Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

<u> </u>	For the	2022 calendar year, or tax year beginning OCT 1, 2022 and e	ending S	EP 30, 2023			
В	Check if applicabl	C Name of organization		D Employer identifi	cation number		
	Addre chang Name	ORGANIZED COMMUNITY ACTION PROGRAM, INC	C.	50 05150	m.e		
L	chang			63-0517976			
L	fnitial return	, ,	Room/suite	E Telephone numbe			
	Final return			(334)566			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,980,979.		
	Amen return	TROI, AL 30001		H(a) is this a group re	eturn		
	Applic	F Name and address of principal officer: U OAN 1. ILENDERSON		for subordinates	s? Yes 🗓 No		
	pendi	SAME AS C ABOVE		H(b) Are all subordinates is	ncluded? Yes No		
<u>1</u>	Гах-ех	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions		
	Websi			H(c) Group exemption	n number		
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1966 i	M State of legal domicile: AL		
Pi	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: ${ m TO AI}$	DIN	THE REDUCTION	ON OF THE		
Governance		EFFECTS OF POVERTY ON THE ECONOMICALLY DIS	SADVAN	TAGED BY			
ia ii	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.		
Š	3			з	21		
		Number of independent voting members of the governing body (Part VI, line 1b)			21		
త గ	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			158		
Activities &	6	Total number of volunteers (estimate if necessary)			355		
¥	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
¥	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		13,459,832.	12,922,255.		
ž	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,788.	8,827.		
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		57,358.	49,897.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,523,978.	12,980,979.		
***************************************	-	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,413,894.	5,602,099.		
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ĕ	···a		0.				
X	47	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,340,840.	7,474,291.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,754,734.	13,076,390.		
		Revenue less expenses. Subtract line 18 from line 12		-230,756.	-95,411.		
<u> </u>	1	revenue less expenses, oubtract line to from line 12		ginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		5,301,746.	4,919,207.		
ASSE Par	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		2,165,177.	1,878,049.		
et	22	Net assets or fund balances. Subtract line 21 from line 20		3,136,569.	3,041,158.		
P	art II	Signature Block		0,130,000.	3,011,130.		
1000,000		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of m	knowledge and helief it is		
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of whi			y Kilotricago alla bollat, it la		
uuo	, 001100	t, and complete. Declaration of propage (other than officer) is based on an information of which	στι μεσμαισι	indo dily kilowicuge.	······································		
Sig		Signature of officer		Date			
-		JUAN T. HENDERSON, EXECUTIVE DIRECTOR					
Her	e	Type or print name and title					
			ΤĖ	Date Check [PTIN		
Paid	4	Print/Type preparer's name ASHLEY H. STAFFORD Preparer's signature ASHLEY H. STAFFO		8/12/24 self-employ			
	parer	Firm's name CARR, RIGGS & INGRAM, LLC	טן טיב		2-1396621		
	Only	Firm's address 1117 BOLL WEEVIL CIRCLE		Firm's EIN 7	<u> </u>		
000	July	ENTERPRISE, AL 36330		Dhana na 22	4-347-0088		
N.A	, the tr	S discuss this return with the preparer shown above? See instructions		J Phone no. 3 3			
(Vict)	յ Մայլ	IO GISCUSS THIS RECOIL WITH THE PREPARET SHOWN ADOVE (SEE INSTRUCTIONS			X Yes No		

Check Standard Corporate Service Accomplishments No. No. Standard Corporate Service Accomplishments No. No. Standard Corporate Service Accomplishments No. Standard Corporation		990 (2022) ORGANIZED COMMUNITY ACTION PROGRAM, INC. 63-0517976 Page 2
1 Biselly describe the organization's mission: TO AID IN THE REDICTION OF THE EFFECTS OF POVERTY ON THE ECONOMICALLY DISADVANTAGED BY ADMINISTERING FEDERAL, STATE, AND LOCAL WELFARE PROGRAMS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior from 1800 of 1800-627	Par	t III Statement of Program Service Accomplishments
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TO AID IN THE REDUCTION OF THE EFFECTS OF POVERTY ON THE ECONOMICALLY DISADVANTAGED BY ADMINISTERING FEDERAL, STATE, AND LOCAL WELFARE PROGRAMS. 2 Did the organization undertake any significant program services during the year which were not letted on the prior form 990 or 990 cr		
DISADVANTAGED BY ADMINISTERING FEDERAL, STATE, AND LOCAL WELFARE PROGRAMS. Did the organization undertake any significant program services during the year which were not listed on the prior Form 500 or 930-627 If "ves," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Ves [X] No If "ves," describe these changes on Schedule O. On the very describe these changes on Schedule O. Section 501(6)3 and 501(6)40 organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, significant expenses of the section 501(6)3 and 501(6)40 organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, significant programs service reported. As forth Section 501(6)3 and 501(6)40 organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, significant programs services on the services of the services o	1	
PROGRAMS. Did the organization undertake any significant program services during the year which were not listed on the prior form 930 or 939-627		
2 Did the organization undertake any significant program services duting the year which were not listed on the pitor form 980 or 990-E27 If "Yes," describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? — Yes [X] No If "Yes," describe these changes on Schedule 0. 4 Describe these changes on Schedule 0. 5 Describe the organization of program service secondishments for each of its three largest program services, as measured by expenses. Section 501(c)(8) 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 (ticks) (Septions 4, 867, 179. houston protect of the AMBART - PROVIDES PRE-SCHOOL AND DAY CARE SERVICES TO CHILDREN FROM LOW INCOME FAMILIES. THE PROGRAM CURRENTLY MAINTAINS AN ENROLLMENT LEVEL OF 660 STUDENTS. 4b (colet) (Septions 4, 958, 164. houston protect of the program of the progr		
prior Form 980 or 980-E2?		PROGRAMS.
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3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		kusi i van vaa si saa
## Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 50(6)S and 501(6)(d) capanizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, it any, for each program service reported. ### (Code		
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(e)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program service reported. 4a (code	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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	4e	44 064 000
		Form 990 (2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? /f "Yes," complete Schedule C, Part /	3		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? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٠,,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		7,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		17
	Schedule D, Part III	8		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?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Δ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.	(88.45S)	18966	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
b	-	11b		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
С		11c		x
al.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	111		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	ļ		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u></u>	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? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7,7
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			w
	complete Schedule G, Part III	19	 	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," comp	olete		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000	0 as of the		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and con	nplete		
	Schedule K. If "No," go to line 25a	24	3	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	3	
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?		2	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<u>lt:</u>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	t t		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	E .	a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior y	E		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," c	· ·		,,
	Schedule L, Part I	25	0	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	ļ		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		1	37
	, , , , , , , , , , , , , , , , , , , ,		-	<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key e			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 3		. 👽	1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule	1000000	X	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, P	art IV,		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l v
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28	0	+~
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200	_	x
	"Yes," complete Schedule L, Part IV			$\frac{1}{x}$
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conse		-	+
30		31	.	x
24	contributions? If "Yes," complete Schedule M			$+\frac{1}{x}$
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			 -
32		33	,	x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		-	 -
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	.	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or			
34	Part V, line 1	م ا	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controll			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	- 1	b	x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	If "Yes," complete Schedule R, Part V, line 2	1 _	3	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
		3	,	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	19?		
	Note: All Form 990 filers are required to complete Schedule 0	3	3 X	<u> </u>
Pa	Note: All Form 990 filers are required to complete Schedule O rt 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			
	Check if Schedule O contains a response or note to any line in this Part V			
		-	Ye	No No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	59		
b	Enter the number of Forms W-2G included on 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?			
	4 40 40 00	Fc	m 990	(2022)

