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## Form 990\*EZ

OMB No 1545-1150

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)

Sponsoning 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 Department of the Treasury Internal Revenue Service

Open to Public Inspection

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_				2010
D	Check applica	1 1000	ioyer i	dentification number
	Addı chan	ge labelor		
	Nam chan	the puntor CHRISTIAN COMMUNITY ACTION, INC.	2-1	161498
	Initi	al type   Number and street (or P O box, if mail is not delivered to street address)   Room/suite   E Tele	phone	number
	Ten	pin-   Specific   108 SOUTH BONNER     (	318	) 251-3282
〒	Ame	ended trops City or town, state or country, and ZIP + 4		mption
F	— retu Appl	L	nber 🕨	•
_		ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G. Accounting m		Cash Accrual
	- 56			AX BASIS
_	Webs			the organization is not
				•
				Jule B (Form 990, 990-EZ or 990-PF)
K	Check		nan \$2	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		124 027
		<del></del>	<u>\$</u>	124,837.
P	<u>art l</u>	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions	tor Pa	
	1	Contributions, gifts, grants, and similar amounts received	1	115,407.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	1,084.
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	l c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
ē	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □		
eu	a	4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
ě	"			
5	١,			
<b>2010</b> Revenue	"	Less direct expenses other than fundralising expenses  Net income or (loss) from special expenses (Subtract line 6) from line 6a)	6c	8,028.
	-		OL	0,020.
<u>ත</u>	7a	7 1-1		
_	6	Less cost of goods soid   III   III	_	
DE	C	Gross profit or (loss) from sales of inventors (Subtract) line to from line 7a)	7c	
$\Box$	8	Other revenue (describe	8	104 510
Ω.	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	124,519.
BESANNED	10	Grants and similar amounts paid (attach schedule)	10	
Ź	11	Benefits paid to or for members	11	
S.	12	Salaries, other compensation, and employee benefits	12	40,560.
8	13	Professional fees and other payments to independent contractors	13	
Expé	14	Occupancy, rent, utilities, and maintenance	14	7,307.
üί	15	Printing, publications, postage, and shipping	15	450.
	16	Other expenses (describe SEE STATEMENT 1)	16	87,559.
	17	Total expenses. Add lines 10 through 16	17	135,876.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<11,357.>
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))	Ť	,
SS	'	(must agree with end-of-year figure reported on prior year's return)	19	165,782.
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	20	
ž	21		21	154,425.
Б		Net assets or fund balances at end of year Combine lines 18 through 20  Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990		134/423.
P	art i	(See the instructions for Part II )  (A) Beginning of year	1	(R) End of year
		142.062	+-	(B) End of year
22		· · · · · · · · · · · · · · · · · · ·		130,240.
23		and and buildings	23	25 116
24		her assets (describe ► SEE STATEMENT 2 ) 23,760		25,116.
25		otal assets 166,722		155,356.
26		otal liabilities (describe ► PAYROLL TAXES ) 940		931.
27		et assets or fund balances (line 27 of column (B) must agree with line 21) 165, 782	• 27	154,425.
932 02-	2171 08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2009)

