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Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2008

Open to Public Inspection

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. **The organization may have to use a copy of this return to satisfy state reporting requirements.**

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. Please use IRS label or print or type See Specific Instructions.

C Name of organization
CONNECTING CARING COMMUNITIES
Number and street (or P.O. box, if mail is not delivered to street address) **402 CYPRESS**
City or town, state or country, and ZIP + 4 **ABILENE, TX 79601**

D Employer identification number
14-1959607

E Telephone number
325-232-8241

F Group Exemption Number

G Accounting method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: **N/A**

J Organization type (check only one): 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **\$ 788,583.**

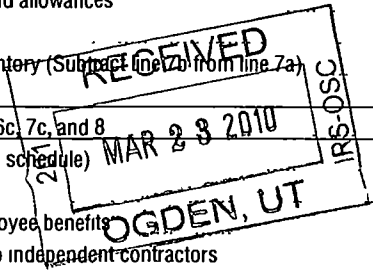
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	762,396.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	3,433.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	22,754.
	6b	Less: direct expenses other than fundraising expenses	6b	4,631.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	18,123.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	783,952.	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 7	10	1,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits OGDEN, UT	12	103,999.
	13	Professional fees and other payments to independent contractors	13	16,193.
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 6	14	10,628.
	15	Printing, publications, postage, and shipping	15	9,109.
	16	Other expenses (describe _____) SEE STATEMENT 1	16	47,717.
	17	Total expenses. Add lines 10 through 16	17	188,646.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	595,306.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	60,088.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	<4,198.>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	651,196.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	7,562.	263,111.
23 Land and buildings	0.	19,260.
24 Other assets (describe _____) SEE STATEMENT 2	53,746.	376,071.
25 Total assets	61,308.	658,442.
26 Total liabilities (describe _____) SEE STATEMENT 3	1,220.	7,246.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	60,088.	651,196.

SCANNED APR 09 2010



Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9 ▶ 39a N/A		
39b	Gross receipts, included on line 9, for public use of club facilities ▶ 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
40b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ NONE		
42a	The books are in care of ▶ CORBY FLANAGAN Telephone no. ▶ 325-677-6251 Located at ▶ P.O. BOX 2993, ABILENE, TX ZIP + 4 ▶ 79604		
42b	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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- | | | Yes | No |
|---|-----|-----|----|
| 46 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 | 46 | | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | X |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | X |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | | |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 ▶		

Sign Here 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.

Signature of officer: *[Signature]* Date: 3/10/10

Type or print name and title: Brad Carter, Executive Director

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 1/7/10

Check if self-employed:

Preparer's Identifying Number (See instr.):

Firm's name (or yours if self-employed), address, and ZIP + 4: CONDLEY AND COMPANY, L.L.P. P. O. BOX 2993 ABILENE, TEXAS 79604-2993

EIN: Phone no. (325) 677-6251

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			34,860.	161,226.	762,396.	958,482.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3			34,860.	161,226.	762,396.	958,482.
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)						290,405.
6 Public Support. Subtract line 5 from line 4.						668,077.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4			34,860.	161,226.	762,396.	958,482.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					3,433.	3,433.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						961,915.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %

16a **33 1/3% support test - 2008.** 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 - 2007.** 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 - 2008.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b **10% -facts-and-circumstances test - 2007.** 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 IV 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 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		TALENT SHOW (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	22,754.		22,754.
	2	Less: Charitable contributions			
	3	Gross revenue (line 1 minus line 2)	22,754.		22,754.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	4,631.		4,631.
	8	Direct expense summary. Add lines 4 through 7 in column (d)			4,631.
	9	Net income summary. Combine lines 3 and 8 in column (d)			18,123.

Part III Gaming. Complete if the organization answered "Yes" to 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 col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a		%
13b		%

14 Provide 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?

15a

- 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:

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?

17a

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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
OTHER EXPENSE		177.	
INSURANCE		903.	
ADVERTISING		653.	
BOOKS, SUBSCRIPTIONS		2,952.	
EQUIP RENTAL & MAINTENANCE		246.	
BOARD MEETING EXPENSE		740.	
STAFF DEVELOPMENT		574.	
MISCELLANEOUS		743.	
PAYROLL TAXES		8,319.	
SUPPLIES		4,128.	
TRAVEL		9,626.	
CONFERENCES, CONVENTIONS, MEETINGS		1,797.	
TELEPHONE		3,398.	
PROPERTY TAX		447.	
FEES AND LICENSES		1,800.	
OUTSIDE COMPUTER SERVICES		2,309.	
PROGRAM EXPENSE		3,466.	
NEIGHBORHOOD EXPENSES		1,647.	
CAPACITY-BUILDING TRAINING		3,792.	
TOTAL TO FORM 990-EZ, LINE 16		47,717.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
GRANTS RECEIVABLE	41,793.	8,522.	
PREPAID EXPENSES	0.	4,719.	
CONTRIBUTIONS RECEIVABLE	0.	329,832.	
CONSTRUCTION IN PROGRESS	0.	18,986.	
OTHER DEPRECIABLE ASSETS	11,953.	14,012.	
TOTAL TO FORM 990-EZ, LINE 24	53,746.	376,071.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PAYROLL LIABILITIES		1,190.	2,399.
UNITED WAY EMPLOYEE CONTRIBUTION		30.	0.
ACCOUNTS PAYABLE		0.	4,847.
TOTAL TO FORM 990-EZ, LINE 26		1,220.	7,246.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION			AMOUNT
PRIOR PERIOD ADJUSTMENT			<4,198.>
TOTAL TO FORM 990-EZ, LINE 20			<4,198.>

FOOTNOTES	STATEMENT	5
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THIS RETURN IS BEING AMENDED TO ACCURATELY REPORT THE OPERATIONS FOR THE YEAR. THE INITIAL RETURN WAS PREPARED AND FILED WITH ESTIMATED NUMBERS BEFORE THE AUDITED FINANCIAL STATEMENTS WERE COMPLETED. THE RETURN IS BEING AMENDED TO REPORT THE OPERATIONS AS ADJUSTED DURING THE FINANCIAL STATEMENT AUDIT.