63-0517976 Page 5 Form 990 (2022) 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 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 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? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7¢ to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7a If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations, Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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 the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year	4.41	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			190 1	espon	56
1s Enter the number of voting members of the governing body at the end of the tax year 1s Enter the number of voting members of the governing body at the end of the tax year 1s Enter the number of voting members of the governing body at the end of the tax year 1s Enter the number of voting members of the governing body of the governing body of begate break and the process of the governing body. 1s 21 3b Enter the number of voting members included on line 1s, abova, who are independent 2st Did any officer, director, tustee, or key employeer 3c Did the organization delegate control over management duties customarily performed by or under the direct supervision 3c of officers, directors, tustees, or key employeer 3c Did the organization became aware during the year of a algorithm of the organization and assessed to tax owners of the governing of the organization the ware members, stockholders or other persons who had the power to elect or appoint one or more members of the governing body? 3c Did the organization thave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 3r Did the organization thave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 3r Did the organization thave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 3r Did the organization thave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 3r Did the organization thave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 4r Did the organization thave members, stockholders, or other persons who had the power to elect or appoint one or organization organization thave the power to the power t							X
Section the number of voting members of the governing body at the end of the tax year 1s 21 21 21 22 22 23 24 25 25 25 25 25 25 25	Sec						
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If the are material differences in volting rights among members of the governing body, or if the governing body deligible more all markets of the control of	1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21			
be by delegate broad suthority to an exercise committee or similar committee, explain on Schedule 0. b Effect the number of voting marbles included on lib of 1a, above, who are independent. Did any officer, director, trustees, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management during on the program of officers, directors, trustees, or key employees to a management organization provided organization become sware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or more members of the governing body? 8 Did the organization contemporamously document the meetings held or written actiens undertaken during the year by the following: a The governing body? 5 Did the organization contemporamously document the meetings held or written actiens undertaken during the year by the following: a The governing body? 8 Did the organization contemporamously document the meetings held or written actiens undertaken during the year by the following: a The governing body? 8 Did the organization tower with the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 11 Has the organization have local chapters, branches, or affiliates? 12 Did the organization have a written conflict of interest polocy? 13 Did the organization resolvantly and consistently monitor and anforce c		•					
b Enter the number of voting members included on line 1s, above, who are independent 2					iele		
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sterior 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ves. No. 10a Did the organization have local chapters, branches, or affiliates? 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 evernpt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 12b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12c Did the organization have a written conflict of interest policy? (If "No," go to line 13. 12e X 13 Did the organization regularly and consistently monitor and enforce compliance with the policy? (If "Yes," describe on Schedule O how this was done 13c Did the organization have a written whistleblower policy? 13d Id the organization have a written document retention and destruction policy? 14 Did the organization have a written document retention and destruction policy? 15c Did the organization have a written being the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15d The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 15c Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15d Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15d Did the organization invest in, contribute a	а	The governing body?			8a		
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232006 12-13-22

Form 990 (2022) ORGANIZED COMMUNITY ACTION PROGRAM, INC. 63-0 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