	n 990-EZ (2009) CHRISTIAN COMMUNITY ACTIO			<u> 72 – </u>	11614	98 Page 2
	art III Statement of Program Service Accomplishmer		Part III )		Ex	penses
Wha	t is the organization's primary exempt purpose? SEE STATEMENT	4				r section 501(c)(3)
	cribe what was achieved in carrying out the organization's exempt purp		ise manner, descri	be		) organizations and 7(a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevan				for others)	
28	PROVIDED FOOD/CLOTHING AND FINANCIA					
	INDIGENTS. NUMBER OF TIMES FAMILIE	S WERE ASSIST	ED DURING		1	
	THE PERIOD WAS 1,869.					
	(Grants \$ ) If this amount includes foreign g	rants, check here	<u> </u>		28a	124,253.
29						
	(Grants \$ ) If this amount includes foreign g	rants, check here			29a	
30						
	(Grants \$ ) If this amount includes foreign g	rants, check here	<b></b>		30a	
31	Other program services (attach schedule)				1	
	(Grants \$ ) If this amount includes foreign g	rants, check here			31a	
32	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	124,253.
Pa	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated			or Part IV)
		(b) Title and average hours	(c) Compensation	,	ontributions	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		employee fit plans &	account and
	• •	position	-0)		eferred	other allowances
				com	pensation	
		PRESIDENT			_	_
	00 S FARMERVILLE, RUSTON, LA 71270	0.00	0.		0.	0.
		VICE-PRESIDEN				
	01 FOXXWOOD, RUSTON, LA 71270	0.00	0.		0.	0.
		RECORDING SEC	1		_	
	4 CAMILLIA DRIVE, RUSTON, LA 71270	0.00	0.		0.	0.
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72	and the second s	0.00	0.		0.	0.
	B FRANKLIN	TREASURER		]	_	
	2 MELISSA, RUSTON, LA 71270	0.00	0.		0.	0.
	PEPHANIE GRIFFIN	EXECUTIVE DIR			^	
PC	BOX 5, RUSTON, LA 71273	35.00	29,768.		0.	0.
	TH ANDERS	ASSISTANT DIR			^	
25	06 TANGLEWOOD, RUSTON, LA 71270	20.00	7,911.		0.	0.
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02-0	172 08-10				Form	<b>990-EZ</b> (2009)

100	Try Other Information (Note the statement requirements in the instructions for Part V.)	_		
		r	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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	,	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 why the organization did not report the income on Form 990-T			
а	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?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a   0 •			
b	Did the organization file Form 1120-POL for this year?	37b		X
	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		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities  39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
4U a	section 4911   O • , section 4912   O • , section 4955   O • .			
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	40b		Х
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			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the			
	organization • 0.			
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	40e		Х
41	List the states with which a copy of this return is filed NONE			
	The organization's books are in care of ► STEPHANIE GRIFFIN Telephone no ► (318)	251	-32	82
,		127	0 - 4	409
h	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		Yes	No
	account)?	42b		X
	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.			
r	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
·	If "Yes," enter the name of the foreign country			·
42	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	$\Box$
43		N/A		
	and enter the amount of tax-exempt interest received or accrued during the tax year	11/ F1		
	· ·		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1
77	Form 990-EZ	44		Х
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	· · · · · · · · ·		<del> </del>
70	completed instead of Form 990-EZ	45	Ì	X
	Completed motions of 1 of the Cooperation of the Co		00 57	(2000)

Form 990-EZ (2009)

