Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 7/01 , 2023, and ending 6/30 , 20 2024

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

C
ACTION IN COMMUNITY THROUGH SERVICE OF
PRINCE WILLIAM
P O BOX 74
DUMFRIES, VA 22026

D Employer identification number
54-0897679

E Telephone number
(703) 441-8606

G Gross receipts $ 6,455,617.

F Name and address of principal officer: ADIL KHAN
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

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

J Website: WWW.ACTSPWC.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **L** Year of formation: 1971 **M** State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: ACTS FOSTERS HOPE, PROVIDES RELIEF, AND PROMOTES SELF-SUFFICIENCY FOR OUR PRINCE WILLIAM AREA NEIGHBORS IN CRISIS.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	**5**	109
6	Total number of volunteers (estimate if necessary)	**6**	772
7a	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	**7b**	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,281,244.	6,143,023.
9	Program service revenue (Part VIII, line 2g)	15,115.	7,800.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,366.	24,984.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-28,516.	-52,582.
12	Total revenue ' add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,272,209.	6,123,225.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,826,155.	2,784,285.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,258,097.	3,476,911.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) 93,790.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,144,327.	1,042,348.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,228,579.	7,303,544.
19	Revenue less expenses. Subtract line 18 from line 12	43,630.	-1,180,319.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	7,371,183.	5,880,087.
21	Total liabilities (Part X, line 26)	2,561,919.	2,251,142.
22	Net assets or fund balances. Subtract line 21 from line 20	4,809,264.	3,628,945.

Part II Signature Block

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

Sign Here

Signature of officer — Date

DR STANLEY JONES, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARK R FRYE, CPA				P00946535

Firm's name: FRYE & COMPANY, CPAS
Firm's address: 9161 LIBERIA AVE, STE 304, MANASSAS, VA 20110
Firm's EIN: 45-4199441
Phone no.: (703) 257-0660

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ACTS FOSTERS HOPE, PROVIDES RELIEF, AND PROMOTES SELF-SUFFICIENCY FOR OUR PRINCE WILLIAM AREA NEIGHBORS IN CRISIS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . Yes [ ] No [X]

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . Yes [ ] No [X]

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

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

4a (Code:) (Expenses $ 3,081,880. including grants of $) (Revenue $)

SEE SCHEDULE O

4b (Code:) (Expenses $ 2,747,161. including grants of $) (Revenue $)

SEE SCHEDULE O

4c (Code:) (Expenses $ 364,961. including grants of $) (Revenue $)

SEE SCHEDULE O

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

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 6,194,002.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	**1**	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	**2**	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	**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**		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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 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, 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 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? *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 or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	**10**	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	**11a**	X	
b	Did the organization report an amount for investments ' other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	**11b**		X
c	Did the organization report an amount for investments ' program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	**11c**		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	**11d**		X
e	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	**11f**	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	**12a**	X	
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**		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	**14a**		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	**15**		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**		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*. See instructions	**17**		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	**18**	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	**19**		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		X
b	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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		X

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	**1a**	125		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 109			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O.*	**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**		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
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**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
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**		X
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 to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O.*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	**1a**	15		
b	Enter the number of voting members included on line 1a, above, who are independent	**1b**	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	**3**			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**			X
6	Did the organization have members or stockholders?	**6**			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	**8a**		X	
b	Each committee with authority to act on behalf of the governing body?	**8b**		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	**9**			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

THE ORGANIZATION 3900 ACTS LANE DUMFRIES VA 22026 (703) 441-8606

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

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

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

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

? List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

? List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

? List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.

? List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.

? List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VICENTE GARCIA-GRANDA	40									
CHIEF FINANCIAL OFFICER	0				X			124,008.	0.	0.
(2) DR STANLEY JONES	40									
CEO	0	X		X				45,265.	0.	0.
(3) ADIL KHAN	4									
PRESIDENT	0	X		X				0.	0.	0.
(4) EARNIE PORTA	4									
VICE PRESIDENT	0	X		X				0.	0.	0.
(5) KEN IKEDA	2									
TREASURER	0	X						0.	0.	0.
(6) MOLLY LYNCH	4									
SECRETARY	0	X		X				0.	0.	0.
(7) CHARLOTTE WILLIAMS	2									
BOARD MEMBER	0	X						0.	0.	0.
(8) JOHN WALVIUS	2									
BOARD MEMBER	0	X						0.	0.	0.
(9) KIM STEWART	2									
BOARD MEMBER	0	X						0.	0.	0.
(10) KAREN SMITH	2									
BOARD MEMBER	0	X						0.	0.	0.
(11) ROB MOUW	2									
BOARD MEMBER	0	X						0.	0.	0.
(12) MARTY NOHE	2									
BOARD MEMBER	0	X						0.	0.	0.
(13) JT CARRADICE	2									
BOARD MEMBER	0	X						0.	0.	0.
(14) TEMESGEN FISSEHAYE	2									
BOARD MEMBER	0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) AMELIA MAY	4									
PAST PRESIDENT	0	X		X				0.	0.	0.
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								169,273.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								169,273.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 1