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

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

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

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

(A) Name and title	(B) Average hours per week	box	not cl	(C Posi heck r ss per d a di	ition nore i son is	than d s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) WANDA MOULTRY	40.00			х				117,851.	0.	25,274.
EX EXECUTIVE DIRECTOR	10.00	 	 -	Δ		\vdash	├	117,031.	0.	43,414.
(2) ALONZA ELLIS	10.00	x						0.	0.	0.
(3) ALROY MCGHEE	10.00	╀≏				├	-	V •	0.	<u> </u>
DIRECTOR	10.00	x						0.	0.	0.
(4) ARLEAN ALLEN	10.00									
DIRECTOR		x						0.	0.	0.
(5) BRENSON CRENSHAW	10.00									
DIRECTOR		x						0.	0.	0.
(6) CAROLYN GRIFFIN	10.00						<u> </u>			
DIRECTOR] x						0.	0.	0.
(7) DANA COURTNEY	10.00									
DIRECTOR		X						0.	0.	0.
(8) DAVID SANKEY	10.00									
DIRECTOR		X			<u> </u>			0.	0.	0.
(9) EDNA GREEN	10.00									_
DIRECTOR		X		<u> </u>				0.	0.	0.
(10) EDWARD J. ROBINSON	10.00]				
DIRECTOR		X						0.	0.	0.
(11) ERIC MINNIEFIELD	10.00	1					İ		_	_
DIRECTOR		X		<u> </u>	ļ			0.	0.	0.
(12) CATHERINE JORDAN	10.00	┨								
DIRECTOR	10.00	x		<u> </u>				0.	0.	0.
(13) MARY GRIFFIN	10.00	۱								,
DIRECTOR	10.00	X	ļ	<u> </u>		<u> </u>		0.	0.	0.
(14) TERRY POWELL	10.00	x			ŀ	ĺ		0.	0.	0.
DIRECTOR (15) MACK NINES	10 00	 X	-	 	 	 	├	U •	U •	U •
(15) MACK HINES DIRECTOR	10.00	x						0.	0.	0.
(16) LISA BROWN	10.00	╇	-	-	-		\vdash	<u> </u>		V .
(16) LISA BROWN DIRECTOR	10.00	x						0.	0.	0.
(17) MICHAEL MAKAU	10.00	╀≏	├	-	 	├	 	<u> </u>	0.	
DIRECTOR	10.00	$ \mathbf{x} $						0.	0.	0.
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Form 990 (2022)

Part VII Section A. Officers, Directors, Trus	<u>tees, Key Em</u>	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	- 1	Estimated
	hours per week	box	, unio cerar	ss pe	rson i	is both	an a	compensation	compensation		amount of
	(list any		т	1	1	T	T ,	from the	from related organization	- 1	other compensation
	hours for	Individual trustee or director				L		organization	(W-2/1099-MI		from the
	related	10.0	tee	İ		sate	l	(W-2/1099-MISC/	1099-NEC	- 1	organization
	organizations	Taste	Institutional trustee		yee.	E E	İ	1099-NEC)			and related
	woled	qua	ution	 	m pg	est co	5				organizations
	line)	Meli	Instit	Officer	Keye	Highest compensated employee	Former				
(18) SUSAN HARRIS	10.00										
DIRECTOR		X				<u> </u>		0.		0.	0.
(19) JOSHUA SIMMONS	10.00]	ŀ								_
DIRECTOR		X	<u> </u>			_		0.		0.	0.
(20) TOM BRAXTON	10.00			İ						_	_
DIRECTOR		X	L		<u> </u>	ļ	<u> </u>	0.		0.	0.
(21) WILLIAM HODGE	10.00									_	
DIRECTOR		X		<u> </u>	<u> </u>	_	<u> </u>	0.		0.	0.
		ᆫ	<u> </u>	_	L	_					
		1									
		<u> </u>	ļ	_	┞	_	<u> </u>				
			<u> </u>	Ь	<u> </u>	<u> </u>	ļ				
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		-									
		<u> </u>			<u> </u>	<u> </u>	<u></u>	145 054			25 274
1b Subtotal								117,851.		0.	25,274.
c Total from continuation sheets to Part V	II, Section A						•••	0.		0.	0.
d Total (add lines 1b and 1c)								117,851.		0.	25,274.
2 Total number of individuals (including but	not limited to th	ose	liste	d al	bove	e) wł	o re	eceived more than \$100,	000 of reportabl	е	1
compensation from the organization											Yes No
					_						Tes No
3 Did the organization list any former office											
line 1a? If "Yes," complete Schedule J for											3 X
4 For any individual listed on line 1a, is the s											4 X
and related organizations greater than \$15											4 X
5 Did any person listed on line 1a receive or	· -										5 X
rendered to the organization? If "Yes." col	n <u>plete Schedul</u>	e J	or s	uch	pers	son	• • • • • •				3 121
	ampanastad in	done	n do	nt o	ontr	noto	ra ti	hat received more than	tinn nnn of com	nonea	tion from
 Complete this table for your five highest of the organization. Report compensation for 										pensa	LION NOM
(A)	the cateridar y	cai	CHUI	ig v	YILE !	Of AA	1 6 8 124	(B)	OLII.	T	(C)
(A) Name and busines	s address							Description of s	services		ompensation
DOUGLAS BUILT								•		 	
545 HWY 57, VINCENT, AL	35178							CONSTRUCTION			156,659.
Jaj IIII J,, VIII JII	33270							002102110011011			
							•				
	·····										
										}	
										<u></u>	
2 Total number of independent contractors	including but n	ot li	mite	d to	tho	se lis	sted	above) who received m	ore than		
\$100,000 of compensation from the organ						1					

Form 990 (2022)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Grants 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 10 d Related organizations 1d 12,821,428. e Government grants (contributions) All other contributions, gifts, grants, and 100,827. similar amounts not included above Q Noncash contributions included in lines 1a-1f 12,922,255 h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 8,827. other similar amounts) 8,827. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal Gross rents b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses 7b c Gain or (loss) _______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code iscellaneous** 531110 41,226. 41,226 INVESTMENT INCOME 8,671 900099 8,671. MISCELLANEOUS INCOME d All other revenue 49,897. e Total. Add lines 11a-11d 12,980,979 49,897. 8,827, Total revenue. See instructions