47 Dut the arganization engage in hobbyting activities? If Yes, "complete Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1)(A)(a)? If Yes, "complete Schedule E 48 Is the organization as deviced in section 170(b)(1)(A)(a)? If Yes, "complete Schedule E 48 Is the organization make any transfers to an exempt in orchanizable related organization? See highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if it there is none, enter "None"  [a) Name and address of such employee paid more than \$100,000 in the angular part of other employees paid over \$100,000 in the angular part of other employees paid over \$100,000 in the angular part of other employees paid over \$100,000 in the angular part of other employees paid over \$100,000 in the angular part of other employees paid over \$100,000 in the angular part of other employees paid over \$100,000 in the angular part of other employees paid over \$100,000 in the angular part of other employees paid over \$100,000 in the angular part of other employees paid over \$100,000 in the angular part of other employees paid over \$100,000 in the angular part of other employees paid over \$100,000 in the angular part of other employees paid over \$100,000 in the employee part of the employees paid over \$100,000 in the employee part of the employees paid over \$100,000 in the employees part over \$100,000 in the employ	Part \	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charital and 51						
of titory If Yes,* complete Schedule C, Part II  17 bid the organization engage in lobbying activities? If Yes,* complete Schedule C, Part II  18 is the organization as activot as described in section 170(b)(1)(A)(a)? If Yes,* complete Schedule E  19 bid the organization as activot as described in section 170(b)(1)(A)(a)? If Yes,* complete Schedule E  19 bid the organization as activot 52 described in section 170(b)(1)(A)(a)? If Yes,* complete Schedule E  10 bid the organization as activot 52 agrantization?  11 bid the organization from the organization of the 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 in the organization	<b>46</b> Did	the organization engage in direct or indirect political campaign activit	ties on behalf of or in opposition to c	andidates for public	;		Yes	No
47 Dut the organization angles in obbying activities? If "Yea," complete Schedule C, Part II 48 Is the organization school as described in section 150(1)(1)(4)(4)(4) If "Fees," complete Schedule E 44 I X 49 I TYEs," was the related organization a section 527 organization? Complete this bubble for the organization is the 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 such employee paid more period of the such an \$100,000 of compensation from the organization in NONE  (b) Title and average hours per week devoted to position  (c) Compensation  (d) Complete the table for the organization is the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None Complete this table for the organizations five highest compensation from the organization if there is none, enter "None NONE  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation from the organization from the organization if there is none, enter "None NONE  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation from the organization of the highest compensation from the organization if there is none, enter "None None Paid Type organization in the substitution of the provincing and block it is too. The paid the paid to the organization of the provincing and block it is too. The paid to the paid to the organization of the provincing and block it is too. The provincing of the paid to the paid to the provincing and block it is too. The provincing of the paid to the provincing and block it is too. The provincing of the paid to the provincing of					[	46		X
48 Is the organization asknobials described in section 170(b)(1)(4)(9)? If "Yes", complete Schedule E  48 I X  49 In the organization make any transfers to an exempt non-charitable related organization?  50 Complete this table for the organization's he 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 analogue paid more than \$100,000 of compensation from the organization. When \$100,000 of compensation from the organization if there is none, enter "None"  1 Total number of other employees paid over \$100,000  51 Complete this table for the organizations have highest compensated independent contractors wine 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  4 Total number of other employees paid over \$100,000  (b) Type of service (c) Compensation from the organization if there is none, enter "None"  (c) Compensation  (d) Contributions to employees and over \$100,000  (e) Type of service (c) 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 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 from the organization if there is none, enter "None"  (c) Compensation  (d) Total number of other employees paid over \$100,000  (e) Type of service (c) Compensation for proving compensation of service proving exceptions and statements are statements are statements are statements are statements are statements are statements. Property is considered and intermetical of which property has any statements are statements. Property is considered and intermeti	<b>47</b> Did	the organization engage in lobbying activities? If "Yes," complete \$	Schedule C, Part II		[	47		X
49.9 bit *Yes,* was the related organization a section 527 organization?  50 Complete that belief or the organization is the highest compensated employees (other than offices, directors, frustees and key employees) who seach received more than \$100,000 of compensation from the organization if there is none, enter *None*  (a) Name and address of each amployee paid more than \$100,000  NONE  (b) Title and average hours per week devoted to position  (c) Complensation (di) Contributions to employee benefit plans a discovered down and the second		* * * * * * * * * * * * * * * * * * * *			Ţ	48		Х
b If Yes, twas the related organization a section 527 organization?  Complete this table for the organization of the 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 of compensation from the organization if there is none, enter None  1 Total number of other employees paid over \$100,000  1 Total number of other employees paid over \$100,000  1 Total number of other employees paid over \$100,000  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) 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 from the organization if there is none, enter None  (c) 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 from the organization if there is none, enter None  (c) Compensation from the organization if there is none, enter None  (d) Total number of other independent contractors each receiving over \$100,000  (e) Type of service  (f) Compensation from the organization if there is none, enter None  (e) Compensation from the organization if there is none, enter None  (e) Compensation from the organization from the organization if there is none, enter None  (e) Compensation from the organization from the organization from the organization if there is none, enter None  (e) Compensation from the organization from the o		·				49a		Х
Some 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 to expense the street of			•		Ī	49b		
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Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of o		than \$100,000	per week devoted to	(c) Compensation	to employee benefit plans & deferred	(e	count	and
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  (b) Type of service  (c) Compensation  (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  (e) Type of service  (f) Compensation  (e) Compensation  (f) Total number of other independent contractors each receiving over \$100,000  (g) Type of service  (h) Type of								
d Total number of other independent contractors each receiving over \$100,000    Sign   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, the complete Declaration of preparer (ther that efficiely is based on all information of which preparer has any knowledge   III- 2- C  Date   III- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2-	<b>51</b> Cor	mplete this table for the organization's five highest compensated indepartments and indepartments of the compensated indepartment of the compensated indepartment of the compensated indepartment of the compensated indepartment of the compensate of th	pendent contractors who each recei	ved more than \$100	,000 of compens	ition fi	rom th	9
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		(a) Name and address of each independent contractor paid in	nore than \$100,000	(b) Type of se	rvice (a	) Com	pensa	<u>:1011</u>
Sign Here  Under penalties of penjury, 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    Correct, Anti-complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge   Correct, Anti-complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge   Correct, Anti-complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge   Correct, Anti-complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge   Correct, Anti-complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge   Correct, Anti-complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge   Correct, Anti-complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge   Correct, Anti-complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge   Correct, Anti-complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge   Correct, Anti-complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge   Correct, Anti-complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge   Correct, Anti-complete Declaration of preparer (other than officer)   Correct	<b>d</b> Tot	al number of other independent contractors each receiving over \$100	0,000	<b>&gt;</b>				
Preparer's Use Only    Spirit Sname (or yours of self-employed), address, and ZIP+4   RUSTON, LA 71270-2814   11/11/10 employed	-	Signature of officer	ing accompanying schedules and statemer in all information of which preparer has any	nts, and to the best of m knowledge	y knowledge and be	hef, it is	true,	
Self-employed),   address and ZIP+4   RUSTON, LA 71270-2814   Control of the co	Preparei	is some women		ployed 🕨 🔲		ımber (	See inst	1)
ROSION, LA 71270-2014	USE UIII)	first starme (or yours of self-employed).  DON M. MCGEHEE, APAC REYNOLDS DR.,		Phor	ne 🕨	255		
	A.A 41	IRS discuss this return with the preparer shown above? See instruction		1		-		No