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a	43,121.				
	b Membership dues	1b					
	c Fundraising events	1c	104,355.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,410,888.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,584,659.				
	g Noncash contributions included in lines 1a-1f	1g	1,616,391.				
	h **Total.** Add lines 1a-1f			6,143,023.			
Program Service Revenue			**Business Code**				
	2a PROGRAM SERVICE FEE		900099	7,800.	7,800.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			7,800.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			24,984.			24,984.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ 104,355. of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a	261,280.				
	b Less: cost of goods sold	10b	332,392.				
	c Net income or (loss) from sales of inventory			-71,112.	-71,112.		
Miscellaneous Revenue			**Business Code**				
	11a OTHER INCOME		900099	18,530.	18,530.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			18,530.			
	12 **Total revenue.** See instructions			6,123,225.	-44,782.	0.	24,984.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,784,285.	2,784,285.		
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	169,273.	123,908.	42,149.	3,216.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	2,866,768.	2,099,309.	713,572.	53,887.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,798.	40,441.	15,112.	1,245.
9 Other employee benefits	151,763.	131,327.	19,893.	543.
10 Payroll taxes	232,309.	169,370.	58,576.	4,363.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	123,392.	83,104.	37,635.	2,653.
12 Advertising and promotion				
13 Office expenses	20,491.	15,623.	4,572.	296.
14 Information technology				
15 Royalties				
16 Occupancy	304,628.	261,743.	39,327.	3,558.
17 Travel	8,742.	6,791.	1,869.	82.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	62,708.	57,768.	4,910.	30.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	204,153.	177,097.	26,383.	673.
23 Insurance	68,133.	56,951.	9,856.	1,326.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a REPAIR & MAINTENANCE	73,300.	51,869.	19,781.	1,650.
b SUPPLIES & MATERIALS	58,278.	58,179.	67.	32.
c POSTAGE AND SHIPPING	54,703.	42,842.	9,690.	2,171.
d BANK & CREDIT CARD FEES	22,962.	14,177.	8,565.	220.
e All other expenses	40,858.	19,218.	3,795.	17,845.
25 **Total functional expenses.** Add lines 1 through 24e	7,303,544.	6,194,002.	1,015,752.	93,790.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash ' non-interest-bearing	860,133.	1	532,889.
	2	Savings and temporary cash investments	203,222.	2	13,631.
	3	Pledges and grants receivable, net	596,323.	3	260,940.
	4	Accounts receivable, net	89,488.	4	87,767.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	135,553.	7	87,914.
	8	Inventories for sale or use	921,233.	8	242,019.
	9	Prepaid expenses and deferred charges	13,130.	9	21,491.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 7,048,168.			
	b	Less: accumulated depreciation — 10b: 2,528,584.	4,513,820.	10c	4,519,584.
	11	Investments ' publicly traded securities		11	
	12	Investments ' other securities. See Part IV, line 11		12	
	13	Investments ' program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	38,281.	15	113,852.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	7,371,183.	16	5,880,087.
Liabilities	17	Accounts payable and accrued expenses	145,054.	17	175,668.
	18	Grants payable		18	
	19	Deferred revenue	409,875.	19	26,277.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	3,340.	21	3,340.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,962,858.	23	1,910,550.
	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	40,792.	25	135,307.
	26	**Total liabilities.** Add lines 17 through 25	2,561,919.	26	2,251,142.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	4,705,973.	27	3,575,687.
	28	Net assets with donor restrictions	103,291.	28	53,258.
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	4,809,264.	32	3,628,945.
	33	Total liabilities and net assets/fund balances	7,371,183.	33	5,880,087.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,123,225.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,303,544.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,180,319.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,809,264.
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	3,628,945.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ 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 audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	Employer identification number
ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM	54-0897679

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,268,594.	29370463.	7,655,960.	7,281,244.	6,143,023.	58,719,284.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	8,268,594.	29370463.	7,655,960.	7,281,244.	6,143,023.	58,719,284.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 **Public support.** Subtract line 5 from line 4						58,719,284.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	8,268,594.	29370463.	7,655,960.	7,281,244.	6,143,023.	58,719,284.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	286.	1,750.	6,410.	5,712.	24,984.	39,142.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	1,322.	7,500.	51,902.	7,600.	18,530.	86,854.
11 **Total support.** Add lines 7 through 10						58,845,280.

12 Gross receipts from related activities, etc. (see instructions) **12** 0.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	**14**	99.79 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	**15**	99.86 %

16a **33-1/3% support test ' 2023.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33-1/3% support test ' 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test ' 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test ' 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests ' 2023.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33-1/3% support tests ' 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer 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.*		
5a	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?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*		
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.)*		

Part IV **Supporting Organizations** *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions).***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

		Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**	
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.***	**3a**	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	**3b**	

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

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

Section A ' Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	**1**		
2	Recoveries of prior-year distributions	**2**		
3	Other gross income (see instructions)	**3**		
4	Add lines 1 through 3.	**4**		
5	Depreciation and depletion	**5**		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7	Other expenses (see instructions)	**7**		
8	**Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B ' Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	**1a**		
b	Average monthly cash balances	**1b**		
c	Fair market value of other non-exempt-use assets	**1c**		
d	**Total** (add lines 1a, 1b, and 1c)	**1d**		
e	**Discount** claimed for blockage or other factors *(explain in detail in **Part VI**)*:			
2	Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3	Subtract line 2 from line 1d.	**3**		
4	Cash deemed held for exempt use. Enter 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**		

Section 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-functionally integrated Type III supporting organization (see instructions).

