



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► 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 \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning	, and ending		
B Check if applicable	C Name of organization		D Employer identification number
Address change	Christian Service Centers of Covington County, Inc.		20-3056007
Name change			
Initial return			
Termination			E Telephone number
Amended return			334-222-3840
Application pending			F Group Exemption Number
G Accounting method			
Cash <input checked="" type="checkbox"/> Accrual			
Other (specify) ►			
H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)			
I 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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return			
J Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 290,089			

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

1 Contributions, gifts, grants, and similar amounts received	1125	1
2 Program service revenue including government fees and contracts	Rev. 1	2 289,952
3 Membership dues and assessments	8-11-15	3
4 Investment income		4 137
5a Gross amount from sale of assets other than inventory	5a	5c
b Less, cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here		
a Gross revenue (not including \$ of contributions reported on line 1)	6a	6c
b Less, direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
7a Gross sales of inventory, less returns and allowances	7a	7c
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8 Other revenue (describe ►)		8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9 290,089
10 Grants and similar amounts paid (attach schedule)		10 10,000
11 Benefits paid to or for members		11
12 Salaries, other compensation, and employee benefits		12 72,035
13 Professional fees and other payments to independent contractors		13 1,948
14 Occupancy, rent, utilities, and maintenance		14 73,749
15 Printing, publications, postage, and shipping		15
16 Other expenses (describe ► See Statement 2)		16 99,410
17 Total expenses Add lines 10 through 16		17 257,142
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18 32,947
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 65,664
20 Other changes in net assets or fund balances (attach explanation)		20
21 Net assets or fund balances at end of year Combine lines 18 through 20		21 98,611

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	84,494	22 122,561
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	84,494	25 122,561
26 Total liabilities (describe ► See Statement 3)	18,830	26 23,950
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	65,664	27 98,611

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

See Statement 4

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 See Statement 5

(Grants \$	) If this amount includes foreign grants, check here	►	28a	125,687
29 The Christian Service Center accepts food and/or monetary donations which will be used to aide needy individuals, families, and other worthy organizations with similar missions.				
(Grants \$	) If this amount includes foreign grants, check here	►	29a	27,000
30 The Christian Service Center provides christian counceling for needy individuals and families.				
(Grants \$	) If this amount includes foreign grants, check here	►	30a	9,750
31 Other program services (attach schedule) See Statement 6				
(Grants \$ 10,000)	) If this amount includes foreign grants, check here	►	31a	10,000
32 Total program service expenses (add lines 28a through 31a)		►	32	172,437

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Dwayne Seay 403 South Three Notch St.	Andalusia AL 36420 Moderator 2.00	0	0	0
James C. Garner 403 South Three Notch St.	Andalusia AL 36420 Vice Moderator 0.25	0	0	0
Kittye Wyatt 403 South Three Notch St.	Andalusia AL 36420 Clerk/Secretary 2.00	1,544	0	0
Danny Bess 403 South Three Notch St.	Andalusia AL 36420 Treasurer 2.00	0	0	0
Micah Garner 403 South Three Notch St.	Andalusia AL 36420 Associate Treasurer 0.25	0	0	0
Clyde Northrop 403 South Three Notch St.	Andalusia AL 36420 0.25	0	0	0
Missy Zessin 403 South Three Notch St.	Andalusia AL 36420 0.25	0	0	0
Joyce Sightler 403 South Three Notch St.	Andalusia AL 36420 0.25	0	0	0
Bill Pritchett 403 South Three Notch St.	Andalusia AL 36420 0.25	0	0	0
Lea Cooke 403 South Three Notch St.	Andalusia AL 36420 0.25	0	0	0

COPY

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34

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 why the organization did not report the income on Form 990-T 35a

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b

b If "Yes," has it filed a tax return on Form 990-T for this year? 36

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a

37a Enter amount of political expenditures, direct or indirect, as described in the instr 37a

b Did the organization file Form 1120-POL for this year? 37b

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 outstanding at the end of the period covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter. 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 40a

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40b

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 40c

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e

e 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 40f

C O P Y

41 List the states with which a copy of this return is filed ► AL

42a The organization's books are in care of ► Danny Bess Telephone no. ► 334-222-3840
 Located at ► 493 South Three Notch Street ZIP + 4 ► 36420

b 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: ► 42b
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c 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: ► 42c

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

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44

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 45

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's 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				

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's 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		

COPY

d 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		
	<i>Kittie Wyatt</i>	Date 10-14-10	
	Signature of officer	Type or print name and title <i>KITTIE WYATT, Clerk</i>	
Paid Preparer's Use Only	Preparer's signature Phillip G. Jones, P.A., E.A.	Date 10/12/10	Check if self-employed Preparer's Identifying Number (See instr) P00924516
	Firm's name (or yours if self-employed), address, and ZIP + 4 Jones & Associates, P. C. P O Box 990 Andalusia, AL 36420		EIN ► 63-0990430 Phone no ► 334-222-3138

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

► Yes No

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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. ► See separate instructions.

Name of the organization Christian Service Centers of Covington County, Inc.

Employer identification number
20-3056007

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 11, 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)
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 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)
10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11 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 that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III—Functionally integrated d Type III—Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

COPY

11g
11g
11g

in **COPY**

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
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 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. 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—2008. 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—2009. 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—2008. 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		

COPY

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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					289,952	289,952
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					289,952	289,952
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)						289,952

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6					289,952	289,952
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					137	137
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					137	137
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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.)					290,089	290,089
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.95 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

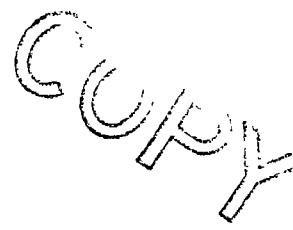
17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and 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—2008 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 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

CCPA

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to
Organizations**

Name and Address	Date of Gift	Description of Property	Class of Activity	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
Covington Baptist Association 18350 US Hwy. 84 Andalusia, AL 36467						10,000		
Total						10,000		



Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Supplies, Discretionary, Tele	8,362
Office Equipment	547
Vol. App./Education/Training	569
Equipment Replacement	355
Food/Household	27,000
Counselor Expense	9,750
Repair & Maintenance	51,679
Pest Control	1,148
Total	\$ 99,410

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 18,830	\$ 23,950
	<u>18,830</u>	<u>23,950</u>

COPY

Federal Statements**Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

The Corporation has been organized to transact any and all lawful business for which nonprofit corporations may be incorporated under the laws of the State of Alabama for specifically charitable, eleemosynary, and religious purposes in accordance with Code of Alabama, Section 10-3A-4(a). The primary activity of the Corporation shall be to provide food and clothing to those in need and to operate thrift store known as Christian Service Centers in the cities of Andalusia, Opp, and Florala in Covington County, Alabama.

Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service**Accomplishments****Description**

The Christian Service Center earns revenue through its thrift stores by selling donated items of clothing, household furnishings, and miscellaneous items. This allows the corporation to provide assistance to needy individuals, families, and other worthy organizations with similar missions.

Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service**Accomplishments****Description**

The Christian Service Center makes donations to worthy christian organizations.

COPY