the CEO Report for October 2021. He reported that open enrollment will begin November 1, 2021. Enrollment packages will be sent out to staff to meet the November 30th deadline.

It was reported that the Agency has acquired two new vehicles. These vehicles will be used by the Disaster Recovery Team.

We continue to monitor new federal rules as it relates to mandatory COVID testing for all employers with 100 or more employees for mandatory vaccination and testing. The Agency has not received guidelines that layout how the testing is to be done.

Mr. Center explained that an Appraisal was completed of the building and the Head Start Centers. The appraisal would determine the amount of In-kind Contribution to compare at market rate to what we are currently receiving. He said that Community Action owns the building and, it would be appropriate to raise the rent to get market rate. This will allow the agency to build a reserve for better cash flow to take care of any major repairs when necessary.

Mr. Center reported that management had a meeting with DEO regarding the Disaster Recovery Support Grant. The Agency is waiting on Stage 3 Notice of Award from DEO while closing out Stage 2 funding.

We continue our monthly Head Start management calls with our Region IV HHS Office Specialist. The regular monthly meetings continue with Jim McShane, Career Source Capital Region.

The Head Start Program is expecting to be monitored by the Federal Government. The Board will be included in the monitoring conversations to discuss how to approach being monitored.

Mr. Center said that we are waiting final approved plans for the Franklin Head Start renovation of the Van Johnson Complex wing. Our goal is to open the new facility in late January 2022. He said we identified a potential space in Gadsden County, and signed a lease for a new office space in Franklin County.

Mr. Center asked Board for Board dinner suggestions? Members asked for a light snack that consist of fruit and veggies. Board members expressed an interest in setting up a holiday dinner for the Board and leadership staff.

CHAIR'S REPORT

Meeting adjourned at 6:45 PM.

Ms. Messersmith, Secretary

Date

**Financial Statement Narrative
For the Eleven Months Ending August 31, 2021
Capital Area Community Action Agency**

Please note that these financials for the month ending August 31st were presented to the Executive Committee on 10/26/21. They are being furnished to the whole Board in lieu of the September 2021 financials. September 30th is the Agency's fiscal year end. As such, there are many more and complex transactions required to close out the year than to close out a month. It was determined by management that it was more favorable to wait to present the year-end documents rather than present financials that were incomplete or misleading. The year-end documents will be made available at a later date, as done in the past, most likely the January Board Meeting.

As of August 31, 2021, we have completed eleven months of the fiscal year and, as a benchmark, we would expect the year-to-date actual expenses and revenue to be around 92% of the annual budget. At month end, the Year to Date Actual Revenue and Expenses are 109% and 98% respectively, with a net income of \$1,142,702 including \$711,165 in forgiven PPP funds with the remainder mostly restricted including \$58,552 in the SunTrust (now Truist) Grant and \$30,034 for Franklin Co. Fire Victims.

Non-Federal Share (NFS) Match at July 31, 2021, is \$433,640, or 85%, of the \$512,345 target.

Expenditure Variances and Explanations

The Agency-wide Statement of Revenue and Expenditures tracks year-to-date progress by budget line item. Actual revenues and expenditures are compared to the original budget for each budget line item by amount and percentage.

Some budget line items may be below or above the expected percentage at any given point in the year. This can be caused by something as innocuous as the revenue or expense occurring unevenly at different points of time during the year, such as a one-time insurance payment. In other words, one twelfth of every budget item is not necessarily paid each month. Therefore, when there is a significant variance, explanations are provided. These explanations frequently feature the terms "over budget" or "over the budget benchmark". "Over budget" usually refers to situations where more has been spent in total than was allocated. It may also refer to unexpected expenses that will cause the line item to be overspent by year/grant end. "Over the budget benchmark" refers to items that are currently over what we would expect, if expense were incurred evenly each month. Usually, the items that are "over the budget benchmark" are not incurred evenly each month and are expected to be at or near what was allocated by year/grant end.

It is important to note that, while a specific line item may be over budget, the overall Agency budget should not be over budget. Adjustments are often made at the end of a grant or fiscal year to ensure that all budgets are balanced.

**Financial Statement Narrative
For the Eleven Months Ending August 31, 2021
Capital Area Community Action Agency**

In Fiscal Year 2020-2021, more than half of all currently active grants have a grant period that differs from the Agency's fiscal year and only one of the Agency's largest grants are on the Agency's same fiscal year.

What this means is that the Agency-wide Statement of Revenue and Expenses has lost some of its effectiveness. While it is still a good way to judge overall performance such as total revenues, total expenditures and net income/(loss), it is less useful by budget line item with differing fiscal years.

To compensate for this issue, we have focused on the major programs' statements instead for individual line item budgets. This leaves us with the following variances:

Unemployment – is over budget due to an increase in the agency's SUTA rate. A refund has been mentioned but not an amount. Management will take this into account in planning next year's budget.

Staff Screening – is over budget in CSBG DRSF because it is a new program with new employees as well as high turnover due to COVID.

Office Supplies – is over the budget in the agency, HDST, CSBG and CSBG DRSF – staff will work together to identify expenses that might be re-categorized such as postage or copies which have plenty of available funds.

Program Supplies – is over budget in CSBG due to the expense being allocated to a line item that has no budget. This line item is usually reserved for Head Start expenditures.

Copies / Printing / Copier Expenses – is over budget in WAP and will be covered by available funds in Office Supplies.

Medical/Dental Supplies – is over budget with a purchase to cover needs. The original budget was only \$500 so the dollar amount over is small. Requested a budget amendment to cover.

Postage and Delivery Expenses – is over budget in Head Start due to expenses associated with the start of the school year. Management will plan for these higher expenses in the coming year.

Contractual Services- Professional – is over budget for LIHEAP due to a number of contract workers being hired. This is offset by savings in payroll costs.

Contractual Services – Health/Disabilities – is over benchmark budget and staff will need to evaluate to determine if an amendment is needed before the new school year begins.

**Financial Statement Narrative
For the Eleven Months Ending August 31, 2021
Capital Area Community Action Agency**

Rent/Space Cost – is over budget for CSBG, DRSF, LIHEAP, LIHEAP Cares and WAP. These budget lines will be amended to accommodate with available funds.

Utilities- are over budget for DRSF and are averaging \$490 per month. At the current rate, this budget line will be over budget by about \$4,500. This budget line item and all other DRSF budget line items are expected to be over budget by September 30th. It is also over budget for LIHEAP Cares as there was no budget allocated to these costs, but will.

General Liability and Property Insurance – is over budget due to increased costs over projected costs in CSBG and LIHEAP. LIHEAP Cares is over budget as there was no budget allocated to these costs, but will.

Communications – is over the budget due to repairs and a few split payments between the fiscal years. The WAP and CSBG overage which is over budget will be updated during the current modification. DRSF overage was due to no existing budget line but will come out of available funds. A portion of LIHEAP's costs will be transferred to LIHEAP CARES which did not have a budget originally, but will.

Repairs and Maintenance – Recurring – is over budget due to some needed repairs and floor cleaning at the centers as well as a load of mulch. It is over budget in DRSF with recurring maintenance costs being higher than anticipated.

Repairs and Maintenance- Nonrecurring – is over the DRSF budget due to an August 2020 expense of moving. This is a onetime expense. HDST is also slightly over budget due to a number of maintenance items.

Equipment Maintenance – is slightly over budget due to a small increase equipment costs over the length of the WAP contract and higher than anticipated costs in DRSF. LIHEAP CARES also needs a budget amendment.

Equipment Lease - is over the benchmark budget due to the quarterly prepaid postage machine lease deposit. This is expected to even out in subsequent months. It was adjusted in the recent WAP modification and will again be updated during the current WAP modification.

Vehicle Expense – is over budget in CSBG due to a number of issues over the 5 year grant period. This category will be reviewed to remove repair expenses and any other expenses related to the camper/trailers that should be charged to direct assistance.

Fees, Licenses and Permits – is over budget for DRSF. These small fees were not anticipated when the original budget was submitted to DEO, but there are adequate funds in other categories to cover these expenses.

**Financial Statement Narrative
For the Eleven Months Ending August 31, 2021
Capital Area Community Action Agency**

Dues and Subscriptions – are over budget due to some necessary subscriptions in response to COVID best practices. CSBG and HDST are affected by these. We will move these charges to the COVID grant once it has been extended.

Special Events – is over budget on the agency statement due to the purchase of caps and gowns out of the Head Start Restricted Fund but is offset by unbudgeted donations in Special Events Revenue.

Client Assistance – is over budget due to a grant that finished in March of this year. Remaining funds in all categories of the grant were spent on clients in need. As the grant was closed out, no budget amendment is required.

Equipment (\$5,000 or More) – is at budget due to the purchase of a server replacement. Adjustments will be made to the program budgets to accommodate.

Expendable Equipment – is over budget in HDST due to the purchase of several computers and other equipment. Adjustments will be made to the program budgets to accommodate.

Registration Fees – is over budget for the agency overall, but is a small amount and will be absorbed into the other training categories. WAP is slightly over budget but will be amended in the new cycle.

Meetings / Workshops / Training – shows a negative budget on the agency statement due to the WAP amendment that covers 10/1/2017 - 9/30/2021. CSBG is slightly over budget with no more expenditures expected during this award cycle. Head Start is over budget but not when combined with Training / Staff Development.

Training/Staff Development – is at budget for CSBG due to uneven expenses throughout the grant period. No more training is expected to occur prior to the next award of funds.

Advertising – is over budget for the Head Start program due to an enrollment campaign.

Miscellaneous Expenses – is over budget in the agency statement by \$10 due to an unallowed expense that was paid out of General Fund.

We had several revenue variances, most of which resulted from increased donations received directly and indirectly as well as the forgiven PPP loan.

**Capital Area Community Action Agency
Statement of Revenues and Expenditures
For the Eleven Months Ended 8/31/2021**

	92%	Total Budget - Original	Current Year Actual	Total Budget Variance - Original	%
Revenue					
Government Contracts - FEDERAL - DIRECT	4000	3,808,871	3,154,232	(654,639)	83%
Government Contracts - Federal Indirect	4005	0	6,708	6,708	100%
Government Contracts - STATE	4010	4,502,314	5,346,491	844,177	119%
Government Contracts - LOCAL	4020	131,500	127,212	(4,288)	97%
Grants - Other Not-for-Profits	4100	84,139	187,268	103,129	223%
Grants - All Other Sources	4120	36,950	103,034	66,084	279%
Contributions	4200	500	8,105	7,605	1621%
Contributions- Restricted	4210	47,631	86,263	38,632	181%
Special Events	4300	0	2,089	2,089	100%
Commissions-Vending/Photo	4320	2,000	1,218	(782)	61%
Interest Income	4950	0	3,680	3,680	100%
Fringe Pool Revenue	4960	850,000	707,097	(142,903)	83%
Indirect Pool Revenue	4970	639,884	522,838	(117,046)	82%
Other Revenue	4995	3,000	741,227	738,227	100%
Total Revenue		<u>10,106,788</u>	<u>10,997,460</u>	<u>890,672</u>	109%
Expenditures					
Salaries & Wages	6010	2,993,995	2,440,575	553,420	82%
Fringe	6110	877,661	707,097	170,564	81%
FICA	6120	200,000	180,146	19,854	90%
Unemployment	6130	30,000	39,615	(9,615)	132%
Workers Compensation	6140	35,000	27,864	7,136	80%
Health Insurance	6150	480,000	402,057	77,943	84%
Life Insurance	6160	30,000	25,196	4,804	84%
Retirement	6170	50,000	44,219	5,781	88%
Staff Screenings	6180	4,777	2,175	2,603	46%
Indirect Costs	6210	665,202	530,568	134,634	80%
Travel - In Area	6310	12,488	10,458	2,030	84%
Travel - Out of Area	6315	489	0	489	0%
Office Supplies	6410	26,677	26,880	(204)	101%
Program Supplies	6415	30,220	22,182	8,038	73%
Classroom Supplies	6420	60,819	19,710	41,109	32%
Kitchen Supplies	6430	30,604	10,679	19,925	35%
Medical/Dental Supplies	6440	500	895	(395)	179%
Copies/Printing/Copier	6510	34,339	25,422	8,917	74%
Postage and Delivery Expense	6600	5,810	3,796	2,014	65%
Contractual Services/Professional	6710	461,238	300,566	160,672	65%
Contractual Services – Health/Disabilities	6715	176,115	161,300	14,815	92%
Rent/Space Cost	6810	300,236	312,937	(12,701)	104%
Utilities	6820	106,665	95,280	11,385	89%