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments, See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	146,530.		146,530.	
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	3,684,478.	3,307,188.	377,290.	
8	Pension plan accruals and contributions (include		***	20 000	
	section 401(k) and 403(b) employer contributions)	395,579.	312,506.	83,073.	
9	Other employee benefits	1,052,481.	957,684.	94,797.	
10	Payroll taxes	323,031.	270,047.	52,984.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	25 201	10 000	18,109.	
12	Advertising and promotion	37,201. 147,939.	19,092. 147,939.	10,103.	
13	Office expenses	147,939.	147,333.		
14	Information technology				
15	Royalties	170,707.	155,688.	15,019.	
16	Occupancy	59,478.	47,372.	12,106.	
17	Travel	33,470.	#//J/A.	127,1000	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	56,022.	13,196.	42,826.	
19	Conferences, conventions, and meetings	17,181.	<u> </u>	17,181.	
20	Interest Payments to affiliates	2,,202,			
21 22	Depreciation, depletion, and amortization	226,575.	176,177.	50,398.	
23	Insurance	104,507.	76,676.	27,831.	
23 24	Other expenses, Itemize expenses not covered				
24	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 0.) DIRECT ASSISTANCE	4,979,424.	4,956,249.	23,175.	ter maken periode de de de de la comprese del la comprese del la comprese del la comprese de la comprese de la comprese de la comprese de la comprese de la comprese de la comprese de la comprese de la comprese de la comprese de la
a	CONTRACTUAL	597,245.	519,990.	77,255.	
b	OTHER PROGRAM COSTS	493,926.	478,181.	15,745.	
c C	SUPPLIES	257,554.	241,696.	15,858.	
d	All other expenses	326,532.	281,639.	44,893.	
e 25	Total functional expenses. Add lines 1 through 24e	13,076,390.		1,115,070.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization				
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		I		Form 990 (2022)

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,546,293.	1	296,016.
	2	Savings and temporary cash investments	175,000.	2	175,000.
	3	Pledges and grants receivable, net	885,782.	3	1,847,526.
	4	Accounts receivable, net	46,961.	4	53,645.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	٥	1 10 10 10 10 10 10 10 10 10 10 10 10 10		6	
	٠,			7	
ets	7	Notes and loans receivable, net		8	
Assets	8	Inventories for sale or use	48,362.	9	24,008.
•	9	Prepaid expenses and deferred charges	40,502.		
	าบล	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 4,833,441. 2,701,158.	2,208,619.	10c	2,132,283.
	ļ.	Less: accumulated depreciation 10b 2,701,158.	2,200,013.	111	2,132,203
	11	Investments - publicly traded securities		12	
	12	Investments - other securities. See Part IV, line 11		13	
	13	Investments - program-related. See Part IV, line 11		14	
	14	Intangible assets	390,729.	_	390,729
	15	Other assets. See Part IV, line 11	5,301,746.	15	4,919,207
	16	Total assets. Add lines 1 through 15 (must equal line 33)	959,413.	16 17	600,632
	17	Accounts payable and accrued expenses	11,159.		21,005
	18	Grants payable	824,817.		905,698
	19	Deferred revenue	024,017.	20	303,030
	20	Tax-exempt bond liabilities			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
e S	22	Loans and other payables to any current or former officer, director,			manage a gra
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>e</u>		controlled entity or family member of any of these persons	369,788.	22	350,714
	23	Secured mortgages and notes payable to unrelated third parties	303,700.	23	330,714
	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	2,165,177,	25	1,878,049
	26	Total liabilities. Add lines 17 through 25	Z,103,177.	26	1,070,043
o		Organizations that follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.	3,136,569.		3,041,158
텵	27	Net assets without donor restrictions	3,130,309.		3,041,130
ň	28	Net assets with donor restrictions		28	
Ĕ		Organizations that do not follow FASB ASC 958, check here			
ř		and complete lines 29 through 33.			
ß	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ä	31	Retained earnings, endowment, accumulated income, or other funds	2 126 560	31	2 0/1 150
Š	32	Total net assets or fund balances	3,136,569.	32	3,041,158
	33	Total liabilities and net assets/fund balances	5,301,746.	33	4,919,207

Form	990 (2022) ORGANIZED COMMUNITY ACTION PROGRAM, INC.	63-05	17976	Pag	_e 12
Par	TXI 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	12,980		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,07		
3	Revenue less expenses. Subtract line 2 from line 1	3		5,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,13	5,50	<u> 59.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,04	1,1!	58.
Pai	t XIII Financial Statements and Reporting		······································	-	
- 2-a.v:-a.e	Check if Schedule O contains a response or note to any line in this Part XII				
	CHOOK II CONCAIN CONTAINS A TOPPONDO OF THE CONT			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			77
2a	***************************************		2a		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:		100		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	555945341375k
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			**	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection
Employer identification number

ORGANIZED COMMUNITY ACTION PROGRAM, 63-0517976 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. J 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. 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. 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. 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 Provide the following information about the supported organization(s). (iv) is the organization listed (I) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11501957.	11798350.	<u> 13192038.</u>	13459832.	<u> 12922255.</u>	62874432.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	11501957.	11798350.	13192038.	13459832.	12922255.	62874432.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly					EDW 524 (1959)	
	supported organization) included						
	on line 1 that exceeds 2% of the				200 200		
	amount shown on line 11,						
	column (f)				Saas tak		
6	Public support, Subtract line 5 from line 4.						62874432.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	11501957.	11798350.	13192038.	13459832.	12922255.	62874432.
	Gross income from interest,						
	dividends, payments received on		-				
	securities loans, rents, royalties,						
	and income from similar sources	12,181.	12,281.	11,646.	10,479.	8,827.	55,414.
9	Net income from unrelated business	***************************************					
	activities, whether or not the						
	business is regularly carried on			ŀ			
10	Other income. Do not include gain						
	or loss from the sale of capital					1	
	assets (Explain in Part VI.)	891,135.	109,217.	6,617.	53,667.	49,897.	1110533.
11	Total support. Add lines 7 through 10						64040379.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and sto	p here	***************************************				<u></u>
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2022 (line 6, column (f), d	ivided by line 11,	column (f))		14	98.18 %
15	Public support percentage from 2021	l Schedule A, Part	II, line 14	********		15	98.17 <u>%</u>
16a	33 1/3% support test - 2022. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u>X</u>
b	33 1/3% support test - 2021. If the	organization did no	t check a box on l	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances test					17a, and line 15 is	10% or
	more, and if the organization meets ti						
	organization meets the facts and circ						
<u>18</u>	Private foundation. If the organization						s
							(Form 990) 2022

qualify under the tests listed below, please complete Part II.)

