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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 1545-0047

2010

Department of the Treasury

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service For the 2010 calendar year, or tax year beginning 2010, and ending 20 COMMUNITY CRISIS INTERVENTION CENTE Check if applicable C Name of organization D Employer identification no. 71-0526262 Address change Doing Business As E Telephone number Name change Number and street (or P O box if mail is not delivered to street address) Room/suite 705 MALVERN AVENUE Initial return 317,411 Terminated City or town, state or country, and ZIP + 4 Hot Springs Nation, AR 71901 Amended return G Gross receipts \$ JANIE SMITH F Name and address of principal officer Application pending Is this a group return for affiliates? Same as C above Yes X No Are all affiliates included? Ye if "No," attach a list. (see instructions) X 501(c)(3) (insert no 501(c) 4947(a)(1) or 527 Tax-exempt status Website: ▶ N/A Group exemption number AR Form of organization X Corporation Trust Association L Year of formation 5 - Z-46-M State of legal domicals Part I PROVIDE EMERGENCY ASSISTANCE TO CITIZENS OF Briefly describe the organization's mission or most significant activities THE COMMUNITY Ĉ G Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) · · · · · · · · 22 22 Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0 40 6 Total unrelated business revenue from Part VIII, column (C), line 12 · · · · · 7a 0 0 Current Year R Contributions and grants (Part VIII, line 1h) 233,529 315,221 Program service revenue (Part VIII, line 2g) · · · · · · · · · 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) · · · · · · 2.190 2,190 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) · · · 81,692 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) · · · · 317,411 317,411 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) · · · · · · · 0 E Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . 95,805 103,745 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 161,828 95,892 Total expenses Add lines 13-17 (must equal Part IX rcolumn (A), line 25) 257,633 199,637 Revenue less expenses Subtract line 18 from line 12 · · · RECEIVE 59,778 117,774 Beginning of Current Year Š. Total assets (Part X, line 16) 501,948 564,422 21 Total liabilities (Part X, line 26) 14,148 16,844 Net assets or fund balances. Subtract line 21 from Ine 20 487,800 547,578 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, cornect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 7-10-2011 Sign Jan Ie SMITH, EXECUTIVE DIRECTOR Here Type or print name and title Date Print/Type preparer's name ROGER D. HARROD 07-10-2011 P0084*0483* Paid ROGER D. HARROD, Preparer Firm's name Firm's EIN \triangleright 300 EXCHANGE ST **Use Only** Firm's address 501-624-6639 Phone no Hot Springs National P AR 71901 May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2010) COMMUNITY CRISIS INTERVENTION CENTE	71-0526262	Page 2
	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission PROVIDE EMERGENCY ASSISTANCE TO CITIZENS OF THE COMMUNITY		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	· · · · [Yes [X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes [X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expense		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gran allocations to others, the total expenses, and revenue, if any, for each program service reported	its and	
4a	(Code:) (Expenses \$ 160,997 including grants of \$) (Revenue ORGANIZATION PROVIDED EMERGENCY FOOD, SHELTER, TRANSPORTATION, CLOTHING AND N)
	THE NEEDY OF THE COMMUNITY	EDICAL HELP I	OK
			·
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			
			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
			- · · · · · · · · · · · · · · · · · · ·
4d	Other program services. (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 160,997		