## SCHEDULE A (Form 990 or 990-EZ)

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. ► See separate instructions.

2009

Open to Public Inspection

Name of the organization

CHRISTIAN COMMUNITY ACTION, INC.

Employer identification number

Part I	Reason		ity Status (All organiz			NC .	) See inst	ructions	12	-1101498
								Tuctions.		
			because it is (For lines 1							
1	•		s, or association of churc		ibea in <b>se</b>	ction 170	(D)(1)(A)(I)	•		
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3			tal service organization of					/L\/4\/A\/:::	) Entarti	na haaastal'a aama
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	city, and stat								-do-a	
5			benefit of a college or ur	nversity ov	vnea or op	erated by	a governi	nemai umi	describe	ed III
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_ [		b)(1)(A)(vi). (Comple			D4 II \					
8 🖳	-		ection 170(b)(1)(A)(vi). (							
9 <u>X</u>	-		eives. (1) more than 33 1							
			nctions - subject to certa							
			axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquirea b	y the orga	nization a	inter June 30, 1975.
		<b>509(a)(2).</b> (Complete	•	- <b></b>			- F00/-\/			
10	_		perated exclusively to te						. aut tha	ourocco of one or
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			ations described in section				) See sec	oleon sost	a)(S). One	CK the DOX that
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	a Type		ப் the organization is not					r more disc		• •
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f	_			ne ino inc	шизату	pe i, Type	ii, oi Type	<del>,</del> 111		
_		rganization, check th	ns box organization accepted ar	w alft or c	natribution	from any	of the follo	owing pers	one?	
9			lirectly controls, either al							Yes No
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h			about the supported or							
"	r tovide the t	Ollowing information	about the supported of	gameanon	(0)					
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col (i) l	organization sted in your document?	organizat		(vi) Is organizatio (i) organiz U S	on in col   ed in the	(vii) Amount of support
			(see instructions))	Yes	No	Yes	No	Yes	No	
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932021 02-08-10

Form 990 or 990-EZ.