(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

Calesdar year (of fictal year heapining in) Giffits, grants, concributions, and membership fixes received. (Do not include any "uncurrently fixes received. (Do not include any "uncurrently fixes received. (Do not include any "uncurrently fixes received. (Do not include any "uncurrently fixes and include any "uncurrently fixes and include any "uncurrently fixes and include any "uncurrently fixes performed, or facilities furnished in any activity that is related to the originalization's tax-exempt purpose of Giross receives from activities that are not an unrelated trade or business under ascention at 13 4. Tax revenues leveld for the originalization's fixes any service or facilities furnished by a governmental unit to the originalization's benefits and either paid to or expended on its behalf? 5. The value of services or facilities furnished by a governmental unit to the originalization's benefits on without charge and the original paid of the originalization without charge and the original paid of the originalization without charge and the original paid of the originalization without charge and the original paid of the originalization of the originalization without charge and the original paid of the originalization of the originalization of the originalization without charge and the original paid of the originalization of the origi	Sec	ction A. Public Support						
membrahip Res received. (Do not include any "unstable grants"). 2 Giross receipts from admissions, membrandizes add or services performed, or facilities furnished in any activity that is related to the organization's tex-exempt purpose. 3 Giross receipts from activities that are not an unrelated trade or business under services of facilities for included or business under services of facilities for included or the organization's breakded or its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Totals. Add lines 1 through 5. 7 A mounts included or lines 1, 2, and 3 received from disquisitified personal from the excitation's breakded or lines 1, 2, and 3 received from disquisitified personal from the excitation's breakded or lines 1, 2, and 3 received from disquisitified personal from the excitation without charge. 8 Totals. Add lines 1 through 5. 8 Public support Senses is insented. 9 Revisition 3 Total Support Called any ray (or first) year beginning in) 9 A Add lines 7 is and 7 7. 8 Public support Senses is insented. 10 Section 3. Total Support Called any ray (or first) year beginning in) 9 A Amounts forming in 6. 10 Section 3. Total Support Called any ray (or first) year beginning in) 9 A Amounts form on unrelated business activities not holicated on lines 10. 10 Amounts form on unrelated business activities not holicated on lines 10. 10 Net Inceme from unrelated business activities not holicated on line 100. 11 Net Inceme from unrelated business activities not holicated on line 100. 12 Investment incense percentage for 2022 (line 10, column), divided by line 13, column (li) 13 Total support percentage for 2022 (line 10, column), divided by line 13, column (li) 14 First 5 years, if the Form 3021 s for the organization's tirst, second, third, fourth, fourth, fourth, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 15 Public support percentage for 2022 (line 10, column), divided	Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
include any "unusual grants.") Gross neclipts from admissions, merchandise acid or services per formed, or facilities furnished in any activity that is related to the organization's trave-easily purpose 3. Gaross neceipts from activities that are not an unrelated tade or business under section 513 1 Tax revenues levide for the organization's benefit and offent grant to or expended on its obhatil to the organization benefit and offent grant to or expended on its obhatil to the organization without charge 5. The value of services or facilities furnished by a governmental unit to the organization without charge 5. Total, Add lines 1 through 5. 5. The value of services or facilities furnished by a governmental unit to the organization without charge 5. Total, Add lines 1 through 5. 5. Total, Add inself through 5. 5. Total value of services or facilities furnished by a governmental unit to the organization without charge 6. Total, Add lines 1 through 5. 5. Total, Add lines 1 through 5. 5. Total, Support Calculative values of the services of		•						
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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?
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes," complete Part I of Schedule L. (Form 990).
- 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 on 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 on 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 line 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.)

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	dule A (Form 990) 2022 ORGANIZED COMMUNITY ACT			-0517976 Page 6
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifyir		-	rt VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complet	e Sections A through E.	
Sect	ion 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		
Sect	ion 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):	200		
а	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 0.015 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 0.035,	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Check here if the current year is the organization's first as a non-functional	ally integra	ited Type III supporting organ	ization (see

Schedule A (Form 990) 2022

instructions).

ORGANIZED COMMUNITY ACTION PROGRAM, INC. 63-0517976 Page 7 Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 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 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive A (provide details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required · explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020

Schedule A (Form 990) 2022

d Excess from 2021e Excess from 2022

Schedule A	(Form 990) 2022	ORGANIZED	COMMUNITY	ACTION	PROGRAM,	INC.	63-0517976	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and	rmation. Provide t 1, 2, 3b, 3c, 4b, 4c, 5 . lines 2 and 3: Part I ^N	he explanations requal, 6, 9a, 9b, 9c, 11a /. Section E. lines 1d	uired by Part II , 11b, and 11c c, 2a, 2b, 3a, a	, line 10; Part II, lin ; Part IV, Section I nd 3b; Part V, line	e 17a or 17 3, lines 1 an 1; Part V, S	b; Part III, line 12; id 2; Part IV, Section ection B, line 1e; Pa	C, rt V,
	(See instructions.)							
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SCHEDULE D

Supplemental Financial Statements

(Form 990)

Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

Name of the organization

Employer identification number .0517076

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? Part III 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). Preservation of and for public us (for example, recreation or education) Preservation of a historically important land area 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. a Total number of conservation easements b Total a creage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of strates where property subject to conservation easements 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? 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)(ii) and section 170(h)(4)(B)(iii) 1 If the organization is accounting for conservation easements. Complete if 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. Complete if the organization easements. 1 If the organizati			ACTION PROGRAM, INC.	
Total number at end of year	Par			or Accounts. Complete if the
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5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? Old the organization inform all grantess, denors, 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? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 590, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of for natural habitat protection of natural habitat preservation of open space Complete lines 2 athrough 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 1 Total number of conservation easements 1 Total number of conservation easements 2 Total number of conservation easements on a certified historic structure included in (a) 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 1 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds? 3 Namber of expanization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 4 Nountrof expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 5 Anount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements	4	Aggregate value at end of year		
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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? Part. 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). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat 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 of the last day of the tax year. 2 Total number of conservation easements 3 Total number of conservation easements 4 Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements and lided in (a) acquired after July 25,2005, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easements it locks? 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 5 Amount of expenses incurred in 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 Yes Organization have a written policy regarding the periodic monitoring in financial statements that describes the organization's accounting for conservation easements. 8 Does each conservation easement reported on line 2(d) above satisfy the requ				
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(ii) Assets included in Form 990, Part X				
(ii) Assets included in Form 990, Part X		(i) Revenue included on Form 990, Part VIII, line 1		\$
		**		
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	2	If the organization received or held works of art, historical tre	asures, 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	а			\$
b Assets included in Form 990, Part X				
		For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2022