**Capital Area Community Action Agency
Statement of Revenues and Expenditures
For the Eleven Months Ended 8/31/2021**

General Liability and Property Insurance	6830	46,859	53,050	(6,191)	113%
Communications	6840	82,843	92,711	(9,868)	112%
Repairs & Bldg Maintenance- Recurring	6850	107,555	139,835	(32,279)	130%
Repairs & Bldg Maintenance -	6855	39,472	35,948	3,524	91%
Equipment Maintenance	6910	32,541	26,599	5,943	82%
Vehicle Expense	6920	80,820	32,931	47,889	41%
Equipment Lease	6930	15,350	9,554	5,796	62%
Technology	6940	34,244	23,745	10,498	69%
Fees, Licenses, and Permits	7010	4,387	2,757	1,630	63%
Dues/Subscriptions	7020	9,845	21,655	(11,810)	220%
Special Events	7110	2,000	2,384	(384)	119%
Client Assistance	7210	2,649,540	3,773,355	(1,123,815)	142%
Equipment (\$5,000 or more)	7310	18,140	17,590	550	97%
Expendable Equipment	7320	35,030	18,636	16,394	53%
Registration Fees	7410	800	2,170	(1,370)	271%
Meetings/Workshops/Training	7420	(2,649)	19,368	(22,017)	-731%
Training/Staff Development	7430	58,117	29,567	28,550	51%
Advisory/Board Member Expenses	7440	5,000	1,580	3,420	32%
Advertising	7450	31,388	25,012	6,376	80%
Parent Activities	7460	1,200	0	1,200	0%
Raw Food Cost	7510	217,612	133,724	83,888	61%
Miscellaneous Expenses	7520	0	10	(10)	100%
Legal Expenses	7530	17,000	177	16,824	1%
Interest Expense	7610	2,750	0	2,750	0%
Bank Service Charges	7630	4,110	2,782	1,328	68%
Total Expenditures		<u>10,106,788</u>	<u>9,854,758</u>	<u>252,030</u>	98%
Excess Revenue over (under) Expenditures		<u>0</u>	<u>1,142,702</u>	<u>1,142,702</u>	

**Capital Area Community Action Agency
Balance Sheet
As of 8/31/2021**

Current Period
Balance

Assets

Petty Cash	315
Cash Operating Hancock Bank	697,849
Cash - Health Insurance Imprest Account	2,552
Cash - Money Market Accounts	74,469
Cash - Restricted	80,855
Accounts Receivable	195,862
Grants Receivable	1,049,702
Property and Equipment Net	<u>395,627</u>

Total Assets 2,497,231

Liabilities and Net Assets

Liabilities

Accounts Payable	164,856
Accrued Leave	57,177
Accrued Wages	5,263
Accrued Fringe Benefits	(2,806)
Contract Advances	157,570
Contingent Liab Sunshine St Micro Obligated	44,142
Liability- Head Start Parent Activity	7,079
Notes Payable	135,658
Line of Credit	<u>5,941</u>
Total Liabilities	574,881

Net Assets

Beginning Net Assets

Unrestricted Net Assets	454,750
Invested Property and Equipment	<u>324,898</u>
Total Beginning Net Assets	779,648

Current Net Income 1,142,702

Total Net Assets 1,922,350

Total Liabilities and Net Assets 2,497,231

Capital Area Community Action Agency
CSBG - Statement of Revenues and Expenditures
From Grant Inception Through 8/31/2021

CSBG
10/1/2016 - 9/30/2021

		Total	Current	Total	
	98%	Budget -	Period	Budget	
		Original	Actual	Variance -	
				Original	%
Revenue					
Government Contracts - STATE	4010	<u>3,073,978</u>	<u>2,655,838</u>	(418,140)	86%
Total Revenue		<u>3,073,978</u>	<u>2,655,838</u>	(418,140)	86%
Expenditures					
Salaries & Wages	6010	1,194,483	1,073,955	120,529	90%
Fringe	6110	340,741	306,715	34,027	90%
Staff Screenings	6180	2,562	1,911	651	75%
Indirect Costs	6210	296,068	263,810	32,258	89%
Travel - In Area	6310	37,417	20,704	16,713	55%
Travel - Out of Area	6315	20,398	5,307	15,091	26%
Office Supplies	6410	11,108	13,603	(2,495)	122%
Program Supplies	6415	0	243	(243)	100%
Copies/Printing/Copier	6510	17,324	10,283	7,041	59%
Postage and Delivery Expense	6600	4,527	1,947	2,580	43%
Contractual Services/Professional	6710	49,906	35,575	14,331	71%
Rent/Space Cost	6810	132,086	144,239	(12,153)	109%
Utilities	6820	16,604	14,380	2,223	87%
General Liability and Property Insurance	6830	22,510	23,301	(791)	104%
Communications	6840	52,303	55,412	(3,109)	106%
Repairs & Bldg Maintenance- Recurring	6850	16,124	12,379	3,745	77%
Equipment Maintenance	6910	16,775	14,863	1,912	89%
Vehicle Expense	6920	54,256	62,828	(8,571)	116%
Equipment Lease	6930	7,435	4,894	2,540	66%
Technology	6940	20,643	13,391	7,252	65%
Fees, Licenses, and Permits	7010	11,433	7,047	4,386	62%
Dues/Subscriptions	7020	22,404	23,904	(1,500)	107%
Client Assistance	7210	650,757	459,500	191,257	71%
Equipment (\$5,000 or more)	7310	824	824	0	100%
Expendable Equipment	7320	23,585	17,732	5,853	75%
Registration Fees	7410	14,666	10,506	4,159	72%
Meetings/Workshops/Training	7420	20,959	21,365	(406)	102%
Training/Staff Development	7430	1,000	995	5	100%
Advertising	7450	15,079	11,670	3,409	77%
Total Expenditures		<u>3,073,978</u>	<u>2,633,284</u>	<u>440,694</u>	86%
Excess Revenue over (under) Expenditures		<u>0</u>	<u>22,554</u>	<u>22,554</u>	

**Capital Area Community Action Agency
CSBG DRSF - Statement of Revenues and Expenditures
From Grant Inception Through 8/31/2021**

	96%	Total Budget - Original	Current Period Actual	Total Budget Variance - Original	%
Revenue					
Government Contracts - STATE	4010	<u>1,299,999</u>	<u>901,041</u>	<u>(398,958)</u>	69%
Total Revenue		<u>1,299,999</u>	<u>901,041</u>	<u>(398,958)</u>	69%
Expenditures					
Salaries & Wages	6010	295,367	162,906	132,460	55%
Fringe	6110	85,597	47,210	38,387	55%
Staff Screenings	6180	178	573	(395)	322%
Indirect Costs	6210	69,183	38,178	31,005	55%
Travel - In Area	6310	4,583	4,063	521	89%
Travel - Out of Area	6315	611	0	611	0%
Office Supplies	6410	0	6,424	(6,424)	100%
Copies/Printing/Copier	6510	1,500	1,054	446	70%
Postage and Delivery Expense	6600	250	55	195	22%
Contractual Services/Professional	6710	46,111	8,069	38,042	17%
Rent/Space Cost	6810	8,556	47,938	(39,382)	560%
Utilities	6820	2,333	6,647	(4,313)	285%
General Liability and Property Insurance	6830	3,333	0	3,333	0%
Communications	6840	10,500	13,737	(3,237)	131%
Repairs & Bldg Maintenance- Recurring	6850	2,250	3,635	(1,385)	162%
Repairs & Bldg Maintenance - Nonrecurring	6855	250	384	(134)	154%
Equipment Maintenance	6910	6,989	900	6,089	13%
Vehicle Expense	6920	50,000	121	49,879	0%
Equipment Lease	6930	1,000	1,064	(64)	106%
Technology	6940	3,065	2,613	452	85%
Fees, Licenses, and Permits	7010	0	60	(60)	100%
Client Assistance	7210	686,408	536,892	149,516	78%
Equipment (\$5,000 or more)	7310	824	824	0	100%
Expendable Equipment	7320	11,111	5,336	5,775	48%
Advertising	7450	<u>10,000</u>	<u>9,208</u>	<u>792</u>	92%
Total Expenditures		<u>1,299,999</u>	<u>897,891</u>	<u>402,109</u>	69%
Excess Revenue over (under) Expenditures		(0)	<u>3,150</u>	<u>3,151</u>	

Capital Area Community Action Agency
LIHEAP - Statement of Revenues and Expenditures
From Grant Inception Through 8/31/2021

LIHEAP
4/1/2017 - 9/30/2021

		Total	Current	Total	
	98%	Budget -	Period	Budget	
		Original	Actual	Variance -	
				Original %	
Revenue					
Government Contracts - STATE	4010	<u>9,467,387</u>	<u>8,466,148</u>	<u>(1,001,239)</u>	89%
Total Revenue		<u>9,467,387</u>	<u>8,466,148</u>	<u>(1,001,239)</u>	89%
Expenditures					
Salaries & Wages	6010	1,117,957	928,195	189,762	83%
Fringe	6110	319,882	266,167	53,716	83%
Staff Screenings	6180	2,679	919	1,761	34%
Indirect Costs	6210	279,598	229,969	49,629	82%
Travel - In Area	6310	13,511	6,552	6,959	48%
Travel - Out of Area	6315	8,926	674	8,252	8%
Office Supplies	6410	11,500	9,339	2,161	81%
Copies/Printing/Copier	6510	22,131	14,445	7,686	65%
Postage and Delivery Expense	6600	5,686	3,250	2,436	57%
Contractual Services/Professional	6710	42,500	44,306	(1,806)	104%
Rent/Space Cost	6810	109,245	114,637	(5,392)	105%
Utilities	6820	14,465	9,682	4,783	67%
General Liability and Property Insurance	6830	15,550	15,090	460	97%
Communications	6840	39,495	37,996	1,499	96%
Repairs & Bldg Maintenance- Recurring	6850	15,568	10,086	5,482	65%
Equipment Maintenance	6910	13,690	8,933	4,757	65%
Vehicle Expense	6920	14,390	3,729	10,661	26%
Equipment Lease	6930	7,475	4,217	3,258	56%
Technology	6940	21,651	11,371	10,280	53%
Fees, Licenses, and Permits	7010	1,150	432	718	38%
Dues/Subscriptions	7020	975	175	800	18%
Client Assistance	7210	7,355,558	6,451,008	904,550	88%
Equipment (\$5,000 or more)	7310	1,237	1,237	0	100%
Expendable Equipment	7320	18,530	10,679	7,851	58%
Registration Fees	7410	6,400	2,470	3,930	39%
Meetings/Workshops/Training	7420	3,138	280	2,858	9%
Training/Staff Development	7430	2,000	0	2,000	0%
Advertising	7450	<u>2,500</u>	<u>2,065</u>	<u>435</u>	83%
Total Expenditures		<u>9,467,387</u>	<u>8,187,901</u>	<u>1,279,486</u>	86%
Excess Revenue over (under) Expenditures		<u>0</u>	<u>278,247</u>	<u>278,247</u>	

Capital Area Community Action Agency
LIHEAP Cares - Statement of Revenue and Expenditures
From Grant Inception Through 8/31/2021

	96%	Total Budget - Original	Current Period Actual	Total Budget Variance - Original	%
Revenue					
Government Contracts - STATE	4010	<u>1,677,633</u>	<u>571,318</u>	<u>(1,106,315)</u>	34%
Total Revenue		<u>1,677,633</u>	<u>571,318</u>	<u>(1,106,315)</u>	34%
Expenditures					
Salaries & Wages	6010	190,333	159,801	30,532	84%
Fringe	6110	55,159	46,269	8,890	84%
Staff Screenings	6180	480	301	179	63%
Indirect Costs	6210	44,581	37,417	7,164	84%
Travel - In Area	6310	1,113	0	1,113	0%
Office Supplies	6410	2,800	1,571	1,229	56%
Copies/Printing/Copier	6510	2,800	2,473	327	88%
Postage and Delivery Expense	6600	700	0	700	0%
Contractual Services/Professional	6710	6,097	5,108	989	84%
Rent/Space Cost	6810	7,700	17,222	(9,522)	224%
Utilities	6820	0	1,570	(1,570)	100%
General Liability and Property Insurance	6830	0	2,835	(2,835)	100%
Communications	6840	0	5,580	(5,580)	100%
Repairs & Bldg Maintenance- Recurring	6850	4,194	1,460	2,734	35%
Equipment Maintenance	6910	0	1,966	(1,966)	100%
Vehicle Expense	6920	1,400	0	1,400	0%
Technology	6940	4,613	1,196	3,417	26%
Client Assistance	7210	1,342,298	479,709	862,589	36%
Equipment (\$5,000 or more)	7310	1,237	1,237	0	100%
Expendable Equipment	7320	8,231	3,723	4,509	45%
Advertising	7450	3,897	967	2,930	25%
Total Expenditures		<u>1,677,633</u>	<u>770,403</u>	<u>907,230</u>	46%
Excess Revenue over (under) Expenditures		<u>0</u>	<u>(199,084)</u>	<u>(199,084)</u>	

Capital Area Community Action Agency
WAP - Statement of Revenues and Expenditures
From Grant Inception Through 8/31/2021