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</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 organ-						I
ization's benefit and either paid to		•		:		
or expended on its behalf		<del></del>				
3 The value of services or facilities						
furnished by a governmental unit to		:				
the organization without charge						
4 Total. Add lines 1 through 3			<u> </u>	27 TV 101 701 B 177	<u> </u>	
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			<u> </u>			
Section B. Total Support			1		I	
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</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		<u>.                                    </u>		<u> </u>		L
12 Gross receipts from related activities, e					12	
13 First five years. If the Form 990 is for t	he organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3)	. □
organization, check this box and stop		roontago			<del></del>	<u> </u>
Section C. Computation of Public					144	
14 Public support percentage for 2009 (lin			column (t))		14	
15 Public support percentage from 2008 S			- 1 40	14 - 22 1/20/	15	
16a 33 1/3% support test - 2009. If the org				14 IS 33 1/3% OF I	iore, check this bo	x ano. ⊾ſ
stop here. The organization qualifies a				lung 45 to 22 4 /20/	armero obook th	ua bay
<b>b 33 1/3% support test - 2008.</b> If the org				ine 15 is 33 1/37	or more, check ii	iis box ▶ [
and stop here. The organization qualif				. 10 10- a- 10b .	and line 14 to 1004	or more
17a 10% -facts-and-circumstances test						
and if the organization meets the "fact					in iv now the orga	nization ►Γ
meets the "facts-and-circumstances" t					170 and line 15 in	1004 or
b 10% -facts-and-circumstances test						
more, and if the organization meets the						<b>-</b>
organization meets the "facts and circu						►[
18 Private foundation. If the organization	dio not check a	DOX ON line 13, 10	oa, 100, 17a, or 17	D, CHECK THIS DOX	and see instruction	13

Schedule A (Form 990 or 990-EZ) 2009 CHRISTIAN COMMUNITY ACTION, INC. 72-1161498 Page 3

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)