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Scher Par		ED COMMUNIT								Page 2 led)
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the fo	ollowing that	make sig	nificant (use of its		
	collection items (check all that apply):									
а	Public exhibition	d	***************************************		hange progra					
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	how the	ey further th	e organizatio	n's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations o	of art, his	torical treas	sures, or othe	r similar a	ıssets			
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	'Yes" on F	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for c	ontributions	s or other ass	ets not in	cluded			
	on Form 990, Part X?							., L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing to	able:						
									Amount	
C	Beginning balance	***************************************					1c			
d	Additions during the year						1d			
	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on F						y?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been j	provided on I	Part XIII				
Par	t V Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 10	o			
-		(a) Current year	(b) P	rior year	(c) Two year	rs 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									
	Other expenditures for facilities				<u> </u>					
е	·									
	and programs	I :								
	Administrative expenses			,	<u> </u>					
g	End of year balance		- 0in - 4 -		hold oo					
2	Provide the estimated percentage of the cur		e (ime rg	, column (a)	n neid as.					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	_%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiza	ition tha	t are held ar	nd administer	red for the)		Г	V 1 W-
	organization by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	ee Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	, , ,	cumulat	,	(d) Book	value
		basis (investr	nent)		(other)	dep	reciation			
1a	Land				9,263.			500-254-0		<u>,263.</u>
	Buildings				9,790.		47,3			2,438.
	Leasehold improvements			45	6,591.		07,0			,532.
	Equipment			1,04	5,634.	7	10,4	32.	335	,202.
	Other			24	2,163.		36,3			,848.
	, Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B). line 1	Oc.)				2,132	2,283.

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 ORGANIZED COMMUNITY ACTION	PROGRAI			0517976	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With R	evenue per Re	turn.		
	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	13,728	,128.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	747,149.			
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	747	<u>,149.</u>
3	Subtract line 2e from line 1			3	12,980	<u>,979.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Danated services and use of facilities Resourcies of pilor year grants 22 Cother (Describe in Part XIII) Add lines 2 at frough 2 d 22 Subtract line 2e from line 1 Add lines 2 at from line 1 Add lines 4 and 4b Add lines 3 at read lines 2e from 1 and 4					
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)					<u>,979.</u>
Pa	TXII Reconciliation of Expenses per Audited Financial Stateme	ents With E	Expenses per F	łeturi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	13,823	<u>,539.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	747,149.			
b	Prior year adjustments	2b				
c		1 - 1				
d						
е	·			2e	747	<u>,149.</u>
3				3	13,076	,390.
4						
a		4a				
b	,					
				- Parting and Parting		Λ
C	Add lines 4a and 4n			1 4C		• •
	1.1				13,076	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)				13,076	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) TXIII Supplemental Information.			5		,390.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b ar	nd 2b; Part V, line 4	5		,390.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b ar	nd 2b; Part V, line 4	5		,390.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) TXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b ar	nd 2b; Part V, line 4	5		,390.
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Provinces PAN THI REV "RI SEI THI	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition and 4; Part X, LINE 2: E AGENCY HAS BEEN GRANTED AN EXEMPTION FROM TENUE CODE SECTION 501(C)(3) AS A NON-PROFIT TERNAL REVENUE SERVICE REGULATIONS, THE AGE ETURN OF AGENCY EXEMPT FROM INCOME TAX" WITH RIVICE. E AGENCY'S POLICY IS TO RECORD INTEREST AND INTEREST EXPENSE ON THE FINANCIAL STATEMENT OF THE REST EXPENSE ON THE PROPERT OF THE REST EXPENSE ON THE PROPERT OF THE REST EXPENSE ON THE PROPERT OF THE REST EXPENSE OF THE REST EXPENSE ON THE PROPERT OF THE REST EXPENSE ON THE PROPERT OF THE REST EXPENSE ON THE PRO	IV, lines 1b and itional informational informational information i	nd 2b; Part V, line 4 htion. E TAXES UN DRATION. A NUALLY FII INTERNAL F	DER S R SEVE	X, line 2; Part) INTERNA EQUIRED FORM 99 NUE TO TAXE	, 390. KI, AL BY 0
PAN THI SEN THI IN NO	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition and 4; Part X, LINE 2: E AGENCY HAS BEEN GRANTED AN EXEMPTION FROM TENUE CODE SECTION 501(C)(3) AS A NON-PROFIT TERNAL REVENUE SERVICE REGULATIONS, THE AGE ETURN OF AGENCY EXEMPT FROM INCOME TAX" WITH RIVICE. E AGENCY'S POLICY IS TO RECORD INTEREST AND INTEREST EXPENSE ON THE FINANCIAL STATEMENT OF THE REST EXPENSE ON THE PROPERT OF THE REST EXPENSE ON THE PROPERT OF THE REST EXPENSE ON THE PROPERT OF THE REST EXPENSE OF THE REST EXPENSE ON THE PROPERT OF THE REST EXPENSE ON THE PROPERT OF THE REST EXPENSE ON THE PRO	IV, lines 1b and itional informational informational information i	TIES RELATED THE SEVER, THE	DER S R SEVE	X, line 2; Part) INTERNA EQUIRED FORM 99 NUE TO TAXE	, 390. KI, AL BY 0

Schedule D (Form 990) 2022 ORGANIZED COMMUNITY ACTION PROGRAM, INC. 63-0517976 Page 5 Part XIII Supplemental Information (continued)
UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING
STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX
POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN
IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON
EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR
DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN
INTERIM
PERIODS, DISCLOSURE AND TRANSITION. AS OF SEPTEMBER 30, 2023, THE AGENCY
HAS NO UNCERTAIN TAX PROVISIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE
IN THE FINANCIAL STATEMENTS.