WAP

10/1/2017 - 9/30/2021

	98%	Total Budget - Original	Current Period Actual	Total Budget Variance - Original	%
Revenue					
Government Contracts - STATE	4010	<u>2,284,459</u>	<u>1,169,839</u>	(1,114,619)	51%
Total Revenue		<u>2,284,459</u>	<u>1,169,839</u>	<u>(1,114,619)</u>	51%
Expenditures					
Salaries & Wages	6010	320,116	302,233	17,883	94%
Fringe	6110	91,294	86,795	4,499	95%
Staff Screenings	6180	200	0	200	0%
Indirect Costs	6210	81,690	74,163	7,527	91%
Travel - In Area	6310	17,000	10,887	6,113	64%
Office Supplies	6410	4,000	3,878	122	97%
Copies/Printing/Copier	6510	1,500	1,536	(36)	102%
Postage and Delivery Expense	6600	900	608	292	68%
Contractual Services/Professional	6710	23,314	5,791	17,523	25%
Rent/Space Cost	6810	16,600	18,274	(1,674)	110%
Utilities	6820	4,000	3,786	214	95%
General Liability and Property	6830	41,628	26,463	15,166	64%
Communications	6840	8,900	9,771	(871)	110%
Repairs & Bldg Maintenance- Recurring	6850	7,650	3,248	4,402	42%
Equipment Maintenance	6910	2,950	3,164	(214)	107%
Vehicle Expense	6920	18,000	15,491	2,509	86%
Equipment Lease	6930	1,200	1,362	(162)	114%
Technology	6940	850	439	411	52%
Fees, Licenses, and Permits	7010	1,350	1,089	261	81%
Dues/Subscriptions	7020	15,500	6,000	9,500	39%
Client Assistance	7210	1,586,488	565,607	1,020,881	36%
Equipment (\$5,000 or more)	7310	1,649	1,099	550	67%
Expendable Equipment	7320	5,000	3,560	1,440	71%
Registration Fees	7410	2,452	2,476	(24)	101%
Meefings/Workshops/Training	7420	29,327	16,910	12,417	58%
Advertising	7450	900	788	112	88%
Total Expenditures		<u>2,284,459</u>	<u>1,165,419</u>	<u>1,119,040</u>	51%
Excess Revenue over (under) Expenditures		<u>0</u>	<u>4,420</u>	<u>4,420</u>	

Capital Area Community Action Agency
Head Start - Statement of Revenues and Expenditures
For the Eleven Months Ended 8/31/2021

		Total	Current	Total	
	92%	Budget -	Year	Budget	
		Original	Actual	Variance -	
				Original	%
Revenue					
Government Contracts - FEDERAL - DIRECT	4000	3,740,116	3,121,889	(618,227)	83%
Total Revenue		<u>3,740,116</u>	<u>3,121,889</u>	<u>(618,227)</u>	83%
Expenditures					
Salaries & Wages	6010	1,804,242	1,503,947	300,295	83%
Fringe	6110	522,870	435,845	87,025	83%
Staff Screenings	6180	2,500	1,112	1,388	44%
Indirect Costs	6210	422,606	352,457	70,149	83%
Travel - In Area	6310	4,000	2,192	1,808	55%
Office Supplies	6410	7,500	7,974	(474)	106%
Program Supplies	6415	26,935	21,849	5,086	81%
Classroom Supplies	6420	44,847	9,186	35,661	20%
Kitchen Supplies	6430	7,015	78	6,937	1%
Medical/Dental Supplies	6440	500	895	(395)	179%
Copies/Printing/Copier	6510	20,000	12,057	7,943	60%
Postage and Delivery Expense	6600	1,500	1,584	(84)	106%
Contractual Services/Professional	6710	31,000	13,978	17,023	45%
Contractual Services – Health/Disabilities	6715	159,139	150,570	8,569	95%
Rent/Space Cost	6810	207,589	176,084	31,505	85%
Utilities	6820	84,335	79,389	4,946	94%
General Liability and Property Insurance	6830	28,000	19,166	8,834	68%
Communications	6840	53,723	49,885	3,838	93%
Repairs & Bldg Maintenance- Recurring	6850	96,000	124,443	(28,443)	130%
Repairs & Bldg Maintenance - Nonrecurring	6855	33,772	35,855	(2,083)	106%
Equipment Maintenance	6910	18,000	16,165	1,835	90%
Vehicle Expense	6920	30,000	19,287	10,713	64%
Equipment Lease	6930	9,600	4,810	4,790	50%
Technology	6940	10,545	9,268	1,277	88%
Fees, Licenses, and Permits	7010	2,500	1,054	1,446	42%
Dues/Subscriptions	7020	2,600	8,503	(5,903)	327%
Special Events	7110	2,000	0	2,000	0%
Equipment (\$5,000 or more)	7310	7,696	7,696	0	100%
Expendable Equipment	7320	5,000	7,908	(2,908)	158%
Meetings/Workshops/Training	7420	500	4,182	(3,682)	836%
Training/Staff Development	7430	43,163	18,100	25,063	42%
Advisory/Board Member Expenses	7440	2,500	0	2,500	0%
Advertising	7450	4,000	6,125	(2,125)	153%
Parent Activities	7460	1,200	0	1,200	0%
Raw Food Cost	7510	42,739	20,342	22,397	48%
Total Expenditures		<u>3,740,116</u>	<u>3,121,986</u>	<u>618,130</u>	83%
Excess Revenue over (under) Expenditures		<u>0</u>	<u>(97)</u>	<u>(97)</u>	

**Capital Area Community Action Agency, Inc.
 Head Start NFS Match Requirements
 For the Month Ending Aug 31, 2021**

Match Source	Total Needed	YTD	YTD %	Remaining	Remaining %
Government Contracts - Local		39,246			
Grants - Other Not for Profits		-			
In-Kind Revenue		375,528			
VPK/SR		18,866			
	512,345	433,640	85%	78,705	15%

Head Start Credit Card Expenses August 2021

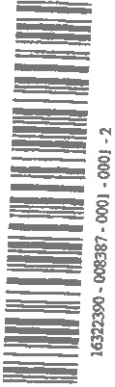
Vendor ID	Fund Code	GL Code	Activity Code	Effective Date	Expenses	Transaction Description
HANCOCK CC	1064	6410	255	8/27/2021	12.00	#7303, KRISTIN JACKSON RESHARD, VISA, 8/27/2021, KEYS
HANCOCK CC	1064	6410	256	8/27/2021	120.77	#7303, KRISTIN JACKSON RESHARD, VISA, 8/27/2021, BADGES
HANCOCK CC	1064	7420	255	8/27/2021	250.00	#7303, KRISTIN JACKSON RESHARD, VISA, 8/27/2021, TEACHSTONE
HANCOCK CC	1064	6920	255	8/27/2021	47.45	#4466, DARREL JAMES, VISA, 8/27/2021, GAS HS VEHICLE
HANCOCK CC	1064	6920	255	8/27/2021	48.01	#4466, DARREL JAMES, VISA, 8/27/2021, GAS HS VEHICLE
HANCOCK CC	1064	6920	255	8/27/2021	48.51	#4466, DARREL JAMES, VISA, 8/27/2021, GAS HS VEHICLE
HANCOCK CC	1064	6920	255	8/27/2021	49.50	#4466, DARREL JAMES, VISA, 8/27/2021, GAS HS VEHICLE
HANCOCK CC	1064	6920	255	8/27/2021	59.00	#4466, DARREL JAMES, VISA, 8/27/2021, GAS HS VEHICLE
HANCOCK CC	1064	7020	255	8/27/2021	199.90	#4466, DARREL JAMES, VISA, 8/27/2021, ZOOM SUBSCRIPTION
HANCOCK CC	1064	6850	255	8/27/2021	175.00	#6982, FATIMA OLEABHIELE, VISA, 8/27/2021, SNAKE REMOVAL
HANCOCK CC	1064	6410	255	8/27/2021	21.38	#6982, FATIMA OLEABHIELE, VISA, 8/27/2021, HS SUPPLIES
HANCOCK CC	1064	6410	255	8/27/2021	21.99	#6982, FATIMA OLEABHIELE, VISA, 8/27/2021, HS SUPPLIES
HANCOCK CC	1064	6410	255	8/27/2021	18.99	#8165, NICHELLE RICHARDS ROLLE, VISA, 8/27/2021, SUPPLIES
HANCOCK CC	1064	7010	255	8/27/2021	35.00	#8165, NICHELLE RICHARDS ROLLE, VISA, 8/27/2021, ANNUAL FEE
HANCOCK CC	1064	7010	255	8/27/2021	2.58	#8165, NICHELLE RICHARDS ROLLE, VISA, 8/27/2021, CC USE FEE
HANCOCK CC	1064	7450	255	8/27/2021	594.22	#7366, NINA SINGLETON SELF, VISA, 8/27/2021, INDEED HS
HANCOCK CC	1064	6180	250	8/27/2021	44.66	#5810, VENITA TREADWELL, VISA, 8/27/2021, BKG A. BROWN
HANCOCK CC	1064	6180	250	8/27/2021	44.66	#5810, VENITA TREADWELL, VISA, 8/27/2021, BKG BRUTON
HANCOCK CC	1064	6180	250	8/27/2021	44.66	#5810, VENITA TREADWELL, VISA, 8/27/2021, BKG HUGHES
HANCOCK CC	1064	6180	256	8/27/2021	44.66	#5810, VENITA TREADWELL, VISA, 8/27/2021, BKG VAUSE
HANCOCK CC	1064	6180	256	8/27/2021	13.68	#5810, VENITA TREADWELL, VISA, 8/27/2021, BKG, SPEARMAN
LOWES	1064	6415	250	8/1/2021	33.36	#82130109084241, SUPPLIES, HEAD START, AUGUST 2021
LOWES	1064	6415	250	8/1/2021	62.58	#82130109084241, SUPPLIES, HEAD START, AUGUST 2021
LOWES	1064	6415	250	8/1/2021	130.98	#82130109084241, SUPPLIES, HEAD START, AUGUST 2021
LOWES	1064	6415	251	8/1/2021	6.63	#82130109084241, SUPPLIES, HEAD START, AUGUST 2021
LOWES	1064	6415	255	8/1/2021	97.84	#82130109084241, SUPPLIES, HEAD START, AUGUST 2021
LOWES	1064	6415	258	8/1/2021	46.52	#82130109084241, SUPPLIES, HEAD START, AUGUST 2021
LOWES	1064	6420	255	8/1/2021	8.56	#82130109084241, SUPPLIES, HEAD START, AUGUST 2021
LOWES	1064	6420	255	8/1/2021	12.70	#82130109084241, SUPPLIES, HEAD START, AUGUST 2021
LOWES	1064	6420	255	8/1/2021	28.49	#82130109084241, SUPPLIES, HEAD START, AUGUST 2021
LOWES	1064	6850	250	8/1/2021	7.11	#82130109084241, SUPPLIES, HEAD START, AUGUST 2021
LOWES	1064	6850	255	8/1/2021	31.26	#82130109084241, SUPPLIES, HEAD START, AUGUST 2021
LOWES	1064	6850	255	8/1/2021	59.30	#82130109084241, SUPPLIES, HEAD START, AUGUST 2021

Transactio 2,421.95



Visa BusinessCard
Statement of Account
Issued by Hancock Whitney Bank

HANCOCK WHITNEY BANK
PO BOX 61750
NEW ORLEANS LA 70161-1750



16322390 - 008387 - 0001 - 0001 - 2

KRISTIN JACKSON
CAPITAL AREA CAA
309 OFFICE PLAZA DR
TALLAHASSEE FL 32301-2729
**N0008387

MEMO STATEMENT

Account Number

Statement Date

08-27-21

Copy

STATEMENT MESSAGES

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TRANSACTION DETAIL

Post Date	Trans Date	Reference Number	MCC	Transaction Description	Amount
08-16	08-13	2401134122500039561901	8299	TEACHSTONE TRAINING WWW.TEACHSTON VA	M250.00 ✓
08-19	08-17	24137461230500781986246	5943	OFFICE DEPOT #108 TALLAHASSEE FL	M120.77 ✓
08-20	08-19	24275471231135401113713	5211	GULF COAST LUMBER & SUPPL MONTICELLO FL	M12.00 ✓

STATEMENT DATE	ACCOUNT NUMBER	ACCOUNT SUMMARY
08-27-21	[REDACTED]	
CUSTOMER SERVICE CALL Toll Free 1-800-448-8812		NEW PURCHASES AND OTHER CHARGES 382.77
		NEW CASH ADVANCES .00
		CREDITS .00
		STATEMENT TOTAL 382.77
		TOTAL IN DISPUTE .00
		CREDIT LIMIT 2,000.00