EEA

Par	t IV Checklist of Required Schedules			
		1	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,			
•	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	1		
	complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II · · · · · · · · · · · · · · · · · ·	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			-
U	complete Schedule D, Part III · · · · · · · · · · · · · · · · ·	8		
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	-		
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV · · · · · · · · · · · · · · · · · ·	9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	9		 -
10	quasi-endowments? If "Yes," complete Schedule D, Part V · · · · · · · · · · · · · · · · · ·	40		
44		10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			'
_	VII, VIII, IX, or X as applicable Did the organization report an amount for land, huldings, and equipment in Part X, line 102 If "Yes," complete			-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI · · · · · · · · · · · · · · · · · ·			
		11a	_X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			,_
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII · · · · · · · · · · · · · · · · · ·	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.		١,,
		11c	<u> </u>	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ا ا		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	, , , , , , , , , , , , , , , , , , ,	11e	ļ	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X · · · · · ·	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	.		
_	Schedule D, Parts XI, XII, and XIII · · · · · · · · · · · · · · · · ·	12a		<u> </u>
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
• -	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional · · · · · · · · · · · · · · · · · · ·	12b		ļ. <u></u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		}
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance]	
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV · · · · · · · · · · · · · · · · · ·	16	ļ	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	19	ļ	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H · · · · · · · · · · · · · · · · · ·	20a		X
b	· · · · · · · · · · · · · · · · · · ·			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	١	1

Pai	TIV Checklist of Required Schedules (continued)			
24	Did the empiration report many than CE 000 of mante and other projections to a superior and a second		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II · · · · · · · · · · · · · · · · · ·	ا ہو		
20	, , , , , , , , , , , , , , , , , , , ,	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22		.,
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III · · · · · · · · · · · · · · · · ·	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	22		1,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
444	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25 · · · · · · · · · · · · · · · · · ·	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
0	Did the organization milest any proceeds or tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	·	
L	to defease any tax-exempt bonds?	24c		•
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24U		
2 3a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	254		X
b	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I · · · · · · · · · · · · · · · · · ·	25b		v
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	250		<u> X</u>
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		X
21	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III · · · · · · · · · · · · · · · · ·	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			١,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			 ^``
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II · · · · · · · · · · · · · · · · · ·	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 · · · · · · · · · · · · · · · · · ·		\	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	<u></u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X

Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			·
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •			ł
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1¢		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	l .		1
	Statements, filed for the calendar year ending with or within the year covered by this return · · · · · 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b		<u> </u>
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O · · · · · · · · · · · · · · · · · ·	3b		ļ
70	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			ł
	account)? · · · · · · · · · · · · · · · · · · ·	4-		
b	If "Yes," enter the name of the foreign country:	4a		X
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? · · · · · · · · · · · · · · · · · · ·			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	3L		<u> </u>
	organization solicit any contributions that were not tax deductible?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		
	gifts were not tax deductible? · · · · · · · · · · · · · · · · · · ·	6Ь		ĺ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·			-11
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year? • • • • • • • • • • • • • • • • • • •	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • • • • • • • • • • • •			
11	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			
a				
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	terms in a second secon	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year • • • • • • • 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	42-		
a	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans · · · · · · · · · · · · · · · · · · ·			ļ
С	Enter the amount of reserves on hand • • • • • • • • • • • • • • • • • • •			į
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

71-0526262 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 22 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? • • • • 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. X Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a X b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 13 X Does the organization have a written document retention and destruction policy? 14 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X **b** Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the

705 MALVERN AVENUE Hot Springs Nation, AR 71901

organization ► JANIE SMITH

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COMMUNITY CRISIS INTERVENTION CENTE

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees, and former such persons.

(A)	(8)			(C	;)			(D)	(E)	(F)
Name and Title	Average	Positi	on (ch	eck	all th	at apply)	Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	Itd nri dur se vict deo u r ao Ir	nr su ts it	Officer	Key employee	Hce lom gmp hpl eeo sny t se a e t	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) AGNES MATHIS						1				
DIRECTOR	15.00			X		1				
(2) ANITA STARNES										
DIRECTOR	4.00			X						
(3) BOB MEGAHAN						•			,	
DIRECTOR	4.00			X				}		
(4) BOB MEGAHAN										
VICE PRESIDENT	8.00		1	X		İ]		
(5) GAY BURCH										
LIFETIME HONARARY BOARD MEMBER	4.00			X						
(6) HELEN CLARDY						<u> </u>				
DIRECTOR	4.00			X		ľ				
(7) JOE POLLARD										
TREASURER	8.00			X			1			
(8) JUDY WRIGHT										
DIRECTOR	4.00			X						
(9) KATHLEEN WILSON										
DIRECTOR	4.00			X		1				
(10)LARRY SHAFER										
DIRECTOR	4.00			X		-				
(11)LEOMA TATE							ļ			
DIRECTOR	4.00			X						
(12)MARION DUBOSE		\sqcap				1	Г			
DIRECTOR	4.00			X						
(13)MAURIA JACKSON ASPELL MSW			一十			1				
PRESIDENT	2.00			X	ł					
(14)PATSY WARE	<u> </u>			-	<u> </u>			<u> </u>		
THRIFT SHOP MANAGER	30.00			X	}			22,750	o	
(15)REV JIM BENFER		1			<u> </u>	1			· · · · · · · · · · · · · · · · · · ·	
DIRECTOR	4.00			X						
(16)SANDRA G GRANTHAM						†		†		
JANITORIAL	20.00			X	l			6,200	o	
		1			L	1	1		ι	ı