7a Amounts included on lines 1.2, and 3 received from disqualified persons by Amounts included on lines 1.2, and 3 received from disqualified persons that exceed the greater of \$5,000 × 15 of the amount on line 13 for the year co. Add lines 7a and 7b	Sec	tion A. Public Support						
membership fees received. (Do not include any nutriusual grants.)  201, 948. 224, 464. 169, 994. 215, 539. 115, 407. 927, 352  6 frees receipts from admissions membership and any activity that in related to the organization's tax-exempt purpose of Gross receipts from admissions and a unrelated trade or business under section 513  4 Tax revenues levied for the organization without charge of the properties of the organization without charge of the organization without charge of Total. Adult persons the section 513  5 The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Adult persons be a received from disquilitied persons be a received from disquilitied persons be a received from disquilitied persons be a received from other than assumption persons. Parameter of 18,000 or 116 of the received of 18,000 or 116 of the rece	Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
101, 148   224, 464   169, 994   215, 539   115, 407   927, 352	1	Gifts, grants, contributions, and						
2 Gross receipts from admissions, merchandries sold or servose performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues leved for the organization's tax-exempt purpose or the part of the organization's tender and either part to or expended on its behalf  5 The value of servoces or facilities furnished by a governmental unit to the organization without charge  6 Total. Action that 1 through 5  7 a Amounts included on lines 1.2, and 3 received from disqualified persons by a mount in ord 10 interest, and 3 received from disqualified persons but causes the greate of \$0,000 or 1% of the least of a consideration of the trade of the reperson o		membership fees received. (Do not						
merchandise sold of services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 4,256. 3,465. 5,776. 6,005. 8,028. 27,530  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues leved for the organization is behalf or or expended on its behalf or or expended on its behalf or the organization's benefit and either paid to or expended on its behalf or the organization without charge 6 Total. Add lines 1 through 5  5 The value of services or facilities furnished by a governmental unit to the organization without charge 6  6 Total. Add lines 1 through 5  7 A amounts included on lines 1, 2, and 3 received from disqualified persons by a secret from disqualified persons by a se		include any "unusual grants.")	201,948.	224,464.	169,994.	215,539.	115,407.	927,352.
3 Gross receipts from activities that are not an unrelated trade or business under section \$13  4 Tax revenues levied for the organization of 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 desculatified persons  8 Demousts included on lines 1, 2, and 3 received from desculation persons  9 Amounts included on lines 2 and 3 received from other than desculated persons but exceed the growth of \$2.00 or 1% of the seminar of the risk adouts the protect of \$2.00 or 1% of the seminar of the risk of the New 2  9 Add lines 10 through \$1.00 or 1% of the seminar of the risk of the received in the received on received from other than some from interest of the risk of the ri	2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	4 256	2 465	5 776	6 005	0 020	27 520
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Calendar year (or fiscal year beginning in)   (a) 2005   (b) 2006   (c) 2007   (d) 2008   (e) 2009   (f) Total 206, 204			<u> </u>			<u> </u>	<u> </u>	734,002.
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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 sactivities 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  Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2008 Schedule A, Part III, line 17  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 andstop 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, income percentage for granization  D Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			200,204.	221,323.	175,770.	221,344.	123,433.	754,002.
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acquired after June 30, 1975  c Add lines 10a and 10b  826. 3,422. 3,709. 1,951. 1,084. 10,992  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 (acd 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  Section C. Computation of Public Support Percentage  15 Public support percentage from 2008 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2008 Schedule A, Part III, line 17  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 andstop here. The organization qualifies as a publicly supported organization  10 Private foundation. If the organization did not check a box on line 14, and line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization  15 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	b	Unrelated business taxable income						
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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  Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2008 Schedule A, Part III, line 17  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  10 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	11	activities not included in line 10b, whether or not the business is			,			
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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))  16 Public support percentage from 2008 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2008 Schedule A, Part III, line 17  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  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions  ▶ □								
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								
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Schedule A (Form 990 or 990-EZ) 20		oto todilodioni ii tile organizati	on one one one	23. 0.1 mio 14, 10	.,,			90 or 990-EZ) 200

932023 02-08-10

FORM 990-EZ	OTHER EXPENSES		STATEMENT 1
DESCRIPTION			AMOUNT
INSURANCE SUPPLIES TRAVEL MINISTRY EXPENSES BANK SERVICE CHARGES			1,129. 954. 857. 84,604.
TOTAL TO FORM 990-EZ, LINE 16			87,559.
FORM 990-EZ	OTHER ASSETS		STATEMENT 2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
INVENTORY PRECONSTRUCTION COST OTHER DEPRECIABLE ASSETS		23,500. 0. 260.	19,300. 5,657. 159.
TOTAL TO FORM 990-EZ, LINE 24		23,760.	25,116.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		S.	ratei	MENT	3
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, REC	[	]	YES	[X]	NO
	SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [	]	YES	[X]	NO

990-EZ PG 2

STATEMENT

TO ADDRESS AND MEET CRISIS OR EMERGENCY NEEDS IN LINCOLN PARISH, LOUISIANA FOR FOOD, CLOTHING, FINANCIAL ASSISTANCE FOR UTILITY BILLS AND PRESCRIPTIONS. ADDITIONALLY, FUNDS ARE MADE AVAILABLE FOR LODGING, MEALS, FUEL/TRANSPORTATION COSTS FOR TRANSIENTS.