**HANCOCK
WHITNEY**

Visa BusinessCard
Statement of Account
Issued by Hancock Whitney Bank

HANCOCK WHITNEY BANK
PO BOX 61750
NEW ORLEANS LA 70161-1750



16322390 - 006470 - 0001 - 0001 - 2



DARREL JAMES
CAPITAL AREA CAA
309 OFFICE PLAZA DR
TALLAHASSEE FL 32301-2729

**N00006470

MEMO STATEMENT

Account Number

Statement Date

08-27-21

9/17/21

STATEMENT MESSAGES

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TRANSACTION DETAIL

Post Date	Trans Date	Reference Number	MCC	Transaction Description	Amount
07-28	07-26	24692161208100586843337	5542	GATE 1194 Q80 TALLAHASSEE FL	M48.51 ✓
08-05	08-03	24692161216100667057526	5542	GATE 1194 Q80 TALLAHASSEE FL	M59.00 ✓
08-09	08-06	24692161219100999724543	5542	GATE 1194 Q80 TALLAHASSEE FL	M47.45 ✓
08-09	08-06	24011341218000051725664	4814	ZOOM.US 888-799-9666 WWW.ZOOM.US CA	M199.90 ✓
08-16	08-13	24692161226100298469882	5542	GATE 1194 Q80 TALLAHASSEE FL	M49.50 ✓
08-23	08-20	24228991234017024126961	8041	WHOLE HEALTH CLINIC INC TALLAHASSEE FL	M35.00 ✓
08-23	08-20	24692161233100642251250	5542	GATE 1194 Q80 TALLAHASSEE FL	M48.01 ✓

STATEMENT DATE	ACCOUNT NUMBER	ACCOUNT SUMMARY
08-27-21	[REDACTED]	
CUSTOMER SERVICE CALL Toll Free 1-800-448-8812		NEW PURCHASES AND OTHER CHARGES 487.37
		NEW CASH ADVANCES .00
		CREDITS .00
		STATEMENT TOTAL 487.37
		TOTAL IN DISPUTE .00
		CREDIT LIMIT 5,000.00



**HANCOCK
WHITNEY**

Visa BusinessCard
Statement of Account
Issued by Hancock Whitney Bank

HANCOCK WHITNEY BANK
PO BOX 61750
NEW ORLEANS LA 70161-1750



1632290 - 005206 - 0001 - 0001 - 2

FATIMA OLEABHIELE
CAPITAL AREA CAA
309 OFFICE PLAZA DR
TALLAHASSEE FL 32301-2729

**ND005206

Handwritten signature

MEMO STATEMENT

Account Number

Statement Date

08-27-21

STATEMENT MESSAGES

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TRANSACTION DETAIL

Post Date	Trans Date	Reference Number	MCC	Transaction Description	Amount
08-04	08-02	24137461215100302334486	5943	OFFICE DEPOT #108 TALLAHASSEE FL	M21.38 ✓
08-20	08-18	24137461231500861353944	5943	OFFICE DEPOT #108 TALLAHASSEE FL	M21.99 ✓
08-25	08-24	24692161236100781948853	8999	SQ *BLACK THUMB SERVICES GOSQ.COM FL	M175.00 ✓

STATEMENT DATE	ACCOUNT NUMBER	ACCOUNT SUMMARY	
08-27-21	XXXXXXXXXX		
CUSTOMER SERVICE CALL Toll Free 1-800-448-8812		NEW PURCHASES AND OTHER CHARGES	218.37
		NEW CASH ADVANCES	.00
		CREDITS	.00
		STATEMENT TOTAL	218.37
		TOTAL IN DISPUTE	.00
		CREDIT LIMIT	2,000.00



HANCOCK WHITNEY BANK
PO BOX 61750
NEW ORLEANS LA 70161-1750



16322390-005915-0001-0001-2

|||||
NICHELE RICHARDS
CAPITAL AREA CAA
309 OFFICE PLAZA DR
TALLAHASSEE FL 32301-2729

**N0005915

9/2/21

MEMO STATEMENT

Account Number



Statement Date

08-27-21

STATEMENT MESSAGES

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TRANSACTION DETAIL

Post Date	Trans Date	Reference Number	MCC	Transaction Description	Amount
07-28	07-28		0000	ANNUAL FEE	M35.00
07-30	07-28	24137461210500847804072	5943	OFFICE DEPOT #108 TALLAHASSEE FL	M18.99
08-18	08-17	24137461230001463389429	5411	PUBLIX #1051 TALLAHASSEE FL	M24.00
08-19	08-18	24226381231400000508821	5411	WAL-MART #4427 TALLAHASSEE FL	M13.96
08-19	08-18	24427331230720217903488	5411	PIGGLY WIGGLY #292 TALLAHASSEE FL	M28.55


STATEMENT DATE	ACCOUNT NUMBER	ACCOUNT SUMMARY
08-27-21		
<p>CUSTOMER SERVICE CALL</p> <p>Toll Free 1-800-448-8812</p>		NEW PURCHASES AND OTHER CHARGES 120.50
		NEW CASH ADVANCES .00
		CREDITS .00
		STATEMENT TOTAL 120.50
		TOTAL IN DISPUTE .00
		CREDIT LIMIT 2,500.00



HANCOCK WHITNEY BANK
PO BOX 61750
NEW ORLEANS LA 70161-1750



16322390 - 004802 - 0001 - 0001 - 2


 NINA SINGLETON
 CAPITAL AREA CAA
 309 OFFICE PLAZA DR
 TALLAHASSEE FL 32301-2729

**N0004802

MEMO STATEMENT

Account Number



Statement Date

08-27-21

See 9/1/21

STATEMENT MESSAGES

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TRANSACTION DETAIL

Post Date	Trans Date	Reference Number	MCC	Transaction Description	Amount
07-28	07-27	24055231209207066600045	2741	AHA PROCESS INC 281-426-5300 TX	M1,396.50
07-30	07-29	24692161211100512355781	5969	INDEED 203-564-2400 CT	M502.93
08-02	08-01	24692161213100725250090	5969	INDEED 203-564-2400 CT	M116.58
08-04	08-03	24801971215726717401131	5137	CLOTHESLINE 860-877-9171 FL	M40.81
08-19	08-18	24692161230100726525754	5969	INDEED 203-564-2400 CT	M501.32
08-27	08-27		0000	ANNUAL FEE	M35.00

STATEMENT DATE	ACCOUNT NUMBER	ACCOUNT SUMMARY
08-27-21		
<p>CUSTOMER SERVICE CALL</p> <p>Toll Free 1-800-448-8812</p>		NEW PURCHASES AND OTHER CHARGES 2,593.14
		NEW CASH ADVANCES .00
		CREDITS .00
		STATEMENT TOTAL 2,593.14
		TOTAL IN DISPUTE .00
		CREDIT LIMIT 11,000.00

8/27/21 VISA RECONCILIATION

	A	B	C	D	E	F	G	H	I	J
	Vendor	Fund	G/L	Activity	Location	Category	Amount	Tax - 9990	TOTAL	Allocation
2	Indeed	1064	7450			000	\$ 427.50	\$ -	\$ 427.50	
3	Indeed	1064	7450			000	\$ 116.58	\$ -	\$ 116.58	
4	Indeed	1064	7450			000	\$ 50.14	\$ -	\$ 50.14	\$ 594.22
5	Ahal Process Inc	3366	7210	633	400		\$ 237.40	\$ -	\$ 237.40	\$ 237.40
6	Ahal Process Inc	3366	7210	633	600		\$ 684.30	\$ -	\$ 684.30	\$ 684.30
7	Clothesline	3366	7210				\$ 40.81	\$ -	\$ 40.81	\$ 40.81
8	Indeed	3368	7450				\$ 451.18	\$ -	\$ 451.18	\$ 451.18
9	Indeed	3465	7450				\$ 75.43	\$ -	\$ 75.43	\$ 75.43
10	Ahal Process Inc	6215	7210	633	200		\$ 237.40	\$ -	\$ 237.40	\$ 237.40
11	Ahal Process Inc	6215	7210	633	700		\$ 237.40	\$ -	\$ 237.40	\$ 237.40
12	Annual Fee	9990					\$ 35.00	\$ -	\$ 35.00	\$ 35.00
13									\$ -	
14									\$ -	
15	TOTAL DUE:						\$ 2,165.64	\$ -	\$ 2,593.14	\$ 2,593.14
16										
17	7/27/21 Invoice									
18	7/29/21 Invoice									
19	8/18/21 Invoice									



HANCOCK WHITNEY BANK
PO BOX 61750
NEW ORLEANS LA 70161-1750



1632390-009171-0001-0001-2

VENITA TREADWELL
CAPITAL AREA CAA
309 OFFICE PLAZA DR
TALLAHASSEE FL 32301-2729

**N0009171

9/2/21

MEMO STATEMENT

Account Number

Statement Date

08-27-21

STATEMENT MESSAGES

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TRANSACTION DETAIL

Post Date	Trans Date	Reference Number	MCC	Transaction Description	Amount
07-29	07-28	24431061210400675002553	9399	AHCA *SERVICE FEE BILLERPAYMENT FL	M0.43
07-29	07-28	24431061210400675001530	9399	AHCA *SERVICE FEE BILLERPAYMENT FL	M1.41
07-29	07-28	24431061210400675001555	9399	AHCA *SERVICE FEE BILLERPAYMENT FL	M1.41
07-29	07-28	24431061210400675001571	9399	AHCA *SERVICE FEE BILLERPAYMENT FL	M1.41
07-29	07-28	24431061209400553005077	9399	AGENCY FOR HEALTHCARE AD BILLERPAYMENT FL	M13.25
07-29	07-28	24431061209400553002900	9399	AGENCY FOR HEALTHCARE AD BILLERPAYMENT FL	M43.25
07-29	07-28	24431061209400553002959	9399	AGENCY FOR HEALTHCARE AD BILLERPAYMENT FL	M43.25
07-29	07-28	24431061209400553002983	9399	AGENCY FOR HEALTHCARE AD BILLERPAYMENT FL	M43.25
08-18	08-17	24431061230400675000330	9399	AHCA *SERVICE FEE BILLERPAYMENT FL	M1.41
08-18	08-17	24431061229400553000553	9399	AGENCY FOR HEALTHCARE AD BILLERPAYMENT FL	M43.25
08-19	08-18	24445001231000887938985	5331	DOLLAR TREE TALLAHASSEE FL	M26.00
08-19	08-18	24445001231400202488908	5300	SAMS CLUB #8120 TALLAHASSEE FL	M92.04

STATEMENT DATE	ACCOUNT NUMBER	ACCOUNT SUMMARY
08-27-21	[REDACTED]	
CUSTOMER SERVICE CALL Toll Free 1-800-448-8812		NEW PURCHASES AND OTHER CHARGES 310.36
		NEW CASH ADVANCES .00
		CREDITS .00
		STATEMENT TOTAL 310.36
		TOTAL IN DISPUTE .00
		CREDIT LIMIT 4,000.00

Lowe's For Pros Loyalty[^] Members can get



0% INTEREST FOR 60 DAYS**

Offer is available on purchases made at least 5 business days after you become a Lowe's For Pros Loyalty Member with your card registered/enrolled in your Lowe's For Pros Account.

Learn more at Lowe.com/ProCreditOffer.

*Loyalty program subject to Loyalty Terms & Conditions. Details at Lowe.com/lfp/terms.

**Offer subject to credit approval. For details, see disclosure slip at store or visit Lowe.com/credit.

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9/13/21

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US
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30 All Centers
.25 All Centers

Lowe's[®] Business Advantage

CAPITAL AREA COMM ACTION
Account Number [REDACTED]

Visit us at www.lowe.com/credit
Customer Service: 1-800-444-1408

Summary of Account Activity

Previous Balance	\$738.80
- Payments	\$738.80
- Other Credits	\$0.00
+ Purchases/Debits	\$525.33
+ Fees Charged	\$0.00
+ Interest Charged	\$0.00
New Balance	\$525.33
Credit Limit	\$11,000.00
Available Credit	\$10,474.00
Statement Closing Date	09/02/2021
Days in Billing Cycle	31

Payment Information

New Balance	\$525.33
Total Minimum Payment Due	\$29.00
Payment Due Date	09/28/2021

Transaction Summary

Tran Date	Post Date	Reference Number/ Invoice Number	Description of Transaction or Credit	Amount
08/13	08/13		PAYMENT - THANK YOU	(\$738.80)
08/17	08/17	05676	STORE 0417 TALLAHASSEE FL	\$429.06
08/17	08/17	05677	STORE 0417 TALLAHASSEE FL	\$49.75
08/20	08/20	07180	STORE 0417 TALLAHASSEE FL	\$46.52

1.06
0.00
9.06
19.06

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Expiration Date	Annual Percentage Rate	Balance Subject To Interest Rate	Interest Charge	Balance Method
Regular Purchases	NA	21.99%	\$0.00	\$0.00	2D

:2.60
CD: 001082
:25
09:11:19
= 37
DER ITEMS

CUSTOMER SERVICE: For Account Information log on to www.lowe.com/credit. This account is not registered. The authentication code is: EBTT342, or call toll-free 1-800-444-1408.