SCHEDULE L

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Internal Revenue Service

Department of the Treasury

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

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization												identi		n nur	nber
			COMMUNI									<u> 179'</u>	76		
									1 501(c)(29) organ						
Complete if the	organization						ine 25a or 25b	, or	Form 990-EZ, Pa	ırt V, I	ine 40	b.	1		- 1-
(a) Name of disqualified r	person	(b) □				ified	(0	:) De	escription of tran	sactic	ท			Corre	
()			person and on	yanıza	tuon								<u> </u>	s	No
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2 Enter the amount of tax	incurred by t	the or	rganization mans	agers	or disc	ualifie	d persons dur	ina t	he vear under					L	
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<u> </u>		,	,	,	•		**********								
Part II Loans to and	d/or From	Inte	erested Pers	ons.			***************************************								
Complete if the	organization	answ	vered "Yes" on F	orm 9	90-EZ	, Part \	V, line 38a or F	orm	990, Part IV, line	e 26;	or if th	e orga	nizatio	n	
reported an amo	unt on Form	1 990,	Part X, line 5, 6	or 22	2,										
(a) Name of	(b) Relation	nship	(c) Purpose					(f) Balance due			(h) Ap	oroved ard or	(i) W	ritten
interested person	with organiz	ation	of loan			prino	cipal amount	ĺ		def	ault?	comm	ittee?	agree	ment?
				То	From					Yes	No	Yes	No	Yes	No
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Total					<u></u>	<u>. </u>	\$				1000 450	V-0550016			
Part III Grants or As	sistance	Ben	efiting Inter	este	l Per	sons				, toodertoo		s sections		- 1000000000000000000000000000000000000	
2004 (Con-1000 CON)			-												
		т				Τ			(d) Type	of		(e) Purp	ose of	F
(,		1	interested pers	on an			assistance					·	assista	ance	
			the organiza	ation											
(a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Description of transaction (d) Description of transaction (e) Description of transaction (f) Description of transaction (g) Description of transaction of tra															
(a) Name of disqualified person person and organization (b) Description of transaction person and organization (c) Description of transaction (c) Description of transaction (d) Reserve the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization (a) Name of ithe organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990-Part X, line 5, 6, or 22. (a) Name of interested person with organization (c) Purpose of loan form the organization principal amount (f) Balance due (g) In default? Yes No Yes No Yes No Yes IN (g) Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization assistance assistance (e) Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization assistance assistance assistance (e) Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization assistance ass															
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SEE PART V FOR CONTINUATIONS

 $\label{eq:LHA} \textbf{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$

Schedule L (Form 990) 2022

Schedule L (Form 990) 2022

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ODCANTERD COMMUNITARY ACREON DEOCESAM TATO Employer identification number 63-0517976

ORGANIZED COMMUNITY ACTION PROGRAM, INC. 63-6317976
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ADMINISTERING FEDERAL, STATE, AND LOCAL WELFARE PROGRAMS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAM EXPENSES
EXPENSES \$ 1,596,762. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FISCAL OFFICER REVIEWS THE 990 UPON RECEIPT. THE 990 IS REVIEWED BY THE
FINANCE COMMITTEE. ONCE APPROVED BY THE FINANCE COMMITTEE, THE 990 IS
MAILED TO THE BOARD OF DIRECTORS FOR REVIEW. A MEMO IS SENT WITH THE 990
WITH A DEADLINE DATE FOR QUESTIONS SO THE 990 WILL BE FILED TIMELY. THE
RETURN IS APPROVED AT THE NEXT SCHEDULED BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 12C:
FISCAL DEPARTMENT THROUGH VENDOR AND INVOICE REVIEW. CONFLICT OF INTEREST
IS TRAINED ON ANNUALLY, VENDOR LIST WITH DISCLOSURE FORMS ARE PRESENTED
DURING THIS TRAINING. BOARD AND EMPLOYEE CONFLICTS ARE MONITORED IN HR FOR
EMPLOYMENT PRACTICES, BY THE EXECUTIVE DIRECTOR IN BOARD REPLACEMENT
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE DIRECTOR IS HIRED BASED ON THE AGENCY COMPENSATION PLAN
SCALE. ALL EMPLOYEES ARE HIRED BASED ON THE AGENCY COMPENSATION PLAN.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE UPLOADED ONTO THE AGENCY WEB SITE, INCLUDED IN THE ANNUAL
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Schedule O	(Form 99	90) 202	22								 		Pag	je 2
Name of the				ZED	COMMUN	ITY .	ACTION	1 PROC	GRAM,	INC.	Employe 63-	r identifica -05179	tion numb 76	er —
REPORT	AND	AVA	ILABLE	ON	GUIDES:	rar.								
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, Ilne 33, 34, 35b, 36, or 37.

Attach to Form 990.