Part VII	Section A. Omcers, Directors, Trustees	, Key Emplo	yees,	and	Hig	nes	t Com	iper	isated Employees	(continued)			
	(A)	(B)	ļ		(0				(D)	(E)		(F)	
	Name and Title	Average hours per		_	$\overline{}$		at apply		Reportable	Reportable		Estimated	
		week	Inri	l t n r	O f	K	H c e	F	compensation from	compensation from related	1 '	amount of other	
		(describe	dur 1 s e	s u	f	У	g mp h p i	L L	the	organizations	ο α	ompensati	on
		hours for	v t c	ji t	l c l	e m	e e o s n y	e	organization	(W-2/1099-MISC)		from the	
		related	0 0	u e	e r		t s e	۲	(W-2/1099-MISC)		1	organizatio	
		organizations in Schedule	u r ao I r	t i	l '	Ó	a e	<u> </u>]		1	and relate Irganizatio	
		0)	1 1	o n		y e	e d						
				a I		e							
(17)STACIE	COOPER												_
(18)SUE K) DDF 7.	8.00			X	-		-	9,104	· · · · · · · · · · · · · · · · · · ·	<u> </u>		0
DIRECT		4.00			x	ļ							
	NE BABBIE		 	╁┈	^^	1	 				+-		
ASSIST		15.00			x	ł			11,750	(0		0
(20)SYLVI	A CHUDY		1		T -	1	ļ						
DIRECT		4.00			X	<u> </u>							
(21)TED TI	HOMPSON												
DIRECT		4.00	<u> </u>		L X	<u> </u>		<u> </u>				·	
(22)JANIE													_
	FIVE DIRECTOR	40.00	ļ	-	├	<u>}</u>	!	<u> </u>	46,000		0		0
(23)													
(24)											<u> </u>		
(25)			<u> </u>		 			\vdash					
(26)		 	-				-	-			+-		
(27)		 		_	-	-		-	<u> </u>				
		ļ	<u> </u>	_			<u> </u>	_					
(28)													
1b Sub-to	tal · · · · · · · · · · · · · · · · · · ·		• • •	• •	• •	• •	• • •						
c Total f	rom continuation sheets to Part VII, Sectio	n A · ·		• •	• •		• • •						
	ada mico ib ana ici				• •	• •	· · ·	<u> </u>	95,804	<u> </u>	0		0
	number of individuals (including but not limited	to those liste	ed abo	ve) v	who	rece	eived n	nore	than \$100,000 in				
reporta	able compensation from the organization										0	Yes	No
3 Did the	e organization list any former officer, director	or trustee, ke	v emp	love	e. o	r hio	hest c	omr	ensated			163	NO
	yee on line 1a? If "Yes," complete Schedule J		-	-	-			-			. 3		Х
	y individual listed on line 1a, is the sum of rep												
the org	anization and related organizations greater th	an \$150,000	? If "Y	es,"	com	nplet	e Sch	edul	e J for such		1		l
ındivid	ual · · · · · · · · · · · · · · · · · · ·										4		X
5 Did an	y person listed on line 1a receive or accrue co	mpensation	from a	iny ι	ınrel	lated	dorgar	nizat	tion or individual				
for ser	vices rendered to the organization? If "Yes," or	omplete Sch	edule	J for	rsuc	h p	erson	•			5		X
Section I	B. Independent Contractors												
-	ete this table for your five highest compensate ensation from the organization.	ed independe	ent cor	ntrac	tors	that	recen	ved i	more than \$100,00	0 of			
	(A)								(B)			(C)	
	Name and business addres	is							Description of a	services	Con	npensation	n
		. ,							ļ				
													