PAYMENT DUE BY 5 P.M. (ET) ON THE DUE DATE.

NOTICE: We may convert your payment into an electronic debit. See reverse for details, Billing Rights Information and other important information.

ACCOUNT #		CAPITAL AREA COMM ACTION		245234	
INVOICE # : 05676		LOWE'S BUSINESS ACCOUNT		P.O. # : 0	
TRANSACTION # : 0		DATE OF SALE : 210817		STORE # : 417	
		AUTHORIZATION : 001082		REGISTER # :	
S.K.U	DESCRIPTION	QUANTITY	UNIT	PRICE	EXT. PRICE
000000001356270	PVC 28CONE REFLECT TAPE(-	6.000	EA	\$21.83	\$130.98
000000000336490	29 QT HEFTY CLEAR STORAGE	8.000	EA	\$12.23	\$97.84
000000002473564	SS OTD MED BASKET	6.000	EA	\$10.43	\$62.58
000000000099584	ORTHENE 12-OZ FIRE ANT DU	5.000	EA	\$11.85	\$59.30
000000001290653	3167BC 5/16 QUICK LINK SS	4.000	EA	\$8.34	\$33.36
000000000145743	SPEC WASP/HORNET TWINPACK	6.000	EA	\$5.21	\$31.26
000000000855346	40-MM BRASS LOCK	1.000	EA	\$7.11	\$7.11
000000000488028	9-YD GORILLA CLEAR REPAIR	1.000	EA	\$6.63	\$6.63
000000000155670	PROMOTIONAL DISCOUNT APPL	1.000	EA	\$0.00	\$0.00
SUB \$429.06		TAX \$0.00		TOTAL INVOICE	\$429.06
				CREDITS TOTAL	\$0.00
				BALANCE DUE	\$429.06

1-2

ACCOUNT #		CAPITAL AREA COMM ACTION		245234	
INVOICE # : 05677		LOWE'S BUSINESS ACCOUNT		P.O. # : 0107	
TRANSACTION # : 0		DATE OF SALE : 210817		STORE # : 417	
		AUTHORIZATION : 000702		REGISTER # :	
S.K.U	DESCRIPTION	QUANTITY	UNIT	PRICE	EXT. PRICE
000000000020048	VEL 2-IN X 15-FT WHT IND	1.000	EA	\$28.49	\$28.49
000000000218893	1-OZ BLUE-STIK ADHESIVE	5.000	EA	\$2.54	\$12.70
0000000003695057	GRLA SLVR TPE 30YD 6PC DI	1.000	EA	\$8.56	\$8.56
000000000155670	PROMOTIONAL DISCOUNT APPL	1.000	EA	\$0.00	\$0.00
SUB \$49.75		TAX \$0.00		TOTAL INVOICE	\$49.75
				CREDITS TOTAL	\$0.00
				BALANCE DUE	\$49.75

ACCOUNT #		CAPITAL AREA COMM ACTION		245234	
INVOICE # : 07180		LOWE'S BUSINESS ACCOUNT		P.O. # :	
TRANSACTION # : 0		DATE OF SALE : 210820		STORE # : 417	
		AUTHORIZATION : 000702		REGISTER # :	
S.K.U	DESCRIPTION	QUANTITY	UNIT	PRICE	EXT. PRICE
000000000187738	12-FT X 16-FT SLVR/BRN TA	1.000	EA	\$36.09	\$36.09
0000000002523360	DURACELL 2032 4 COUNT	1.000	EA	\$10.43	\$10.43
000000000155670	PROMOTIONAL DISCOUNT APPL	1.000	EA	\$0.00	\$0.00
SUB \$46.52		TAX \$0.00		TOTAL INVOICE	\$46.52
				CREDITS TOTAL	\$0.00
				BALANCE DUE	\$46.52

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Capital Area Community Action Agency

CHIEF EXECUTIVE OFFICER REPORT NOVEMBER 2021

Administrative

- Monitoring new federal rules on Federal employees and employers over 100 employees for mandatory vaccination and testing.
- Proposing use the forgiven Payroll Protection Program loan to secure a reserve account to ensure cash flow, investment, and exterior building improvement.
- Appraisals of office space will help with rent adjustments for Holdings.
- Open Enrollment underway regarding benefit packages for staff. Capital Health Plan had a 5% increase to the rates which is split between agency and employees.

Impact: Better benefits for staff. Better fiscal accountability.

Programmatic

- Disaster Recovery Support Grant – Waiting on Stage 3 Notice of Award from DEO and closing out Stage 2 funding.
- Slowly selling camper trailers from Eastpoint Wildfire.
- Continue with monthly Head Start management calls with Region IV HHS Office Specialist.
- Head Start continues to work through closures of classrooms and centers with the Department of Health regarding any COVID issues. Program has several vacancies in teaching positions available. Program is still under-enrolled by about 100 students.

Impact: Redesigning entitlement programs toward more independency services.

Communications and Outreach

- Maintain regular meeting schedule with Jim McShane, CareerSource Capital Region.
- Participated in FACA Board of Directors and Executive Committee Meetings.
- Participated in UPHS Advocacy Committee, Board meetings.
- Attended the FACA Leadership Conference.
- Presented at the Florida Solar Energy Center Board meeting and webinar forum.

Impact: Developing the infrastructure necessary to support the Agency mission

Resource Development

- Kenneth Taite, Haggai Construction General Contractor, is working on the Franklin Head Start renovation of the Van Johnson Complex wing. Franklin Head Start will operate from the 6th Street Recreation Center while renovations are completed.

Impact: Broaden the community network supporting the Agency efforts and services.



Out of Office

- November 9-10 – PTO – Tampa
- November 11-12 – Leadership Florida Annual Meeting – Hollywood
- November 22-24 – PTO – Thanksgiving
- December 20-22 and 27-29 - Christmas

Board Meeting Month	Org. Std. #	Description	Freq.	Board Agenda	Upload
JANUARY	1.1	The organization will provide DEO with a roster showing members of the low income sector.	On going	N/A	Complete
	1.3	The organization provides each customer with a customer satisfaction survey to determine how well customers are being served.	On going	N/A	Complete
	2.1	The organization has demonstrated partnerships across the community with other anti-poverty organizations within the area by agreements and MOUs.	On Going	N/A	Complete
	2.3	The organization communicates to the community residence via the website. The website provides a list of programs the agency currently offers.	On Going	N/A	Complete
	2.4	The organization documents the number of volunteers and hours mobilized in support of its activities via sign in sheets.	On Going	N/A	Complete
	4.2	The Organization will complete, date and sign the Community Action Plan.	On going	11/16/2021	
	4.3	The Organization will complete, date and have Community Action Plan signed by the Certified ROMA trainer or trainer on staff.	On going	11/16/2021	
	MARCH	4.4	The governing board will receive annual updates on success on strategies included in the Community Action Plan. The department managers provide updated reports every other month for review to the Chief Operating Officer to share with the governing board.	Annually	3/24/2021 Needs Board Approval
5.1		The organization's governing board is structured in compliance with the Community Service Block Grant (CSBG) Act according to the Boards Bylaws and Board Roster 1. At least one third democratically-selected representatives of the low-income community; 2. One-third local elected officials (or their representatives); and 3. The remaining membership from major groups and interest in the community.	On Going	N/A	Completed

Board Meeting Month	Org. Std. #	Description	Freq.	Board Agenda	Upload
	5.2	The organization's governing board has written procedures that document a democratic selection process for low-income board members according to the bylaws including procedure to document democratic selection.	On Going	N/A	Completed
	5.5	The organization's governing board meets in accordance with the frequency and quorum requirements and fills board vacancies as set out in its bylaws.	Maintain	N/A	Completed
	5.7	The organization has a process to provide a structured orientation for governing board members within 6 months of being seated.	Maintain	N/A	Completed
	5.9	The organization's governing board receives programmatic reports at each regular board meeting.	Maintain	3/24/2021 Needs Board Approval	Completed
	6.5	The governing board has received an update(s) on progress meeting the goals of the strategic plan within the past 12 months.	Annually	3/24/2021 Needs Board Approval	Completed
	7.2	The organization provides all new employees with a copy of the Employee Handbook; all staff are notified of employment changes.	Maintain	N/A	
MAY	7.4	The governing board conducts a performance appraisal of the CEO/Executive Director within each calendar year.	Annually	5/25/2021 Needs Board Review	Completed
	7.5	The governing board reviews and approves CEO/Executive Director compensation within every calendar year.	Annually	N/A	
	7.6	The organization has a policy in place for regular written evaluation of employees by their supervisors.	Maintain	N/A	
	7.8	All staff participates in a new employee orientation within 60 days of hire.	Ongoing	N/A	

Board Meeting Month	Org. Std. #	Description	Freq.	Board Agenda	Upload
	7.9	The organization conducts or makes available staff development/training (including ROMA) on an ongoing basis. All participants will complete sign in sheets, received an agenda and training materials.	Maintain	4/28/2021 Needs Board Approval	Completed
JUNE	8.1	The organization's annual audit (or audited financial statements) is completed by a Certified Public Accountant within the allotted timeframe of 1 year.	Annually	7/28/2021	Completed
JULY	8.2	All findings from the prior year's annual audit have been assessed by the organization and addressed where the governing board has deemed it appropriate and board minutes will reflect the review of the audit.	Annually	7/28/2021 Needs Board Approval	Completed
	8.3	The organization's auditor presents the audit to the governing board.	Annually	7/28/2021	Completed
	8.4	The governing board formally receives and accepts the audit to reflect the approval of the audit by the board.	Annually	7/28/2021 Needs Board Approval	Completed
	8.12	The organization documents how it allocates shared costs through an indirect cost rate plan or through a written cost allocation plan.	Annually	7/28/2021	Completed
SEPTEMBER	8.6	The IRS Form 990 is completed annually and made available to the governing board for review.	Annually	11/16/2021	
	8.7	The governing board receives financial reports at each regular meeting that include the following: 1. Organization-wide report on revenue and expenditures that compares budget to actual, categorized by program; and 2. Balance sheet/statement of financial position and copies of the financial report will be provided.	Monthly	11/16/2021	Completed
	8.8	All required filings and payments related to payroll withholdings are completed on time.	Bi-weekly	9/28/2021	Completed

Board Meeting Month	Org. Std. #	Description	Freq.	Board Agenda	Upload
	8.9	The governing board annually approves an organization-wide budget.	Annually	9/28/2021 Needs Board Review	
	8.13	The organization has a written policy in place for record retention and destruction.	Maintain	11/16/2021	
	9.1	The organization has systems in place to track and report client demographics and services customers receive via in house data base. The data base the agency is currently using is SHAH New Gen.	Ongoing	N/A	
	9.2	The organization has a system or systems in place to track family, agency, and/ or community outcomes via the agency data base.	Maintain	N/A	
	9.3	The organization has presented to the governing board for review or action within the past 12 months, an analysis of the agency's outcomes and operational programs, adjustments and improvements identified via minutes, notes and reports.	Annually	11/16/2021	
	9.4	The organization submits its annual Community Service Block Grant (CSBG) Information Survey (IS Survey) data report, and it reflects client demographics and organization-wide outcomes.	Annually	N/A	
December 2021		SUBMIT			

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
September 30, 2020

Prepared for	Capital Area Community Action Agency, Inc 309 Office Plaza Tallahassee, FL 32301
Prepared by	Thomas Howell Ferguson P.A. 2615 Centennial Blvd., Suite 200 Tallahassee, FL 32308
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by August 16, 2021.

EXTENDED TO AUGUST 16, 2021

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CAPITAL AREA COMMUNITY ACTION AGENCY, INC		D Employer identification number 59-1117362
	Doing business as		E Telephone number 850-222-2043
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 309 OFFICE PLAZA	G Gross receipts \$ 6,926,153.	
	City or town, state or province, country, and ZIP or foreign postal code TALLAHASSEE, FL 32301		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (See instructions)
F Name and address of principal officer: TIM CENTER SAME AS C ABOVE		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: HTTP://CAPITALAREACOMMUNITYACTIONAGENCY.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1965 M State of legal domicile: FL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE A COMPREHENSIVE SYSTEM OF SERVICES AND RESOURCES TO REDUCE THE DETRIMENTAL EFFECTS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	128
	6 Total number of volunteers (estimate if necessary)	6	410
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,224,021.	Current Year 6,889,410.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	653.	-49,989.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,618.	36,735.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,247,292.	6,876,156.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,305,999.	1,854,196.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,681,628.	3,521,902.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,231,010.	1,469,942.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,218,637.	6,846,040.
19 Revenue less expenses. Subtract line 18 from line 12	28,655.	30,116.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,703,471.	End of Year 2,793,949.
	21 Total liabilities (Part X, line 26)	1,052,448.	1,938,504.
	22 Net assets or fund balances. Subtract line 21 from line 20	651,023.	855,445.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	TIM CENTER, CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name STACEY T KOLKA	Preparer's signature <i>Stacey T. Kolka</i>	Date 8/13/2021	Check <input type="checkbox"/> if self-employed	PTIN P01371120
	Firm's name THOMAS HOWELL FERGUSON P.A.	Firm's EIN 59-3186310	Firm's address 2615 CENTENNIAL BLVD., SUITE 200 TALLAHASSEE, FL 32308		
			Phone no. 850-668-8100		

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

Part III Statement of Program Service Accomplishments

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

Input box for Schedule O check

1 Briefly describe the organization's mission:

TO PROVIDE A COMPREHENSIVE SYSTEM OF SERVICES AND RESOURCES TO REDUCE THE DETRIMENTAL EFFECTS OF POVERTY, EMPOWER LOW-INCOME CITIZENS WITH SKILLS AND MOTIVATION TO BECOME SELF-SUFFICIENT, AND IMPROVE THE OVERALL QUALITY OF THEIR LIVES, AND OUR COMMUNITY.