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Tressury Internal Revenue Service

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

Name of the organization ORGANIZED COME	MUNITY ACTION PROG	RAM, INC.				nployer identific 63-05179		mber
Pert I Identification of Disregarded Entities. Comple	ete if the organization answered "Ye	es" on Form 990, Part IV, line 33	i.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) r Total inco	(e) me End-of-year	assets	Direct c	(f) ontrolling ntity]
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							

Part II I Identification of Related Tax-Exempt Organiz organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990	I, Part IV, line 34, l	pecause it had one	or more	related tax-exer	npt 	
(a) Name, address, and EIN of related organization	(b) Primary activity	(o) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity	contr	g) 512(b)(13) rolled ity?
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	:	501 (o)(3))			Yes	No
	1	1	1	1	l .		1	1

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

Schedule R (Form 990) 2022

232161 09-14-22 LHA

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(i)	(k)
Name, address, and EiN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate Boas?	amount in box	managi partner	
		country)	1	sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	•
JUBILEE, LTD 45-2520103											
730 NORTH DEAN ROAD, SUITE 200	1		JUBILEE GP II,								
~	RENTAL	AL	INC.	RELATED	-37,	667,		х	N/A	x	.06%
WOODMERE, LTD - 63-1209160]						ŀ				
507 THREE NOTCH STREET]										
TROY, AL 36081	RENTAL	AL		RELATED	-4.	68.	├	<u>x</u>	N/A	X	,01%
WESTGATE, LTD, - 63-1232412	-										
507 THREE NOTCH STREET	-		WESTGATE								
	RENTAL	AL	PARTNERS, INC.	RELATED	-2.	97,		x	N/A	х	,01%
GRADY'S WALK, LTD -											
26-2878104, 730 NORTH DEAN	1										
ROAD, SUITE 200, AUBURN, AL	1		GRADY'S WALK						1	1 1	
36830	RENTAL	AL	GP I, INC	RELATED	-11.	2,763.		х	N/A_	Х	.05%

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.

Primary activity		(d)	(e)	(1)	(g)	(h)	Sec	i) tion
i mouly activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(I contr ent	h)(13) rolled tity?
	Country						Yes	No
1								
RENTAL	AL		C CORP	-11.	1,834,	100%		х
	1							
1								
RENTAL	AL		C CORP	-25.	91,004.	100%		Х
							i	
1								
HOUSING DEVELOPMENT	AL		C CORP	0.	. 0.	100%		X
]								ļ
RENTAL	AL		C CORP	-2.	28,531.	100%		X
1								
RENTAL	AL		C CORP	-15.	100,338.	100%		X
_	RENTAL HOUSING DEVELOPMENT RENTAL	RENTAL AL RENTAL AL HOUSING DEVELOPMENT AL RENTAL AL	RENTAL AL RENTAL AL HOUSING DEVELOPMENT AL RENTAL AL	rental AL C corp HOUSING DEVELOPMENT AL C CORP RENTAL AL C CORP	rental AL C corp -11. RENTAL AL C CORP -25. HOUSING DEVELOPMENT AL C CORP 0.		Control Cont	Company Comp

232162 09-14-22

Schedule R (Form 990) 2022

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (slate or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop ate allo	portion- cations?	Code V-UBI amount in box 20 of Schedule	Generai managir partner	Percentage ownership
		foreign country)		sections 512-514)		### ##################################	Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
PHE VERANDA, LTD - 20-3102228											
730 NORTH DEAN ROAD, SUITE 200			VERANDA	 							
AUBURN, AL 36830	RENTAL		PARTNERS, INC	RELATED	-15.	2,829,		x	N/A	х	.09%
			ORGANIZED								
THE HEATHERTON, LTD -			COMMUNITY								
72-1359896, 507 THREE NOTCH	1		ACTION								
STREET, TROY, AL 36081	RENTAL	AL	PROGRAM, INC	RELATED	2,	102.		X	N/A	X	,109
TROY HOUSING PARTNERS, LTD -			organized							П	
63-1104514, 730 NORTH DEAN	1		COMMUNITY						:		
ROAD, SUITE 200, AUBURN, AL	1		ACTION								
36830	RENTAL	AL	PROGRAM, INC	RELATED	-130.	4,035,	L	X	N/A	Х	5,009

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Pari	Transactions With Related Organizations. Complete if the organization ans	wered "Yes" on Forn	n 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?								
а	sceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
	Gift, grant, or capital contribution from related organization(s)								
	I Loans or loan guarantees to or for related organization(s)								
	Loans or loan guarantees by related organization(s)								
f	f Dividends from related organization(s)								
g	g Sale of assets to related organization(s)								
h	Purchase of assets from related organization(s)				1h		Х		
i	Exchange of assets with related organization(s)				1i		Х		
i	Lease of facilities, equipment, or other assets to related organization(s)				11		Х		
•	. , , ,		***************************************		59.4070				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
1	Performance of services or membership or fundraising solicitations for related organizations						Х		
m	Performance of services or membership or fundraising solicitations by related organ						Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
		Sharing of paid employees with related organization(s)							
	2 , , ,						A50771000		
р	Reimbursement paid to related organization(s) for expenses				1p		Х		
	Reimbursement paid by related organization(s) for expenses				1q	l	Х		
•	, , , , , , , , , , , , , , , , , , , ,				58.2023		200 AZ		
ř	Other transfer of cash or property to related organization(s)				1r		Х		
	Other transfer of cash or property from related organization(s)				18		X		
	If the answer to any of the above is "Yes," see the instructions for information on w								
	(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount in	nvolved				
<u>(1)</u>									
<u>(2)</u>	000000000000000000000000000000000000								
(3)									
(4)									
<u>(5)</u>									
(6)	5 09-14-22			Schedul	e R (For	m 990	2022		

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 Ate partner 501(c org: Yes	No	(f) Share of total income	(g) Share of end-of-year assets	(i Dispi tio alloca Yes	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1085)	Gene mana parti Yes	ral or aging ner?	(k) Percentage ownership
				-									
				-									
								:					

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 ORGANIZED COMMUNITY ACTION PROGRAM, INC. 63-0517976 Page 5
Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:
NAME OF RELATED ORGANIZATION:
THE HEATHERTON, LTD
DIRECT CONTROLLING ENTITY: ORGANIZED COMMUNITY ACTION PROGRAM, INC
NAME OF RELATED ORGANIZATION:
TROY HOUSING PARTNERS, LTD
DIRECT CONTROLLING ENTITY: ORGANIZED COMMUNITY ACTION PROGRAM, INC