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	6
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DESCRIPTION	AMOUNT
DEPRECIATION	3,280.
OTHER EXPENSES	7,348.
TOTAL TO FORM 990-EZ, LINE 14	10,628.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	7
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GENERAL SUPPORT FOR OPERATIONS OLD TOWN ABILENE NEIGHBORHOOD ABILENE, TX	NONE	1,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		1,000.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 8

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FRIENDSHIP HOUSES. FRIENDSHIP HOUSES ARE HOMES LOCATED IN VULNERABLE NEIGHBORHOODS WHERE A CONNECTING CARING COMMUNITIES (CCC) STAFF MEMBER LIVES WITH HIS/HER FAMILY. THEIR ROLE IS TO CONNECT NEIGHBORS WITH EACH OTHER AND WITH COMMUNITY AND NEIGHBORHOOD RESOURCES TO WORK TOWARD SOLUTIONS TO THE TOUGHEST NEIGHBORHOOD CHALLENGES AND SERVE AS A PLATFORM OF TRUST BETWEEN NEIGHBORHOODS AND OTHER ENTITIES WITHIN THE CITY.

CCC CURRENTLY OPERATES TWO FRIENDSHIP HOUSES IN NORTH ABILENE. THESE HOMES RUN YEAR-ROUND PROGRAMMING INCLUDING SENIOR ADULT ACTIVITIES, FAMILY ACTIVITIES, MENTORING AND TUTORING, EDUCATIONAL AND RECREATIONAL ACTIVITIES AS WELL AS CONNECTING WITH OTHER RESOURCES.

CCC'S FRIENDSHIP HOUSES ARE SPONSORED THROUGH PARTNERSHIPS WITH LOCAL CORPORATIONS WHO IN 2004-2008 DIRECTLY PAID MOST COSTS ASSOCIATED WITH THE PROGRAM.

HAVEN HOUSE. THIS STRATEGY IS DESIGNED TO RENEW RELATIONSHIPS IN ABILENE BLOCK-BY-BLOCK. EQUIPPED FOR EFFECTIVENESS, RESIDENTS VOLUNTEER TO BUILD STRONG NETWORKS OF RELATIONSHIPS WITHIN NEIGHBORHOODS THAT SPILL OVER INTO WORK, HOBBIES, VOLUNTEERISM, HEALTH AND EVERY ASPECT OF LIFE. THIS CITY-WIDE EFFORT RIPPLES FROM NEIGHBORS ON BLOCKS TO ENTIRE NEIGHBORHOODS AND CREATES RELATIONAL COMMUNITY, A SENSE OF PRIDE AND INCREASED SAFETY.

HAVEN HOUSE LEADERS HAVE BEEN TRAINED IN EVERY ZIP CODE OF ABILENE AND DIRECTLY IMPACT THE HOUSES ON THEIR STREET OR BLOCK REGARDLESS OF THE NEIGHBORHOOD.

CARING TEAM. THE CARING TEAM UNITES INDIVIDUALS, BUSINESSES, ORGANIZATIONS, CONGREGATIONS, CIVIC CLUBS, AND OTHERS TOGETHER AROUND THE VISION AND GOALS OF COMMUNITY RENEWAL. THE CARING TEAM COORDINATES EVENTS FOR PROMOTING THE VISION, BUILDING PARTNERSHIPS AND COLLABORATIONS, AND FORMING NEW RELATIONSHIPS TO BREAK DOWN THE BARRIERS DIVIDING COMMUNITY MEMBERS.

THE CARING TEAM ALSO INCLUDES CCC'S VOLUNTEER IMPACT PROGRAM WHICH WORKS TO CONNECT THE PASSIONS, SKILLS AND INTERESTS OF INDIVIDUALS WITH COMMUNITY NEEDS.

TO REBUILD THE SYSTEM OF CARING RELATIONSHIPS NECESSARY TO RESTORE/MAINTAIN
A SAFE, LOVING, AND NURTURING COMMUNITY.

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 13

DESCRIPTIONGRANTSEXPENSES

NORTH PARK DEVELOPMENT. THIS DEVELOPMENT INCLUDES THE CONSTRUCTION OF FOUR HOMES FOR LOW-TO-MODERATE INCOME FAMILIES (CCC IS A CERTIFIED COMMUNITY HOUSING DEVELOPMENT ORGANIZATION WITH THE CITY OF ABILENE AND THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT). IT ALSO INCLUDES THE DEVELOPMENT OF A NEIGHBORHOOD PARK AND GARDEN, THE CONSTRUCTION OF A NEW FRIENDSHIP HOUSE FOR THE NORTH PARK AREA, AND THE INFRASTRUCTURE DEVELOPMENT AND SALE OF LOTS FOR MIXED INCOME DEVELOPMENT WITHIN THE NEIGHBORHOOD.

THE PROJECT HAS STRONG SUPPORT FROM THE CITY, LOCAL FOUNDATIONS AND ESPECIALLY NEIGHBORS WHO PARTICIPATED IN CHARRETTES TO DESIGN THE PROJECT WHICH WAS THE BASIS FOR ESTABLISHING THE NEIGHBORHOOD PARK AS THE CENTERPIECE OF THE DEVELOPMENT.

	0.	18,986.
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TOTAL TO FORM 990-EZ, LINE 31

	18,986.
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