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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization **Christian Services, Inc. of America**

Doing Business As

Number and street (or P O box if mail is not delivered to street address) **P. O. Box 1994** Room/suite

City or town, state or country, and ZIP + 4 **Hattiesburg, MS 39403-1994**

D Employer identification number **64 : 0730835**

E Telephone number **(601) 582-5683**

G Gross receipts $ **731375**

F Name and address of principal officer **Rev. William L. Prout, Address - same as C above**

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **www.christianserve.org**

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **1986**

M State of legal domicile **MS**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: **The mission of Christian Services is to break chains of bondage, bring hope and change lives through the practical demonstration of God's love - through feeding programs, emergency financial assistance, residential homeless and recovery program, low-cost thrift store, free financial management classes and counseling, and special community events.**

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	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of employees (Part V, line 2a)	5	21
6	Total number of volunteers (estimate if necessary)	6	500
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	577037	595399
9	Program service revenue (Part VIII, line 2g)	146764	133772
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12564	(796)
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3106	3000
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	739471	731375

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	86312	91775
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	317756	376806
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	350965	333956
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	755032	802537
19	Revenue less expenses. Subtract line 18 from line 12	(15561)	(71162)

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	719698	635547
21	Total liabilities (Part X, line 26)	34560	21572
22	Net assets or fund balances Subtract line 21 from line 20	685138	613975

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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

▶ Cookie Prout — Signature of officer — Date 9/23/2010

▶ Cookie Prout Vice-President — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no ▶ ( )

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