2 Total	number of independent contractors (including	but not limite	d to th	000	lieto	d at	one) .	who	received				
	than \$100,000 in compensation from the organ		u w u	.∪⊅E	note.	u al	JUVE) V	W11U	100014GU				

Part \	/	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns · · · · · · 1					
	ь	Membership dues · · · · · · · 11		1			
Contri- butions.	C	Fundraising events · · · · · · 10	;				
gills,	d	Related organizations · · · · · · 10	i	1			
grants	е	Government grants (contributions) · · 16	•	1			
and other similar	f	All other contributions, gifts, grants, and similar amounts not included above	315,221		:		
amounts		Noncash contributions included in lines 1a-1f.					
	h	Total. Add lines 1a-1f		315,221			
	 '''	70a. 70a moo 12 17	Business Code	320,232		· · · · · · · · · · · · · · · · · · ·	
	2a		Dusiless Code	1			
	ь		-				···
Program	c						
Service Revenue	d					·	
	e						 -
	f	All other program service revenue · · · · ·	•				
	1	Total. Add lines 2a-2f · · · · · · · ·					<u> </u>
	<u> </u>	Investment income (including dividends, intereother similar amounts)	est, and	2,190	2,190	7.12.	
	4	Income from investment of tax-exempt bond p	roceeds · · · ▶				
	5	Royalties · · · · · · · · · · · · · · · · · · ·	• • • • • • • •				
	1	(i) Real	(ii) Personal				
	6a	Gross Rents · · · · · ·]			
	Ь	Less: rental expenses · · · ·					
	c	Rental income or (loss) · · ·					1.
	d	Net rental income or (loss) · · · · · · · · ·	• • • • • • • • •				
	7a	Gross amount from sales of assets other than inventory (i) Secunities	(ii) Other				
0		Less cost or other basis and sales expenses · · · ·					
ť	_	Gain or (loss)			-		_
h	4	Net gain or (loss) · · · · · · · · · · · · · · · · · ·	• • • • • • • •				
r	8a	Gross income from fundraising					1
R	1	events (not including \$					
θ.	•	of contributions reported on line 1c)					
V e	1.	See Part IV, line 18 · · · · · · · · · · · · · · · · · ·		-			
n	,						
u e		Net income or (loss) from fundraising events Gross income from gaming activities		 			
•	34	See Part IV, line 19 · · · · · · · · ·	a				
	h	Less direct expenses · · · · · · · · · · · · · · · · · ·		-			
		Net income or (loss) from gaming activities		, ,		Ì	†
				 	· · · · · · · · · · · · · · · · · · ·		
	10a	Gross sales of inventory, less returns and allowances · · · · · · · · ·	a				
	l b	Less. cost of goods sold · · · · · · · ·		1			
		Net income or (loss) from sales of inventory		i		Ì	
	— <u> </u>	Miscellaneous Revenue	Business Code				
	11a			† -			1
	Ь		_				
	C		-				1
	_	All other revenue		<u> </u>			
		Total. Add lines 11a-11d					
		Total revenue. See instructions · · · · ·		317,411	2,190		d