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

Yes No input boxes

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

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

Yes No input boxes

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,563,725. Including grants of \$ 180,563.) (Revenue \$)

HEAD START PROGRAM - MONITORED BY THE DEPARTMENT OF HEALTH & HUMAN SERVICES CAPITAL AREA COMMUNITY ACTION AGENCY IS THE GRANTEE FOR 5 HEAD START CENTERS (21 CLASSROOMS) OPERATED IN FRANKLIN, JEFFERSON AND LEON COUNTIES. ALL CENTERS OPERATE FOR 176 DAYS EACH TERM, BASED ON THE PUBLIC SCHOOL CALENDAR FOR EACH COUNTY. THE HEAD START PROGRAM HAD 436 CHILDREN DURING THE 2019/2020 SCHOOL YEAR. THE FOLLOWING INFORMATION IS A SUMMARY OF THE SERVICES PROVIDED DURING 2019/2020: 364 CHILDREN RECEIVED MEDICAL EXAMINATIONS, 32 CHILDREN RECEIVED TREATMENT FOR CHRONIC HEALTH CONDITIONS, 159 CHILDREN HAD DENTAL EXAMINATIONS, 363 CHILDREN RECEIVED "GROWTH ASSESSMENTS", 336 CHILDREN RECEIVED "VISION SCREENINGS" AND 313 CHILDREN RECEIVED "HEARING SCREENINGS".

4b (Code:) (Expenses \$ 1,715,078. Including grants of \$ 1,252,537.) (Revenue \$)

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM - MONITORED BY THE FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY THROUGH THE LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP), CAPITAL AREA COMMUNITY ACTION AGENCY WAS ABLE TO SERVICE 2,775 HOUSEHOLDS, DURING THE 2019-2020 FISCAL YEAR EIGHT COUNTIES WERE SERVED, WITH THE BREAKDOWN BEING 186 HOUSEHOLDS IN CALHOUN, 154 HOUSEHOLDS IN FRANKLIN, 204 HOUSEHOLDS IN GADSDEN, 97 HOUSEHOLDS IN GULF, 171 HOUSEHOLDS IN JEFFERSON, 1,799 HOUSEHOLDS IN LEON, 65 HOUSEHOLDS IN LIBERTY, AND 99 HOUSEHOLDS IN WAKULLA.

4c (Code:) (Expenses \$ 442,830. including grants of \$ 38,487.) (Revenue \$)

COMMUNITY SERVICE BLOCK GRANT PROGRAM- MONITORED BY THE FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY, CAPITAL AREA COMMUNITY ACTION AGENCY WAS ABLE TO SERVICE 97 HOUSHOLDS WITH BOOKS, SUPPLIES, TOOLS, UNIFORMS, CHILDCARE, LICENSES FEES AND WEATHER RELATED/DISASTER ASSISTANCE. THE PROGRAM SERVED PEOPLE IN SIX COUNTIES: 8 IN CALHOUN, 10 IN FRANKLIN, 4 IN GADSDEN, 29 IN JEFFERSON, 40 IN LEON, 5 IN WAKULLA.

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

(Expenses \$ 588,588. Including grants of \$ 382,609.) (Revenue \$)

4e Total program service expenses 6,310,221.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		97
b 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?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 128		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	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.	10													
b Enter the number of voting members included on line 1a, above, who are independent		10												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X											
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X										
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					X									
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X								
6 Did the organization have members or stockholders?							X							
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								X						
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									X					
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?						X								
b Each committee with authority to act on behalf of the governing body?						X								
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O												X		

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 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 **TIM CENTER - 850-222-2043**
309 OFFICE PLAZA, TALLAHASSEE, FL 32301

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) QUINCEE MESSERSMITH SECRETARY	1.00	X		X				0.	0.	0.
(2) PAM RIDLEY DIRECTOR	1.00	X						0.	0.	0.
(3) LAUREN JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(4) LISA EDGAR DIRECTOR	1.00	X						0.	0.	0.
(5) CHRISTY MCELROY DIRECTOR	1.00	X						0.	0.	0.
(6) DERRICK JENNINGS CHAIR	1.00	X		X				0.	0.	0.
(7) KARA PALMER SMITH TREASURER	1.00	X		X				0.	0.	0.
(8) BRENT COUCH VICE CHAIR	1.00	X		X				0.	0.	0.
(9) ALLEN JONES DIRECTOR	1.00	X						0.	0.	0.
(10) SHANETTA KEEL DIRECTOR	1.00	X						0.	0.	0.
(11) TIM CENTER EXECUTIVE DIRECTOR	40.00			X				95,514.	0.	23,618.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal rows for 1b, 1c, and 1d.

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

Table with 3 columns: Question number, Question text, Yes/No columns. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes entry for KEITH DEAN with compensation of 204,248.

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 1

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 4,633.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 6,778,253.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 106,524.				
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		6,889,410.			
Program Service Revenue	2 a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8.		8.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real	(ii) Personal		
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c			
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
		b Less: cost or other basis and sales expenses	7b	49,997.		
		c Gain or (loss)	7c	-49,997.		
	d Net gain or (loss)		-49,997.	-49,997.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
		b Less: direct expenses	8b			
		c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a OTHER INCOME	Business Code 900099	36,735.	36,735.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		36,735.			
12 Total revenue. See instructions		6,876,156.	-13,262.	0.	8.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,854,196.	1,854,196.		
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	119,132.	107,219.	11,913.	
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	2,636,159.	2,372,544.	263,615.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,666.	12,299.	1,367.	
9 Other employee benefits	536,999.	483,299.	53,700.	
10 Payroll taxes	215,946.	194,351.	21,595.	
11 Fees for services (nonemployees):				
a Management				
b Legal	10,783.	10,028.	755.	
c Accounting	234,089.	217,703.	16,386.	
d Lobbying				
e 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 Sch O.)	70,256.	52,692.	17,564.	
12 Advertising and promotion	6,792.	6,317.	475.	
13 Office expenses	264,619.	178,009.	86,610.	
14 Information technology	70,749.	65,797.	4,952.	
15 Royalties				
16 Occupancy	404,125.	375,836.	28,289.	
17 Travel	9,259.	8,611.	648.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,038.	49,325.	3,713.	
23 Insurance	49,784.	46,299.	3,485.	
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.)				
a REPAIRS AND MAINTENANCE	182,822.	170,024.	12,798.	
b TRAINING AND TECHNICAL	50,392.	46,865.	3,527.	
c VEHICLE EXPENSE	45,195.	42,031.	3,164.	
d FEES, LICENSES, AND PER	16,759.	15,586.	1,173.	
e All other expenses	1,280.	1,190.	90.	
25 Total functional expenses. Add lines 1 through 24e	6,846,040.	6,310,221.	535,819.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	509,865.	1	1,348,591.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	661,611.	3	784,738.
	4 Accounts receivable, net	199,411.	4	142,440.
	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 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	73,434.	9	98,150.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 603,035.		
	b Less: accumulated depreciation	10b 385,128.	10c 200,890.	217,907.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	58,260.	15	202,123.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,703,471.	16	2,793,949.	
Liabilities	17 Accounts payable and accrued expenses	299,857.	17	490,711.
	18 Grants payable	17,531.	18	0.
	19 Deferred revenue	526,509.	19	549,460.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	208,551.	23	898,333.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,052,448.	26	1,938,504.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	651,023.	27	800,662.
	28 Net assets with donor restrictions		28	54,783.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	651,023.	32	855,445.	
33 Total liabilities and net assets/fund balances	1,703,471.	33	2,793,949.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,876,156.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,846,040.
3	Revenue less expenses. Subtract line 2 from line 1	3	30,116.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	651,023.
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	174,306.
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	855,445.

Part XII Financial Statements and Reporting

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

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

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization
CAPITAL AREA COMMUNITY ACTION AGENCY, INC

Employer identification number
59-1117362

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,991,874.	6,789,959.	7,335,793.	7,224,021.	6,889,410.	35,231,057.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,991,874.	6,789,959.	7,335,793.	7,224,021.	6,889,410.	35,231,057.
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.						35,231,057.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	6,991,874.	6,789,959.	7,335,793.	7,224,021.	6,889,410.	35,231,057.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		65.	52.	653.	8.	778.
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.)	15,412.	4,926.	4,595.	17,099.	36,735.	78,767.
11 Total support. Add lines 7 through 10						35,310,602.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.77 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.80 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.)

PART II, SECTION B, LINE 10, COLUMNS A-F

MISCELLANEOUS REVENUE

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

CAPITAL AREA COMMUNITY ACTION AGENCY, INC

Employer identification number

59-1117362

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

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CAPITAL AREA COMMUNITY ACTION AGENCY, INC

59-1117362

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPT. OF HEALTH AND HUMAN SERVICES 61 FORSYTH ST. SW, SUITE 4M60 ATLANTA, GA 30303-8909	\$ 3,786,590.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	EARLY LEARNING COALITION OF THE BIG BEND 2639 N MONROE ST TALLAHASSEE, FL 32303	\$ 154,046.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FL DEPT OF HEALTH 4052 BALD CYPRESS WAY, BIN B-01 TALLAHASSEE, FL 32399-1700	\$ 209,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FL DEPARTMENT OF ECONOMIC OPPORTUNITY 107 E MADISON ST MSC 400 TALLAHASSEE, FL 32399	\$ 2,497,673.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CAPITAL AREA COMMUNITY ACTION AGENCY, INC

59-1117362

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

CAPITAL AREA COMMUNITY ACTION AGENCY, INC

59-1117362

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization

CAPITAL AREA COMMUNITY ACTION AGENCY, INC

Employer identification number
59-1117362

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		65,979.		65,979.
b Buildings		179,021.	82,051.	96,970.
c Leasehold improvements		13,600.	7,253.	6,347.
d Equipment		54,481.	54,481.	0.
e Other		289,954.	241,343.	48,611.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				217,907.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM CACAA HOLDINGS	62,461.
(2) CIP	139,662.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	202,123.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	7,291,444.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	365,291.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	365,291.	
3	Subtract line 2e from line 1	3	6,926,153.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-49,997.	
c	Add lines 4a and 4b	4c	-49,997.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,876,156.	

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

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

1	Total expenses and losses per audited financial statements		1	7,261,329.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	365,292.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	49,997.	
e	Add lines 2a through 2d	2e	415,289.	
3	Subtract line 2e from line 1	3	6,846,040.	
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		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,846,040.	

Part XIII Supplemental information.

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

PART X, LINE 2:

WITH FEW EXCEPTIONS, THE AGENCY IS NO LONGER SUBJECT TO EXAMINATIONS BY MAJOR TAX JURISDICTIONS FOR YEARS ENDED SEPTEMBER 30, 2016 AND PRIOR.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GAIN(LOSS) ON DISPOSAL OF ASSETS -49,997.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GAIN(LOSS) ON DISPOSAL OF ASSETS 49,997.

PART XI, LINE 4B AND PART XII, LINE 2D

FOR FINANCIAL STATEMENT PRESENTATION PURPOSES, FUNDRAISING EXPENSES ARE

Part XIII Supplemental Information *(continued)*

RECORDED IN EXPENSES. FOR TAX RETURN PRESENTATION PURPOSES, FUNDRAISING EXPENSES ARE RECORDED ON FORM 990 PART VIII, STATEMENT OF REVENUES.

Multiple horizontal lines provided for supplemental information.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

CAPITAL AREA COMMUNITY ACTION AGENCY, INC

Employer identification number

59-1117362

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		X
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		X

4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		X
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
LINE 4B IS NOT APPLICABLE.		