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

Section D ' Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required ' *provide details in* ***Part VI***)	**5**	
6 Other distributions (describe in **Part VI**). See instructions.	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	**8**	
9 Distributable amount for 2023 from Section C, line 6	**9**	
10 Line 8 amount divided by line 9 amount	**10**	

Section E ' Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable Amount for 2023**
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required ' *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2023	2022	2021	2020	2019
	$ 18,530.	$ 7,600.	$ 51,902.	$ 7,500.	$ 1,322.
TOTAL	$ 18,530.	$ 7,600.	$ 51,902.	$ 7,500.	$ 1,322.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM

Employer identification number

54-0897679

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included on line 2a	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X $

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

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

b Assets included in Form 990, Part X $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	0.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,398.	13,391.	13,384.	13,365.	13,298.
b Contributions					
c Net investment earnings, gains, and losses	7.	7.	7.	19.	67.
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	13,405.	13,398.	13,391.	13,384.	13,365.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ____ %
- b Permanent endowment ____ %
- c Term endowment ____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		X
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,239,099.		1,239,099.
b Buildings		5,116,398.	1,995,651.	3,120,747.
c Leasehold improvements				
d Equipment		191,187.	162,547.	28,640.
e Other		501,484.	370,386.	131,098.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				4,519,584.

Part VII Investments ' Other Securities

N/A

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

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

Part VIII Investments ' Program Related

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, line 13, column (B))*		

Part IX Other Assets

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, line 15, column (B))*	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	135,307.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, line 25, column (B))*	135,307.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	6,148,625.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	25,400.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	25,400.
3	Subtract line **2e** from line **1**			3	6,123,225.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	6,123,225.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	7,328,944.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	25,400.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	25,400.
3	Subtract line **2e** from line **1**			3	7,303,544.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	7,303,544.

Part XIII Supplemental Information

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

PART X - FASB ASC 740 FOOTNOTE

ALTHOUGH THE ORGANIZATION HAS NOT RECEIVED ANY NOTICE OF INTENT TO EXAMINE ITS TAX RETURNS, THE ORGANIZATION'S TAX RETURNS REMAIN SUBJECT TO EXAMINATION OR REVIEW BY TAX AUTHORITIES PURSUANT TO VARIOUS STATUTES OF LIMITATIONS. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND TO RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN UNCERTAIN TAX POSITIONS THAT WOULD MORE LIKELY THAN NOT BE SUSTAINED UPON EXAMINATION. MANAGEMENT IS UNAWARE OF ANY SIGNIFICANT

Part XIII Supplemental Information *(continued)*

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

UNCERTAIN TAX POSITIONS ARISING DURING THE FISCAL YEAR THAT ARE MORE LIKELY THAN NOT TO BE SUSTAINED SHOULD THE ORGANIZATION'S TAX RETURNS BE SUBJECT TO EXAMINATION. ACCORDINGLY, THE ORGANIZATION ALSO DID NOT INCUR OR ACCRUE ANY PENALTIES OR INTEREST ASSOCIATED WITH UNCERTAIN TAX POSITIONS DURING THE FISCAL YEAR.

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM

Employer identification number: 54-0897679

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of non-government grants
- **f** [X] Solicitation of government grants
- **g** [X] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ..... [ ] **Yes** [X] **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in column **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

VA

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 IWALK FOR ACTS (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
Revenue	1 Gross receipts	104,355.			104,355.
	2 Less: Contributions	104,355.			104,355.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM

Employer identification number: 54-0897679

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0

3 Enter total number of other organizations listed in the line 1 table 0

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	FOOD PANTRY	10,880	8,653.	1,953,999.	AVERAGE WHOLESALE VALUE	FOOD & SUPPLIES
2	THRIFT STORE VOUCHERS	100	1,686.		ESTIMATED FAIR VALUE	VOUCHERS FOR CLOTHING & HOUSEHOLD
3	HOUSING ASSISTANCE	279	678,879.		CASH ASSISTANCE	RENT & SECURITY DEPOSIT ASSISTANCE
4	EMERGENCY ASSISTANCE	207	131,854.	9,214.	CASH ASSISTANCE	UTILITIES & LIFE SKILLS ASSISTANCE
5						
6						
7						

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM

Employer identification number: 54-0897679

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art ' Works of art				
2	Art ' Historical treasures				
3	Art ' Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		261,140.	EST FAIR VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities ' Publicly traded				
10	Securities ' Closely held stock				
11	Securities ' Partnership, LLC, or trust interests				
12	Securities ' Miscellaneous				
13	Qualified conservation contribution ' Historic structures				
14	Qualified conservation contribution ' Other				
15	Real estate ' Residential				
16	Real estate ' Commercial				
17	Real estate ' Other				
18	Collectibles				
19	Food inventory	X		1,355,251.	EST FAIR VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (_____)				
26	Other (_____)				
27	Other (_____)				
28	Other (_____)				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Name of the organization: ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM

Employer identification number: 54-0897679

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

HUMAN SERVICES - ACTS PROVIDED FOOD ASSISTANCE TO 10,880 HOUSEHOLDS, DISTRIBUTING 630,066 POUNDS OF FOOD OR 484,215 MEALS TO NEEDY INDIVIDUALS AND FAMILIES. COLLECTIVELY, THE HUNGER PREVENTION CENTER SERVED 41,591 ADULT CLIENTS AND 17,555 CHILDREN. THIS PROGRAM IS CRUCIAL IN ALLEVIATING HUNGER AND FOOD INSECURITY AMONG VULNERABLE POPULATIONS, CONTRIBUTING SIGNIFICANTLY TO THE ORGANIZATION’S MISSION OF PROVIDING RELIEF AND SUPPORT.

ACTS ASSISTED 207 HOUSEHOLDS AND FAMILIES DURING THE AUDIT PERIOD, WITH 179 BEING FIRST-TIME AID RECIPIENTS. THE ORGANIZATION PAID UTILITY BILLS AMOUNTING TO $85,531, ENSURING THAT FAMILIES COULD MAINTAIN ESSENTIAL SERVICES DURING TIMES OF CRISIS. THIS PROGRAM ALIGNS WITH ACTS' MISSION OF PROVIDING IMMEDIATE RELIEF TO THOSE FACING FINANCIAL HARDSHIPS AND EMERGENCIES.