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must complete column			(B), (C), and (D)	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	· · · · · · · · · · · · · · · · · · ·	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21 · · · · ·				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22 · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to governments,)			
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16 · · · · · · · · ·				·
4	Benefits paid to or for members · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,	Ì			
	trustees, and key employees · · · · · · · · · .	46,000	36,000	10,000	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salaries and wages	49,805	43,605	6,200	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions) · · · · ·				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	7,940	6,481	1,459	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	4,355		4,355	
d	Lobbying				
-	Professional fundraising services See Part IV, line 17 ·				
f	Investment management fees · · · · · · · · · · · ·				
g	Other	14,750	14,750		
12	Advertising and promotion · · · · · · · · · · · · · · · · · · ·	4,626	4,626		···
13	Office expenses · · · · · · · · · · · · · · · · · ·	5,440	4,019	1,421	
14	Information technology · · · · · · · · · · · · · · · · · · ·				
15	Royalties · · · · · · · · · · · · · · · · · · ·				
16	Occupancy	12,604		12,604	
17	Travel · · · · · · · · · · · · · · · · · · ·	1,725	1,725		· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses	2,723			
10	for any federal, state, or local public officials · · · · ·				
40		1,686		1,686	· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings · · · · · · · · · · · · · · · · · · ·	1,000		1,686	
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization · · · · · · · · · · · · · · · · · · ·	22 452	23,453		
23	·	23,453	23,453		
24	Other expenses. Itemize expenses not covered			ļ	
	above (List miscellaneous expenses in line 24f If			İ	
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O)	- 000	F 000		
a	TELEPHONE	5,088	5,088		
b	SECURITY	7,462	7,462		
С	SUPPLIES	5,237	5,237		
d	POSTAGE	978	978		
е	LIC. PERMITS FEES	915		915	
f	All other expenses · · · · · · · · · · · · · · · · · ·	7,573	7,573		
25	Total functional expenses. Add lines 1 through 24f · ·	199,637	160,997	38,640	<u>_</u>
26	Joint Costs. Check here if following				
	SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column		ļ		
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation]	

<u>Part</u>	X	Balance Sheet			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	60,847	1	89,808
- }	2	Savings and temporary cash investments · · · · · · · · · · · · · · · · · · ·	230,638	2	177,828
İ	3	Pledges and grants receivable, net · · · · · · · · · · · · · · · · · · ·		3	
	4	Accounts receivable, net		4	
]	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of			
		Schedule L • • • • • • • • • • • • • • • • • •		5	
	6	Receivables from other disqualified persons (as defined under section			
A		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
s		employers and sponsoring organizations of section 501(c)(9) voluntary			
5		employees' beneficiary organizations (see instructions)		6	
Ð	7	Notes and loans receivable, net		7	
В	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges · · · · · · · · · · · · · · · · · · ·		9	
	10a	Land, buildings, and equipment cost or			
- 1		other basis. Complete Part VI of Schedule D····· 10a 296,786			
ŀ	b	Less accumulated depreciation · · · · · · · · · · · · · · 10b	210,463	10c	296,786
İ	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·		11	
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12	
	13	Investments - program-related. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13	
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14	
	15	Other assets. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	501,948	16	564,422
	17	Accounts payable and accrued expenses	14,148	17	16,844
1	18	Grants payable · · · · · · · · · · · · · · · · · · ·		18	
. [19	Deferred revenue		19	· · · · · · · · · · · · · · · · · · ·
-	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20	
a	21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · ·		21	
i	22	Payables to current and former officers, directors, trustees, key			
!		employees, highest compensated employees, and disqualified		1	
:		persons. Complete Part II of Schedule L		22	
ī	23	Secured mortgages and notes payable to unrelated third parties		23	
e	24	Unsecured notes and loans payable to unrelated third parties		24	
•	25	Other liabilities. Complete Part X of Schedule D		25	
ł	26	Total liabilities. Add lines 17 through 25	14,148	26	16,844
		Organizations that follow SFAS 117, check here▶ X and			~
F		complete lines 27 through 29, and lines 33 and 34.		1	
u	27	Unrestricted net assets · · · · · · · · · · · · · · · · · · ·	487,800	27	547,578
ď	28	Temporarily restricted net assets		28	······································
ام	29	Permanently restricted net assets · · · · · · · · · · · · · · · · · · ·		29	
Ba		Organizations that do not follow SFAS 117, check here ▶			
		and complete lines 30 through 34.			
a n	30	Capital stock or trust principal, or current funds		30	
c	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
		- · · · · · · · · · · · · · · · · · · ·		 	
S	33	Total net assets or fund balances · · · · · · · · · · · · · · · · · · ·	487,800	33	547,578