5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		

6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

Schedule E (Form 990 or 990-EZ) 2019

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.
Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE ORGANIZATION RECEIVES ASSISTANCE FROM US DEPT. OF HEALTH AND HUMAN SERVICES, EARLY LEARNING COALITION, FL DEPT OF HEALTH, AND FL DEPARTMENT OF ECONOMIC OPPORTUNITY AND FEDERAL EMERGENCY MANAGEMENT AGENCY.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

2019

Open to Public
Inspection

Name of the organization **CAPITAL AREA COMMUNITY ACTION AGENCY, INC** Employer identification number **59-1117362**

Part I General information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HEAD START (AND OTHERS) - SPEECH, OCCUPATIONAL, MENTAL HEALTH THERAPY, OBESITY PREVENTION SERVICES, HIGHER EDUCATION CLASSES, MEALS FOR POLICY MEETINGS AND CHILDREN	436	262,984.	0.		
FAMILY SELF SUFFICIENCY PROGRAMS (CSEB AND OTHERS)	3303	1,530,621.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE WAY THAT CACAA DETERMINES WHO RECEIVES CLIENT ASSISTANCE IS IN ACCORDANCE WITH APPLICABLE FEDERAL, STATE AND LOCAL LAWS AND WITH THE TERMS OF THE RESPECTIVE GRANTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

CAPITAL AREA COMMUNITY ACTION AGENCY, INC

Employer identification number
59-1117362

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF POVERTY, EMPOWER LOW-INCOME CITIZENS WITH SKILLS AND MOTIVATION TO
BECOME SELF-SUFFICIENT, AND IMPROVE THE OVERALL QUALITY OF THEIR LIVES,
AND OUR COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 AND ACCOMPANYING SCHEDULES ARE PREPARED BY AN INDEPENDENT
ACCOUNTING FIRM. A COMMITTEE CONSISTING OF THE CHAIR, THE VICE CHAIR, AND
THE TREASURER OF THE BOARD OF DIRECTORS REVIEW FORM 990 AND ACCOMPANYING
SCHEDULES. ALL QUESTIONS OR ISSUES ARE RESOLVED WITH THE INDEPENDENT
ACCOUNTING FIRM THAT PREPARES THE FORM 990 AND ACCOMPANYING SCHEDULES PRIOR
TO SUBMISSION TO THE INTERNAL REVENUE SERVICE CENTER.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, THE BOARD OF DIRECTORS HAS TO COMPLETE A CONFLICT OF INTEREST
DISCLOSURE. ANY CONFLICTS OR POTENTIAL CONFLICTS ARE RESOLVED WITH THE
CHAIRMAN OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD REVIEWS THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE AND APPROVES
HIS SALARY ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization

CAPITAL AREA COMMUNITY ACTION AGENCY, INC

Employer identification number

59-1117362

FORM 990, PART XII, LINE 2C:

THERE HAVE BEEN NO CHANGES.

REGULATION SECTION 1.263(A)-1(F) - DE MINIMIS SAFE HARBOR ELECTION

TAXPAYER NAME: CAPITAL AREA COMMUNITY ACTION AGENCY, INC

TAXPAYER ADDRESS: 309 OFFICE PLAZA, TALLAHASSEE, FL 32301

TAXPAYER ID NUMBER: 59-1117362

YEAR-END: 09/30/2020

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019
Open to Public
Inspection

Name of the organization

CAPITAL AREA COMMUNITY ACTION AGENCY, INC

Employer identification number
59-1117362

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CAPITAL AREA COMMUNITY ACTION AGENCY HOLDINGS, INC. - 82-2292218, 309 OFFICE PLAZA DRIVE, TALLAHASSEE, FL 32301	CHARITABLE	FLORIDA	501(C)3	LINE 10	NO		X

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

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CAPITAL AREA COMMUNITY ACTION AGENCY HOLDINGS, INC.	K	0.	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. CAPITAL AREA COMMUNITY ACTION AGENCY, INC	Taxpayer identification number (TIN) 59-1117362
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 309 OFFICE PLAZA	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TALLAHASSEE, FL 32301	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

TIM CENTER

- The books are in the care of ▶ **309 OFFICE PLAZA - TALLAHASSEE, FL 32301**
Telephone No. ▶ **850-222-2043** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 16, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2019**, and ending **SEP 30, 2020**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Capital Area Community Action Agency, Inc.
COO Summary of Programs
For the Month Ended 8/31/2021

PROGRAMS:	Getting Ahead	Staying Ahead	Emergency Services	WAP Contract 2017 - 2020*		
County	Fall Participants	Active Participants	Households Served	Units Projected	In Progress	Completed
Calhoun	0	3	13	14	1	1
Franklin	12	4	48	9	3	2
Gadsden	0	0	32	19	2	11
Gulf	9	0	20	9	0	0
Jefferson	0	3	38	9	4	5
Leon Weds AM	10	10	245	72	3	67
Leon Weds PM	6	6				
Leon Thurs PM	8	N/A				
Liberty	6	0	13	8	1	0
Wakulla	0	0	13	12	0	8
TOTALS	51	26	422	152	14	94
HEAD START						
2021 - 2022 Enrollments	Franklin*	Jefferson	Mabry	Royal	South City	Total
# of Students Enrolled @ 8/31/2021 (Actually attended)	16	30	64	52	113	275
Funded Enrollment	36	33	64	57	188	378
Center Enrollment %	44.44%	90.91%	100.00%	91.23%	60.11%	72.75%
NOTES: *Franklin County's funded enrollment number is based on the maximum of 36 when the new center opens. Currently the maximum is 17 students which makes the actual enrollment percentage 94.11%. See attached Family Community Engagement Manager report for						
Attendance						
Funded Attendance (378 total*)	72.75%					
Actual Attendance (Based on 278 enrollment)	98.92%					
In Compliance?	Yes					
The agency funded attendance is 378, however due to COVID the revised funded attendance is 278. This will be the funded enrollment number until January 2022 when HHS anticipates it going back to the full enrollment.						
Disability Services						
Students with IEP's	7					
Students with Concerns	28					
In Compliance?	Yes					

Capital Area Community Action Agency, Inc.
COO Summary of Programs
For the Month Ended 8/31/2021

Per the 2016 Head Start ERSEA review protocol, programs are expected to reach the 10 percent requirement at any point during the program year. For reviews occurring between October and December, the program must have reached 10 percent at some time during the previous program year. For reviews occurring between January and September, the program must have reached 10 percent at some time during the current program year.

Capital Area Community Action Agency

MEMORANDUM

TO: TIM CENTER, CEO

FROM: Nina Self, COO

DATE: November 11, 2021

RE: Notes to October 2021 Program Reports

The following are notes to the COO Summary of Programs:

PROGRAMS

Emergency Services

This is the first month of the new contract year and the number of households receiving utility services more than doubled from the previous month (from 201 to 422). This could be attributed to some of the safety nets created during COVID are expiring (i.e. Leon Cares, Our Florida, etc.) We are filling several vacancies in this department, with 3.5 new employees starting on November 15th. This will help as we continue to address the increasing needs during the winter months, and the pending LIHWAP program.

As reported in the previous month, Congress appropriated \$638M for emergency water and wastewater assistance. Florida's appropriation is \$75M. The funds will be administered through the Department of Economic Opportunity, just like the CSBG, WAP and LIHEAP programs we already are funded for. The Low Income Household Water Assistance Program (LIHWAP) will go through the same process as the Low Income Home Energy Assistance Program (LIHEAP), via the Community Action Agency Network. Funds distribution timeline is unknown at this time. LIHWAP funding must be expended by December 20, 2023.

Family Support Services

The fall Getting Ahead classes are winding down. We have about 5 classes to go with 51 total participants. We are planning our Fall Class Transition Ceremony, and will send the announcement to all Board members when plans are complete. We would love to have all in attendance. Our class in the Liberty County transition home for women will have five people transitioning. We are planning a special recognition for them because they won't be able to attend the ceremony. We have formed a partnership with the facility, and they will have a class during each session.

Our Franklin County program office has moved to a new facility. We are now located at: 25 Island Drive, in Eastpoint. We are excited about our new facility. Not only is it very nice, it is in the center point of the

county which will make it easier for clients in Eastpoint and Carrabelle to come to us for services. We have located a building in Gadsden County and are working with the owners to get it renovated so we can have a prominent presence in that county. We anticipate move in by January 2022.

Disaster Recovery

The Disaster Recovery team continues to work hard at assisting clients in repairing their homes damaged by Hurricane Michael. Phase 2 of the Disaster Recovery grant ended September 30, 2021. We had many jobs in progress at the end of that phase, and many people on the waiting list. We were allowed to encumber funds to cover those clients, but the work must be completed by December 3, 2021, or the funds will revert back to the federal government. We are on target to reach that goal by the deadline. The only holdup is the availability of the contractors to complete the work. We continue to work in partnership with Rebuild Florida to provide temporary housing for their clients that are having their homes replaced, refurbished or reconstructed.

Our Phase 3 allocation will be \$1,306,062, which is about the same as in the previous phase. Phase 3 will end September 30, 2022 at which time the DRSF Hurricane Michael funding will end, unless it is extended. We are in the process of doing a self-monitoring of our cases in Phase 2 to assure our numbers are accurate, so there is no disaster recovery report in the dashboard this month. The next report will include the final for Phase 2, and the beginning of Phase 3.

Weatherization

The Weatherization program year ended September 30, 2021, and we are awaiting the notice of funding for the new year. The numbers presented in the dashboard are for the year that ended last contract year. The Weatherization team continues to work in completing the homes in progress, and providing the pre-inspection reports for the disaster recovery clients to validate the work that needs to be done on the homes.

Head Start

The Family and Community Engagement team continues to recruit and enroll students throughout the school year. There were 275 students enrolled at 10/31/2021. We are still working on the HHS goal for all programs to return to pre-pandemic enrollment by January 2022. That will be 378 slots for us.

The Education team continues to work on professional development of all staff. The October in-service focused on fire safety training, and the cooks and center directors completed Safe Staff Food Safety Training. Congratulations to Antenette Larkins, Kimberly Smith, Maritza Mattos, Carol Jones, Kristin Reshard and Venita Treadwell for passing the annual CLASS Observation Recertification Exam with high marks.

A detailed report from each department is provided in this package.

STAFFING

New Employees

Korpo Sumo, Family Advocate, South City Head Start

LaQuanzia Bush, Intake Specialist, Leon County

Jenzell Allen-Davis, Intake Specialist, Leon County

Meredith Deese, Intake Specialist, Calhoun County

Lawanna Mitchell, Intake Specialist (P/T), Leon County

Current Vacancies

Head Start Teachers (3)

Head Start Teacher Assistants (3)

Case Manager, Disaster Recovery

Capital Area Community Action Agency

MEMORANDUM

TO: Tim Center, CEO
FROM: Venita Treadwell, Early Childhood Development Manager
RE: Board Report
DATE: November 8, 2021

Head Start staff have been adjusting to classroom closures and ensuring that the health and safety of the children, families and staff members is high priority. The COVID-19 Delta variant has hit our children and families very hard making it necessary to shut down classrooms and send some staff members home. We work directly with the Department of Health and feel very comfortable with the guidelines they require us to follow. Hatch is our at-home learning platform and the teachers continue to make wellness call to the families.

We are approaching the Thanksgiving holiday and Head Start Centers are closed November 22 – 26, 2021. A special VPK session will take place on November 22nd and 23rd. All VPK students will have an opportunity to come to school on those two days for an entire day of VPK instruction. This is part of our contract in order to meet our 540-hours of VPK operations. The theme for this special session is, “Thankful for Learning.” We will also offer a special VPK day on December 20, 2021, the first day of the Winter break. We are planning to have our classrooms cleaned and sanitized before the children return in January.

We have been conducting interviews for teachers and teacher assistants. We are down two classrooms at South City Head Start and new staff will allow for opening up these two rooms. Hiring is challenging and it is fair to say that of thirty qualified applicants only three will show up for an interview. The percentage of non-responses is 50%; the percentage of no shows is 25%, and the last minute phone calls to cancel is about 15%. What you are hearing about the job market on the news seems to be painfully accurate. But still, we press on and are hopeful that we will attract positive staff members.

Professional Development of our staff is very important and I am pleased to announce that our staff is meeting all training requirements with the Department of Children and Families. Our October In-Service focused on Fire Extinguisher and Fire Safety Training. Our cooks and center directors also completed Safe Staff Food Safety Training. Also, congratulations to Antenette Larkins, Kimberly Smith, Maritza Mattos, Carol Jones, Kristin Reshard and Venita Treadwell for passing the annual CLASS Observation Recertification Exam with high marks.

Parents have seen one presentation of classrooms during the October Parent Meeting. We are very excited that the classroom teachers prepare the children for small presentations for the families since the families cannot visit the classrooms during the COVID-19 Pandemic. This helps families connect with the classroom and feel a sense of pride in seeing their children interact in the classroom. We will continue to provide this for our parents. Wishing a wonderful holiday season to you.



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Capital Area Community Action Agency

MEMORANDUM

TO: Tim Center, Chief Executive Officer
FROM: Victoria Mathis, Emergency Services Program Manager
RE: Board Update for October 2021 – *Emergency Services*
DATE: November 1, 2021

National Performance Indicator

Goal 6: Low-Income People, Especially Vulnerable Populations, Achieve Their Potential By Strengthening Family and Other Supportive Environments. This report started October 1st 2021 and will end September 30th 2022.