ACTS'S HOUSING SERVICES SHELTERED 149 INDIVIDUALS AND 94 HOUSEHOLDS DURING FY24. THE RAPID REHOUSING PROGRAM SUCCESSFULLY TRANSITIONED 36 HOUSEHOLDS TO PERMANENT HOUSING, AND THE AFFORDABLE HOUSING PROGRAM SERVED TWO HOUSEHOLDS IN ACTS TOWNHOMES. THIS HIGHLIGHTS THE ORGANIZATION'S EFFORTS TO PROMOTE SELF-SUFFICIENCY AND LONG-TERM STABILITY FOR INDIVIDUALS EXPERIENCING HOMELESSNESS OR HOUSING INSECURITY.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

TRAUMA SERVICES - ACTS' DOMESTIC VIOLENCE MADE A PROFOUND IMPACT ON THE COMMUNITY, SERVING 3,555 CLIENTS AND REACHING OUT TO 2,847 COMMUNITY MEMBERS WITH COMMUNITY EDUCATION AND TRAINING SESSIONS. THE DOMESTIC VIOLENCE COURT ADVOCATE TEAM ACCOMPANIED 1,323 CLIENTS TO COURT PROCEEDINGS AND PROVIDED SHELTER TO 116 HOUSEHOLDS AFFECTED BY DOMESTIC VIOLENCE. ADDITIONALLY, THE STAFF AND VOLUNTEERS SPECIFICALLY TRAINED TO OFFER SUPPORT, PROVIDE INFORMATION, AND ASSIST CLIENTS IN

Name of the organization	Employer identification number
ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM	54-0897679

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

EMINENT DANGER CONDUCTED 444 LETHALITY ASSESSMENT PROGRAM CALLS IN COOPERATION WITH LOCAL LAW ENFORCEMENT. ACTS' DOMESTIC VIOLENCE MADE A PROFOUND IMPACT ON THE COMMUNITY, SERVING 3,555 CLIENTS AND REACHING OUT TO 2,847 COMMUNITY MEMBERS WITH COMMUNITY EDUCATION AND TRAINING SESSIONS. THE DOMESTIC VIOLENCE COURT ADVOCATE TEAM ACCOMPANIED 1,323 CLIENTS TO COURT PROCEEDINGS AND PROVIDED SHELTER TO 116 HOUSEHOLDS AFFECTED BY DOMESTIC VIOLENCE. ADDITIONALLY, THE STAFF AND VOLUNTEERS SPECIFICALLY TRAINED TO OFFER SUPPORT, PROVIDE INFORMATION, AND ASSIST CLIENTS IN EMINENT DANGER CONDUCTED 444 LETHALITY ASSESSMENT PROGRAM CALLS IN COOPERATION WITH LOCAL LAW ENFORCEMENT.

ACTS ASSISTED 207 HOUSEHOLDS AND FAMILIES DURING THE AUDIT PERIOD, WITH 179 BEING FIRST-TIME AID RECIPIENTS. THE ORGANIZATION PAID UTILITY BILLS AMOUNTING TO $85,531, ENSURING THAT FAMILIES COULD MAINTAIN ESSENTIAL SERVICES DURING TIMES OF CRISIS. THIS PROGRAM ALIGNS WITH ACTS' MISSION OF PROVIDING IMMEDIATE RELIEF TO THOSE FACING FINANCIAL HARDSHIPS AND EMERGENCIES.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

THRIFT STORE - ACTS PROVIDED FOOD ASSISTANCE TO 10,880 HOUSEHOLDS, DISTRIBUTING 630,066 POUNDS OF FOOD OR 484,215 MEALS TO NEEDY INDIVIDUALS AND FAMILIES. COLLECTIVELY, THE HUNGER PREVENTION CENTER SERVED 41,591 ADULT CLIENTS AND 17,555 CHILDREN. THIS PROGRAM IS CRUCIAL IN ALLEVIATING HUNGER AND FOOD INSECURITY AMONG VULNERABLE POPULATIONS, CONTRIBUTING SIGNIFICANTLY TO THE ORGANIZATION’S MISSION OF PROVIDING RELIEF AND SUPPORT.

ACTS PROVIDED FOOD ASSISTANCE TO 10,880 HOUSEHOLDS, DISTRIBUTING 630,066 POUNDS OF FOOD OR 484,215 MEALS TO NEEDY INDIVIDUALS AND FAMILIES. COLLECTIVELY, THE HUNGER PREVENTION CENTER SERVED 41,591 ADULT CLIENTS AND 17,555 CHILDREN. THIS PROGRAM IS

Name of the organization	Employer identification number
ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM	54-0897679

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

CRUCIAL IN ALLEVIATING HUNGER AND FOOD INSECURITY AMONG VULNERABLE POPULATIONS, CONTRIBUTING SIGNIFICANTLY TO THE ORGANIZATION'S MISSION OF PROVIDING RELIEF AND SUPPORT.