Form 990 (2010) COMMUNITY CRISIS INTERVENTION CENTE		62	P	age 12
Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			•□
1	Fotal revenue (must equal Part VIII, column (A), line 12) · · · · · · · · · · · · · · · · · · ·	31	7.4	111
2	Total expenses (must equal Part IX, column (A), line 25)		9,6	
3	Revenue less expenses Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·		7,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			300
5	Other changes in net assets or fund balances (explain in Schedule O) · · · · · · · · · · · · · · · · · ·			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B)) · · · · · · · · · · · · · · · · · ·	60	5.5	574
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			· 🗆
1	Accounting method used to prepare the Form 990 🕱 Cash 📗 Accrual 📗 Other		Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a	Х	
ь	Were the organization's financial statements audited by an independent accountant?	. 2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		-	1-13
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in	1	1	1
	Schedule O			1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both:	İ	-	-
{	Separate basis Consolidated basis Both consolidated and separate basis			ł
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	· 3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	· 3b		
	EEA	Form	990	(2010

SCHEDULE A (Form 990 or 990-EZ)

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.

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Open to Public Inspection

Employer identification number

COM	MUN	TTY CRISIS INTE								526262		
Pa	πI	Reason for	Public Charity	Status (All organiza	ations mus	t complete	this part)	See instr	uctions			
The	orgai			use it is: (For lines 1 thre	_		•					
1		A church, convention	of churches, or a	ssociation of churches of	lescribed i	n section	170(b)(1)(A)(i).				
2				I)(A)(ii). (Attach Schedu	-							
3		A hospital or a coope	erative hospital ser	vice organization descri	bed in sec	tion 170(t	o)(1)(A)(iii)).				
4		A medical research of	organization opera	ted in conjunction with a	hospital d	escribed ii	n section	170(b)(1)(A)(iii). Ent	ter the hos	pıtal's na	ame,
		city, and state	···· <u> </u>								· · ·	
5		•		it of a college or univers	ity owned	or operate	d by a gov	emmenta	unit desci	ribed in		
		section 170(b)(1)(A)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X			a substantial part of its	support fro	m a gover	nmental u	nit or from	the gener	al public		
	_	described in section		•								
8	\sqcup	-		n 170(b)(1)(A)(vi). (Com	·	•						
9		-	-	. (1) more than 33 1/3%					•		5	
		="		empt functions - subject		•						
				and unrelated business		-		on tax) fro	om busines	sses		
				30, 1975 See section		•	•					
10	닖	•	•	ed exclusively to test for	•	•		(-)(-) -				
11	Ш			ed exclusively for the ber								
				orted organizations desc						section		
				s the type of supporting			•				Osha-	
_		a Type I	b L Type	_			illy integral		d discussifis		III-Other	
θ	Ш	•	•	organization is not contr ers and other than one o		-			•			
		509(a)(1) or section		is and other than one o	i more put	iliciy suppi	orted organ	ilizations (iescribed i	n section		
f			,	etermination from the IR	S that it ie	a Type I	Time II or	Type III c	upporting			
'		organization, check				a Type I,	rype II, OI	Type III S	upporting			
9		-		zation accepted any gift	or contrib	ution from	any of the					
9		following persons?	oo, waa aha orgam	and an analysis and and			any or 1.1.0					
		• •	lirectly or indirectly	controls, either alone o	r together	with perso	ns describ	ed in (iı)				Yes No
		• • •		y of the supported organ	•	•					11g(i)	100 100
				cribed in (i) above? · ·							11g(ii)	
				on described in (ı) or (ıi)							11g(iii)	
h				t the supported organiza							··84-7	L
		lame of supported	(ii) EIN	(III) Type of organization	(iv) is the o	rganization	(v) Did y	ou notify	(vi)	s the	(vii)	Amount of
		organization		(described on lines 1-9	in col (i) lis	-	the organ		organizat			upport
				above or IRC section (see instructions))	governing	ocument?	col (ii)	or your port?	(i) organiz			
					Yes	No	Yes	No	Yes	No	1	
(A)												
									<u> </u>			
(B)												
(C)												
									İ	L	l	
(D)												
					<u> </u>			<u> </u>				
(E)												. <u> </u>
Tot	al				1	<u> </u>		L				