Low Income Home Energy Assistance Program

Below is the total unduplicated number of households/individuals served for October 2021.

County	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sept 2021	County
Calhoun	13/20												13/20
Franklin	48/95												48/95
Gadsden	32/80												32/80
Gulf	20/32												20/32
Jefferson	38/67												38/67
Leon	245/604												245/604
Liberty	13/25												13/25
Wakulla	13/35												13/35
Total	422/958												422/958

Additional information listed below:

Number of Single Parent's assisted.

Female	348
Male	188
Total Emergency Utility Services Assistance (from Donated Funds) = 10/20	
Total Emergency Rental Services Assistance = 1/1	



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Family and Community Engagement Manager

Monthly Monitoring Report – October 2021

Program Status

- Total number of enrollments for the **2021-22** school year:
 1. Franklin County Head Start - **16 of 36** families enrolled
 2. Jefferson County Head Start - **30 of 33** families enrolled
 3. Louise B. Royal Head Start - **52 of 57** families enrolled
 4. Mabry Street Head Start - **64 of 64** families enrolled
 5. South City Head Start - **113 of 188** families enrolled
- **275 of 378** families have been enrolled for Head Start for the **2020-21** school year
 - All Head Start programs are required to return to full enrollment (**378**) for the 2021-22 school year

Policy Council

- 8 participants were in attendance for Policy Council

Volunteers

- 8 participants completed 8 hours

Family and Community Engagement Activities

- 1 staff meeting

Transportation

- The bus purchase for Franklin County is still on hold.
- No field trips for the month.
- No maintenance issues with vehicles, only cleaning

Children Health Requirements

Immunizations and Physical examinations	243 Immunizations 238 Physical Examinations
Established medical homes	261
Established dental homes and received dental exams	179 Dental Homes 99 Dental Exams
Hearing screenings	141
Vision screenings	225
Vision Referrals	0

- Number of Breakfast 3,538
- Number of Lunch 3,509
- Number of PM Snack 3,453
- Number of Children with Special Diets 30

Family and Community Engagement

- 8 volunteers were active for October

- 9 hours of In-Kind was reported for October

Corrective Action and Follow Up

- **COVID-19 Policy and Procedure:** The Head Start Management Team discuss all COVID classroom cases with the Department of Children and Families before any decision is made to close classroom with COVID cases, or to keep them open.
- **Funded Enrollment:** Family Advocates are working daily to register families for open slots in the program. There is a Wait List building but currently all classrooms are not staffed and children cannot be moved off the Wait List into classrooms that are not staffed.
- **Extended Day:** After School slots are available at Louise B. Royal, Mabry, and South City. School Readiness and Volunteer Prekindergarten children are receiving extended day services. Some families are requesting private pay for the extended day program.
- **Family Engagement:** Parent meetings and Policy Council has begun and parents are participating. Male Engagement activities will begin in November.
- **Vacant Family Advocate Position:** The Family Advocate position at South City has been filled and the candidate will begin work on or before November 15, 2021.
- **File Reviews:** The Family Engagement Team will begin reviewing Family Files during the month of November at all Head Start Centers.

Training

- The Family and Community Engagement Manager, Family Services Specialist, and Education Assistant attended Child Plus training in September.
- Child Plus updates will be given to other staff.

Strengths

- All Leon County centers now offer extended day services.
- Program makes use of Zoom and ChildPlus to keep families engaged with the program
- Although classrooms have to be closed, families and students are still kept engaged with the program.
- Partnership with Comcast to offer discounted internet services to families without internet.
- The Education Team is interviewing to fill classroom slots so children can be moved from the Wait List.

Areas of Concern

- Opening of new facility in Franklin County
- Filling and additional 20 slots in Franklin County in January.
- Staffing issues and being able to fill all classrooms

Capital Area Community Action Agency

TO: Nina Self, COO

FROM: Kristin Reshard, Quality Assurance Manager

DATE: November 9, 2021

SUBJECT: October 2021 Monthly Report Summary

Enrollment

This is the third month, the end of the month enrollment was unable to be calculated using Child Plus, our data management system. We have invested in Child Plus training to assist with the new projects, but may to consider expanding our training package to build the management team's capabilities.

Our cumulative enrollment was 288. The program's funded enrollment is 378. OHS will be giving programs a ramp up period from August through December to reach full funded enrollment. According to ACF-PI-HS-21-04 reported enrollment in January 2022 is the first month of enrollment that OHS will evaluate for the under-enrollment process.

Disability Services

The end of the month enrollment for students with individualized education plans (IEPs) is 2% percent (7/378). We currently have 28 students with open concerns. The requirement for disability services indicated in the HSPPS 1302.14 (b) is 10 percent of the funded enrollment.

Attendance

The end of the month attendance for October was ~78 percent. The requirement for enrollment indicated in the HSPPS 1302.16 (b) is 85 percent. COVID-19 related absences are affecting our attendance.

DCF Inspections

The program had no DCF inspections in October2021.



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Quality Counts

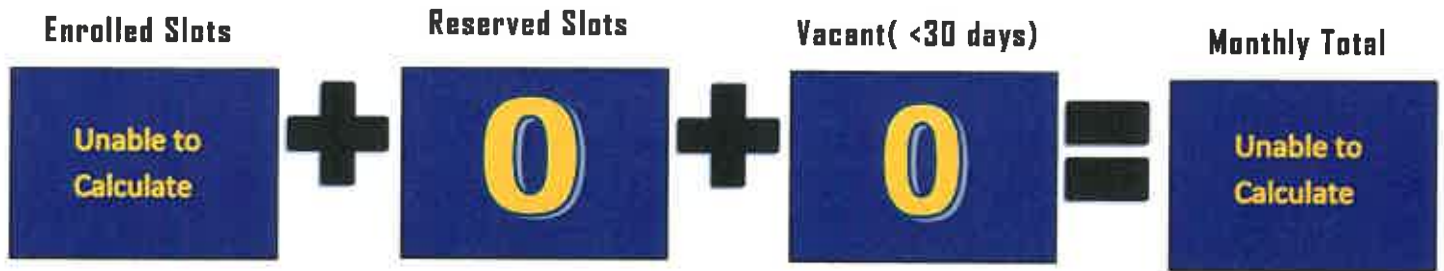
October 2021



Vital

Note: Students reported to school on August 18, 2021.

Enrollment



Notes:

- Funded enrollment goal is traditionally 378. Due to the COVID 19 pandemic recruitment continues to be a challenge. (Report s 2001 & 2005)
- According to ACF-PI-H5-21-04 Beginning January 2022, OHS will reinstate pre-pandemic practices for tracking and monitoring enrollment. Reported enrollment in January 2022 is the first month of enrollment that OHS will evaluate for the under-enrollment process.
- We are unable to calculate the enrollment turnover due to SC01-010 having no funded enrollment specified. Child Plus administrator contacted.

Disability Services



Students with IEPs

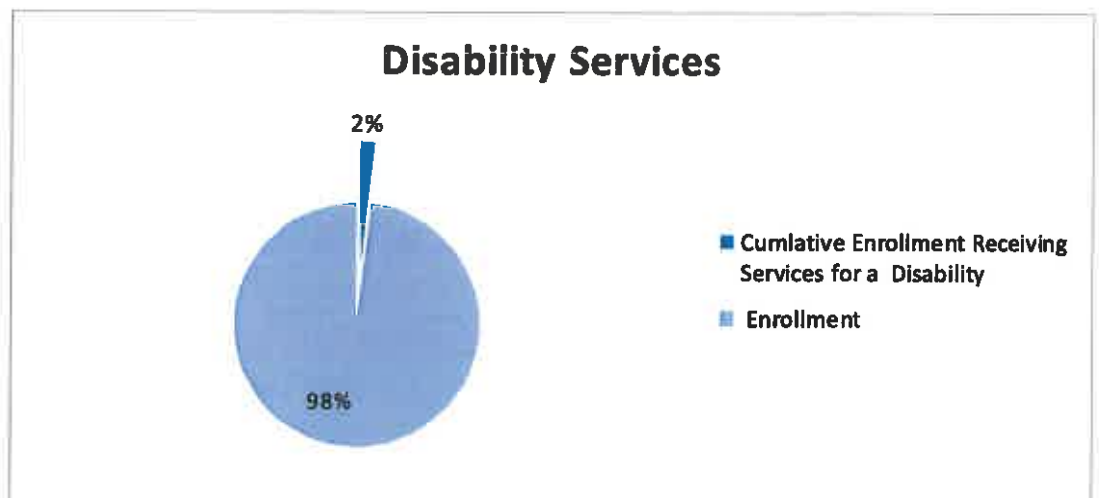


Students with Concerns



(Report 3540)

Regulations: 1302.14(b)
(1) & 640(d)(1)



NOTES:

Per the 2016 Head Start ERSEA review protocol, programs are expected to reach the 10 percent requirement at any point during the program year. For reviews occurring between October and December, the program must have reached 10 percent at some time during the previous program year. For reviews occurring between January and September, the program must have reached 10 percent at some time during the current program year.

Attendance

Compliance

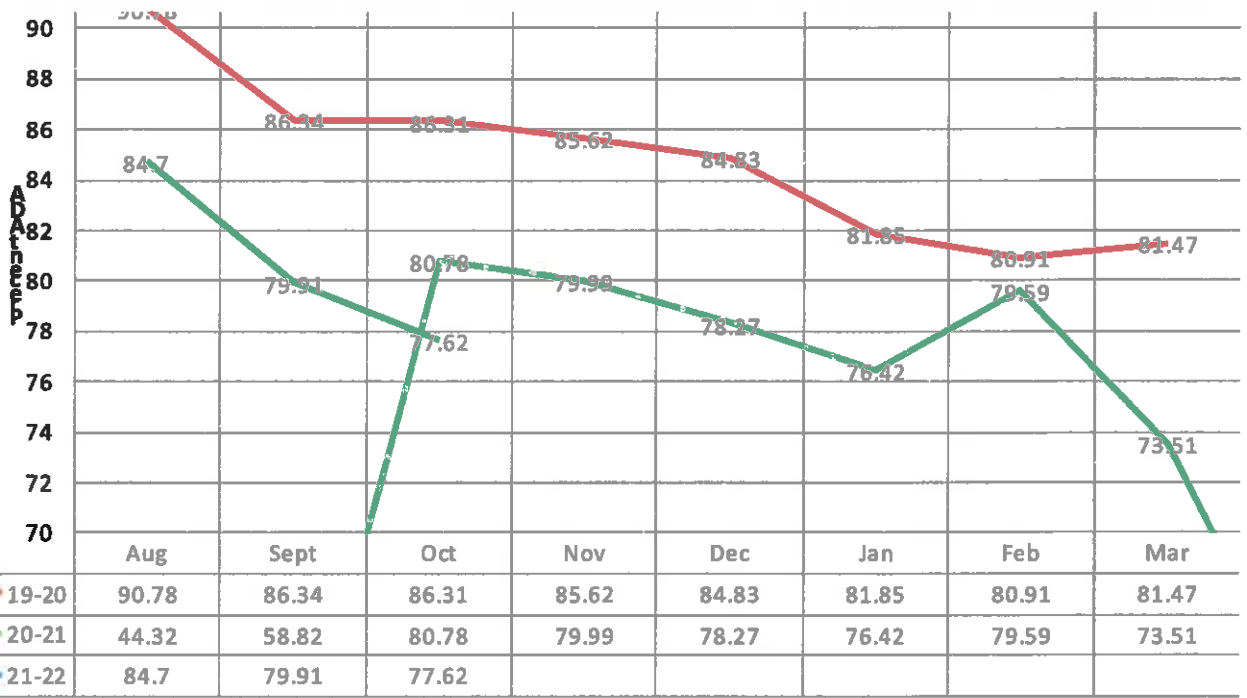
NO

Funded Attendance

71.80

Actual Attendance

77.62



NOTES:

- According to OHS CAMP Session 2 Q&A, attendance is defined as each day a child receives services. Examples of eligible services for virtual are home visits and educational sessions. <http://tiny.cc/OHSCAMP2> start at 48 minutes 27 seconds
- Due to local COVID transmission rates, the uncertainty of public education, and safety concerns parents are hesitant to send their young children to Head Start or any child care provider, according to local trends.

(Pulled November 9, 2021 beginning @ 1209 hours for October 1-31, 2021)

Department of Children & Families Violations

Inspections This Month



Violations This Month



Cumulative 20-21 Violations



(DCF Inspection Reports)

Inspection Results August 2021:

- Franklin County Head Start –No inspection.
- Jefferson County Head Start– No inspection. Should anticipate inspection in November.
- Louise B. Royal Head Start– 11/09/2021-No Violations
- South City Head Start– No inspection
- Mabry Street Family Enrichment Center – No inspection.