THE THRIFT STORE CONDUCTED MORE THAN 14,000 TRANSACTIONS DURING FY24, WHICH RESULTED IN MORE THAN $250,000 IN SALES REVENUE SUPPORTING ACTS PROGRAMS AND SERVICES.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FINANCE AND/OR AUDIT COMMITTEE REVIEWS THE DRAFT 990 PRIOR TO SUBMISSION.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS ARE REQUIRED TO CERTIFY THE CONFLICT OF INTEREST, CONFIDENTIALITY, AND RESPONSIBILITY POLICY ANNUALLY PURSUANT TO THEIR AGREEMENT TO SERVE ON THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD OF DIRECTORS OR DULY APPOINTED COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER (CEO)ANNUALLY DURING THE BUDGET FORMULATION AND ADOPTION. THE INDIVIDUAL EMPLOYEE'S QUALIFICATION, EDUCATION, BACKGROUND, TENURE WITH THE ORGANIZATION, AND OTHER PERFORMANCE FACTORS ARE CONSIDERED WHEN ESTABLISHING COMPENSATION AND BENEFITS. ADDITIONALLY THE BOARD OR DULY APPOINTED COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS COMPARABLE DATA FROM PUBLICLY AVAILABLE FORMS 990, GOVERNMENT PAY SCALES, AND OTHER INFORMATION WHEN ESTABLISHING COMPENSATION AND BENEFITS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE BOARD OF DIRECTORS OR DULY APPOINTED COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES ANNUALLY DURING THE BUDGET FORMULATION AND ADOPTION. THE INDIVIDUAL EMPLOYEE'S QUALIFICATION, EDUCATION, BACKGROUND, TENURE WITH THE ORGANIZATION, AND OTHER PERFORMANCE FACTORS

Name of the organization ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM

Employer identification number 54-0897679

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES (C

ARE CONSIDERED WHEN ESTABLISHING COMPENSATION AND BENEFITS. ADDITIONALLY THE BOARD OR DULY APPOINTED COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS COMPARABLE DATA FROM PUBLICLY AVAILABLE FORMS 990, GOVERNMENT PAY SCALES, AND OTHER INFORMATION WHEN ESTABLISHING COMPENSATION AND BENEFITS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES ITS ORGANIZATIONAL DOCUMENTS, APPLICATION FOR EXEMPTION, IRS DETERMINATION LETTER, AND FORMS 990 READILY AVAILABLE UPON REQUEST. THE ORGANIZATION ALSO POSTS IS FINANCIAL STATEMENTS AND FORMS 990 ONLINE AND VARIOUS WATCHDOG ORGANIZATIONS ALSO OBTAIN FORMS 990 DIRECTLY FROM THE IRS AND MAKES THEM PUBLICLY AVAILABLE, SUCH AS WWW.GUIDESTAR.ORG AND WWW.CHARITYNAVIGATOR.ORG.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM

Employer identification number: 54-0897679

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity? Yes	(g) Sec 512(b)(13) controlled entity? No
(1) NORTHERN VIRGINIA FOOD RESCUE PO BOX 74 DUMFRIES, VA 22026 85-3050369	CHARITABLE ORGANIZATION	VA	501(C)(3)	170(B)(1)(A)(VI)	N/A		X
(2)							
(3)							
(4)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor-tionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	NORTHERN VIRGINIA FOOD RESCUE	D	87,914.	AMORTIZED COST
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM

54-0897679

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179 / BONUS / SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG / BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
AUTO / TRANSPORT EQUIPMENT																
119	2008 GMC SAVANA (97928)	7/25/18		12,386							12,386	12,179	S/L	5		207
121	2006 FORD E450 (59462)	12/21/18		7,349							7,349	6,615	S/L	5		734
131	2013 CHEVY EXPS CARGO 2999	6/24/20		15,782							15,782	9,468	S/L	5		3,156
142	DODGE GRAND CARAVAN	10/31/20		17,975							17,975	8,902	S/L	5		3,595
144	REFRIGERATED VAN HPC (RICKS A	6/21/21		27,149							27,149	10,860	S/L	5		5,430
170	SAVANA CARGO VAN REFRIGERATI	5/11/23		9,280							9,280	309	S/L	5		1,856
	TOTAL AUTO / TRANSPORT EQUIP			89,921		0	0	0	0	0	89,921	48,333				14,978
BUILDINGS																
10	17866 MAIN ST LEASEHOLD	8/25/80		66,000							66,000	66,000	S/L	30		0
11	LOAN FEES	9/01/80		1,500							1,500	1,500	S/L	30		0
12	17866 MAIN ST IMPROVEMENT	12/31/87		3,217							3,217	3,217	S/L	31.5		0
13	17866 MAIN ST BOILER	9/20/95		3,250							3,250	3,250	S/L	15		0
14	17866 MAIN ST ROOF INSUL	10/02/95		6,452							6,452	6,452	S/L	15		0
15	17866 MAIN ST WEATHERIZAT	12/18/95		2,025							2,025	2,025	S/L	15		0
16	17866 MAIN ST HOUSE	4/30/96		76,000							76,000	49,716	S/L	40		1,900
17	17866 MAIN ST PAVING	7/16/97		3,750							3,750	3,750	S/L	15		0
18	17866 MAIN ST SHED	3/17/98		40,755							40,755	40,755	S/L	15		0
19	17866 MAIN ST BATH REMODE	11/27/98		1,230							1,230	1,230	S/L	15		0
20	17866 MAIN ST RENOVATION	8/01/99		3,335							3,335	1,992	S/L	40		83
21	17866 MAIN ST PAVING 2	12/01/99		5,025							5,025	5,025	S/L	15		0
22	17866 MAIN ST SIDING	1/01/01		13,975							13,975	7,859	S/L	40		349
23	17866 MAIN ST CARPET	1/31/02		1,559							1,559	1,559	S/L	7		0

ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM

54-0897679

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179 / BONUS / SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG / BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
24	3900 ACTS LN GATE	6/30/02		648							648	648	S/L	4		0
25	3900 ACTS LN GATE INSTALL	8/01/02		300							300	300	S/L	4		0
26	17866 MAIN ST FLOOR	3/29/03		3,992							3,992	3,992	S/L	7		0
27	17866 MAIN ST SPRINKLER	6/30/03		3,500							3,500	3,500	S/L	7		0
28	8505 ROLLING RD PLUMBING	7/01/04		1,171							1,171	1,171	S/L	15		0
29	17866 MAIN ST OUTDOORSIGN	9/01/04		1,124							1,124	1,124	S/L	7		0
30	17866 MAIN ST PLUMBING	10/31/04		20,000							20,000	20,000	S/L	15		0
31	17866 MAIN ST SPRINKLER	1/20/05		2,179							2,179	2,179	S/L	7		0
32	3900 ACTS LN HEAT PUMP	7/01/05		2,550							2,550	2,550	S/L	4		0
33	17866 MAIN ST WINDOW/DOOR	9/30/05		20,088							20,088	11,888	S/L	30		670
34	17866 MAIN ST HEAT PUMP	6/27/06		2,175							2,175	2,175	S/L	7		0
35	17866 MAIN ST SPRINKLER	9/20/06		3,500							3,500	3,500	S/L	7		0
36	18811 KERILL RD BUILDING	6/01/07		310,782							310,782	135,658	S/L	40		7,770
37	18811 KERILL RD BUILDING2	9/30/07		10,800							10,800	10,800	S/L	15		0
38	17950 DR DAVID CLINE LN	4/30/08		1,200,000							1,200,000	457,500	S/L	40		30,000
39	17866 MAIN ST HEAT PUMP	4/14/10		3,558							3,558	3,558	S/L	7		0
40	15711 BARCELONA COURT	5/01/10		159,772							159,772	52,590	S/L	40		3,994
41	3109 ANTRIM CR HOUSING	6/30/10		141,734							141,734	46,357	S/L	40		3,543
42	3109 ANTRIM CR HOUSING 2	10/30/10		37,913							37,913	12,007	S/L	40		948
43	3661 CANAL ST RENOVATION	1/01/11		3,385							3,385	3,385	S/L	7		0
44	3661 CANAL ST RENOVATION2	11/01/11		18,822							18,822	18,822	S/L	7		0
45	CABINET & FRAMING	11/30/11		3,709							3,709	1,101	S/L	39		95
46	3661 CANAL ST LEASING REN	12/01/11		40,673							40,673	40,673	S/L	7		0
47	17866 MAIN ST FIRE PROTEC	5/31/12		4,500							4,500	1,276	S/L	39		115
48	3900 ACTS LN LOFT RENOV5	6/30/12		6,500							6,500	1,835	S/L	39		167
49	3900 ACTS LN LOFT RENOV1	7/01/12		20,989							20,989	5,919	S/L	39		538
50	3900 ACTS LN LOFT RENOV2	7/01/12		1,295							1,295	364	S/L	39		33

ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM

54-0897679

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
51	EWIT CENTER A/C & HEATER	5/01/13		10,094							10,094	10,094	S/L	7		0
52	3900 ACTS LN A/C & HEATER	6/01/13		6,487							6,487	1,675	S/L	39		166
53	EWIT CENTER RENOV3	7/01/13		174,504							174,504	43,629	S/L	40		4,363
54	FOOD PANTRY BUILDING	3/01/14		96,000							96,000	22,400	S/L	40		2,400
55	FOOD PANTRY BUILDING 2	4/30/14		85,737							85,737	19,645	S/L	40		2,143
56	8505 ROLLING RD BUILDING	5/01/14		353,935							353,935	169,592	S/L	40		8,848
57	3661 CANAL ST PARKING	11/01/15		14,815							14,815	14,815	S/L	4		0
58	FOOD PANTRY BUILDING 3	9/01/16		373,300							373,300	65,409	S/L	39		9,572
60	BATH RENOVATION	6/01/90		1,162							1,162	1,162	S/L	15		0
63	WEST SAFE HOUSE HOUSE	5/05/04		26,590							26,590	26,590	S/L	7		0
72	WEST SAFE HOUSE FURNITURE	6/01/07		10,594							10,594	10,594	S/L	5		0
76	SHED	12/31/10		3,692							3,692	3,692	S/L	5		0
78	SHED #1	4/01/11		3,692							3,692	3,692	S/L	5		0
79	SHED #2	4/01/11		3,692							3,692	3,692	S/L	5		0
86	ADDITIONS IN FY2013	7/01/12		99,490							99,490	99,490	S/L	4		0
103	ENTRANCE DOOR INSTALL	10/18/17		3,697							3,697	1,394	S/L	15		246
104	ROOF REPLACEMENT	6/29/18		16,865							16,865	5,620	S/L	15		1,124
106	WOMEN EMPOWERMENT CENTER	2/20/18		80,565							80,565	11,019	S/L	39		2,066
107	3900 ACTS LANE BUILDING REMAI	12/01/97		305,311							305,311	195,272	S/L	40		7,633
109	CARPET INSTALLATION - HPC	10/05/18		3,829							3,829	2,598	S/L	7		547
110	PARKING LOT PAVING	11/01/18		4,865							4,865	1,512	S/L	15		324
111	ASPAHLT DONATION	11/05/18		5,400							5,400	1,680	S/L	15		360
112	HPC BUILDING	8/15/18		75,517							75,517	9,283	S/L	40		1,888
113	REPLACE HPC PARKING LOT	11/16/18		26,915							26,915	8,223	S/L	15		1,794
114	HOME AID INKIND DONATIONS	5/31/19		23,500							23,500	2,462	S/L	39		603
115	HVAC SYSTEM 15771 BARCELO	6/25/19		7,105							7,105	4,060	S/L	7		1,015
123	17866 MAIN ST W/D REMAINING B	6/30/03		778							778	778	S/L	7		0

ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM

54-0897679

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179 / BONUS / SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG / BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
125	SATELLITE OFFICE BUILDING	3/01/20		324,398							324,398	27,727	S/L	39		8,318
127	THRIFT STORE BUILDING	3/01/20		164,128							164,128	14,027	S/L	39		4,208
128	8505 ROLLING EREQ HVAC	7/26/19		6,566							6,566	3,674	S/L	7		938
129	18811 KERILL RD WATER HEATER	12/20/19		3,038							3,038	1,519	S/L	7		434
130	FSC BUILDING FLOORING (INKIND)	4/30/20		5,705							5,705	2,581	S/L	7		815
137	17866 MAIN ST KITCHEN REMAINI	6/30/10		4,383							4,383	4,383	S/L	7		0
138	DUMSTER, FENCE & GUTTER INS	12/01/20		9,780							9,780	1,684	S/L	15		652
139	WALL OFFICE PARTITION	1/04/21		6,085							6,085	1,015	S/L	15		406
140	INSTALLATION OF LUXURY VINYL	4/01/21		39,495							39,495	5,924	S/L	15		2,633
141	EXTERIOR SIDING REPLACEMENT	6/07/21		17,000							17,000	2,360	S/L	15		1,133
155	ROOFING (ANNEX BUILDING)	9/22/21		6,050							6,050	706	S/L	15		403
156	THRIFT STORE - IMPROVEMENT	10/01/21		10,000							10,000	1,167	S/L	15		667
157	THRIFT STORE - RENOVATION	9/30/21		12,358							12,358	1,442	S/L	15		824
158	DRYWALL	8/22/21		31,625							31,625	3,865	S/L	15		2,108
159	THRIFT STORE - NEW SIGN	8/25/21		4,895							4,895	598	S/L	15		326
160	LUXURY VINYL TILES (BW)	10/01/21		26,025							26,025	3,036	S/L	15		1,735
161	THRIFT STORE RENOVATION (IN-	9/30/21		80,339							80,339	9,373	S/L	15		5,356
162	BW & ANNEX RENOVATION (IN-KIN	8/22/21		10,168							10,168	1,243	S/L	15		678
165	MANASSAS CEILING REPAIR	11/06/22		7,200							7,200	320	S/L	15		480
166	SEWER LINE REPAIR	2/08/23		7,460							7,460	207	S/L	15		497
167	AC & AH INSTALLATION	5/09/23		7,539							7,539	84	S/L	15		503
168	AC & AH INSTALLATION	5/09/23		8,566							8,566	95	S/L	15		571
171	17866 MAIN ST FLOORING AND RE	8/15/23		9,320							9,320		S/L	40		214
172	17866 MAIN ST RENOVATION	7/27/23		6,580							6,580		S/L	40		151
	TOTAL BUILDINGS			4,880,566		0	0	0	0	0	4,880,566	1,866,304				129,347

ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM

54-0897679

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179 / BONUS / SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG / BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FURNITURE AND FIXTURES																
92	WEST SAFE HOUSE FURNITURE	5/05/04		25,102							25,102	25,102	S/L	7		0
93	OFFICE CHAIR BUNDLE	6/30/16		5,360							5,360	5,360	S/L	7		0
94	FILLING CABINETS	10/02/16		3,379							3,379	3,260	S/L	7		119
116	HPC BUILDING	8/15/18		81,946							81,946	57,559	S/L	7		11,707
146	FLAT SCREEN TV	12/01/20		26,821							26,821	9,899	S/L	7		3,832
147	HVAC (DAVID CLINE LANE)	12/18/20		47,789							47,789	17,068	S/L	7		6,827
148	HVAC (3661 CANAL ROAD)	12/18/20		20,144							20,144	7,195	S/L	7		2,878
149	HVAC (3900 ACTS LANE)	12/18/20		30,454							30,454	10,877	S/L	7		4,351
150	HVAC (18811 KERILL RD)	12/18/20		19,485							19,485	6,960	S/L	7		2,784
151	HVAC (3109 ANTRIM CIRCLE)	12/18/20		7,877							7,877	2,813	S/L	7		1,125
152	AIR CONDITIONER	1/01/21		5,825							5,825	2,080	S/L	7		832
153	AIR CONDITIONER	6/30/21		4,473							4,473	1,278	S/L	7		639
163	HPC EQUIPMENT	5/01/22		3,746							3,746	624	S/L	7		535
164	FORKLIFT FOR HPC EQUIPMENT	6/01/22		7,100							7,100	1,099	S/L	7		1,014
173	EK07S WALKIE TALKIE STATION	3/13/24		8,187							8,187		S/L	7		390
	TOTAL FURNITURE AND FIXTURE			297,688		0	0	0	0	0	297,688	151,174				37,033
LAND																
1	BEVERLY WARREN SHLT LAND	12/01/97		23,999							23,999					0
2	3900 ACTS LANE	12/01/97		46,585							46,585					0
3	17950 DR DAVID CLINE LAND	10/23/03		131,844							131,844					0
4	WEST SAFE HOUSE LAND	5/01/04		80,001							80,001					0
5	WEST SAFE HOUSE EXTRA LOT	5/05/04		68,170							68,170					0
6	15771 BARCELONA COURT	5/05/10		70,600							70,600					0

ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM

54-0897679

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179 / BONUS / SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG / BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
7	ANTRIM CIRCLE	6/24/10		46,300							46,300					0
8	17690 MAIN ST	3/05/14		144,000							144,000					0
9	17958 DR DAVID CLINE LAND	9/13/16		77,700							77,700					0
108	18811 KERILL RD LAND	6/28/19		38,600							38,600					0
124	SATELLITE OFFICE LAND	3/01/20		267,000							267,000					0
126	THRIFT STORE LAND	3/01/20		244,300							244,300					0
	TOTAL LAND			1,239,099		0	0	0	0	0	1,239,099	0				0
	MACHINERY AND EQUIPMENT															
61	HEAT PUMP	3/03/03		359							359	359	S/L	7		0
62	HEAT PUMP	3/03/03		455							455	455	S/L	7		0
64	HEAT PUMP	11/21/05		945							945	945	S/L	7		0
65	HEAT PUMP	11/21/05		1,428							1,428	1,428	S/L	7		0
66	HEAT PUMP	11/21/05		1,197							1,197	1,197	S/L	7		0
67	HEAT PUMP	6/27/06		2,175							2,175	2,175	S/L	7		0
68	ALARM SYSTEM	9/20/06		167							167	167	S/L	7		0
69	ALARM SYSTEM	9/20/06		144							144	144	S/L	7		0
70	ALARM SYSTEM	9/20/06		413							413	413	S/L	7		0
71	ALARM SYSTEM	9/20/06		212							212	212	S/L	7		0
73	FOOD PANTRY FREEZER	7/01/09		1,134							1,134	1,134	S/L	7		0
74	FOOD PANTRY HEAT PUMP	3/30/10		5,452							5,452	5,452	S/L	7		0
75	FOOD PANTRY WALK IN FREEZ	4/01/10		15,520							15,520	15,520	S/L	7		0
77	FOOD PANTRY REFRIGERATOR	1/01/11		3,212							3,212	3,212	S/L	7		0
80	FOOD PANTRY FLOOR SCALE	5/31/11		1,137							1,137	1,137	S/L	7		0
81	FOOD PANTRY FLOOR SCALE	8/31/11		1,137							1,137	1,137	S/L	7		0
82	FOOD PANTRY FREEZER	2/01/12		4,130							4,130	4,130	S/L	7		0

ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM

54-0897679

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179 / BONUS / SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG / BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
83	ADVANCE TABCO MS 3010	5/30/12		1,393							1,393	1,393	S/L	7		0
84	FOOD PANTRY TS-72G	5/30/12		5,045							5,045	5,045	S/L	7		0
85	SEXUAL ASSALUT SVCS CABLE	6/30/12		2,270							2,270	2,270	S/L	7		0
87	THRIFT STORE HVAC	11/20/13		6,716							6,716	6,716	S/L	7		0
88	ROOM HEATER	11/30/13		2,823							2,823	2,823	S/L	7		0
89	BOILER	10/19/15		5,156							5,156	4,668	S/L	7		0
90	HEAT PUMP	10/19/15		6,213							6,213	5,624	S/L	7		0
91	MONITORS	6/02/17		3,936							3,936	3,936	S/L	3		0
105	ELECTRIC SCISSOR LIFT	9/15/17		4,500							4,500	3,751	S/L	7		643
117	HEATER/FURNACE	1/28/19		3,745							3,745	2,363	S/L	7		535
133	DV CONFERENCE ROOM	6/30/20		20,252							20,252	20,252	S/L	3		0
	TOTAL MACHINERY AND EQUIPME			101,266		0	0	0	0	0	101,266	98,058				1,178
	MISCELLANEOUS															
154	CONSTRUCTION IN PROGRESS	6/30/23		50,000							50,000		S/L			0
174	CONSTRUCTION IN PROGRESS	8/01/23		185,830							185,830		S/L			0
	TOTAL MISCELLANEOUS			235,830		0	0	0	0	0	235,830	0				0
	SOFTWARE															
95	STRATUS ADVANCE STANDARD	6/01/12		3,750							3,750	3,750	S/L	3		0
96	ABILA (SAGE)	11/28/14		73,880							73,880	73,880	S/L	3		0
97	POINT OF SALE CASH	6/01/16		9,583							9,583	9,583	S/L	3		0
98	TS POWER EDGE SERVER	6/01/16		3,858							3,858	3,858	S/L	3		0
99	I-CAROL PHONE LOG SYSTEM	11/30/16		3,500							3,500	3,500	S/L	3		0
100	MHP MULTIMEDIA WEBSITE	12/01/16		8,200							8,200	8,200	S/L	3		0

ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM

54-0897679

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179 / BONUS / SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG / BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
118	PENELOPE SOFTWARE	9/01/18		26,280							26,280	26,280	S/L	3		0
134	SOFTWARE (MIP REQUISITIONS)	9/03/19		6,294							6,294	6,294	S/L	3		0
136	SOFTWARE (PENELOP DEVELOPM	6/30/20		3,600							3,600	3,600	S/L	3		0
169	PROVISIO PARTNERS PROJECT	7/01/22		64,852							64,852	21,617	S/L	3		21,617
	TOTAL SOFTWARE			203,797		0	0	0	0	0	203,797	160,562				21,617
	TOTAL DEPRECIATION			7,048,167		0	0	0	0	0	7,048,167	2,324,431				204,153
	GRAND TOTAL DEPRECIATION			7,048,167		0	0	0	0	0	7,048,167	2,324,431				204,153