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

	ion A. Public Support						····
Calen	dar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	181,921	173,163	172,042	264,619	233,529	1,025,27
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 · · · · ·	181,921	173,163	172,042	264,619	233,529	1,025,27
5	The portion of total contributions by each						- <u> </u>
	person (other than a governmental unit or	į į					
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount	\ \		\			
	shown on line 11, column (f)		Ì				
6	Public support. Subtract line 5 from In 4						1,025,27
Sec	tion B. Total Support						
Caler	idar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4 · · · · · · · ·	181,921	173,163	172,042	264,619	233,529	1,025,27
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,497	4,871	4,871	2,556	2,190	20,98
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 ·						1,046,25
12	Gross receipts from related activities, etc.	(see instructions)	• • • • • • • • •	• • • • • • • • •		12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first,	second, third, fou	rth, or fifth tax year	r as a section 501	(c)(3)	· · · · ▶□
<u>Sec</u>	<u>tion C. Computation of Public Su</u>					· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2010 (line 6						97.99 %
15	Public support percentage from 2009 School					15	97.91 %
16a	33 1/3% support test - 2010. If the organi						
	and stop here. The organization qualifies						· · · · · ▶ <u>X</u>
þ	33 1/3% support test - 2009. If the organi			•			
	box and stop here. The organization quali						• • • • • ▶
17a	10%-facts-and-circumstances test - 201 more, and if the organization meets the "fa						
	organization meets the "facts-and-circums	tances" test. The o	rganization qualifie	es as a publicly su	pported organizati	on • • • • • •	• • • • • • □
b	10%-facts-and-circumstances test - 200	9. If the organization	on did not check a	box on line 13, 16a	a, 16b, or 17a, and	d line 15 is 10% or	
	more, and if the organization meets the "fa	acts-and-circumstar	nces" test, check t	his box and stop h	nere. Explain ın Pa	irt IV how the	
	organization meets the "facts-and-circums	tances" test. The o	rganization qualifie	es as a publicly su	pported organizati	on	• • • • • • □
18	Private foundation. If the organization de						

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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support						
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf · · · · · · · · · · · · · · · · · · ·						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5 · · · · · ·						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year · · ·						
С	Add lines 7a and 7b · · · · · · ·						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support					<u> </u>	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		f				
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · ·						
14	First five years. If the Form 990 is for the or organization, check this box and stop here	ganization's firs	t, second, third, for	urth, or fifth tax ye	ar as a section 501	(c)(3)	· · · · · ▶ □
	tion C. Computation of Public Su						
	Public support percentage for 2010 (line 8, c		•				%
	Public support percentage from 2009 Sched			· · · · · · · · · · · · · · · · · · ·		· 16	%
	ction D. Computation of Investmer			1		T :	
17 40	Investment income percentage for 2010 (line		-				<u>%</u>
18	Investment income percentage from 2009 S					· 18	%
	33 1/3% support tests - 2010. If the organiz 17 is not more than 33 1/3%, check this box	and stop here.	The organization of	qualifies as a publi	cly supported orga	nization · · · ·	· · · · · ▶ □
D	33 1/3% support tests - 2009. If the organization 18 is not more than 33 1/3%, check this	ation did not ch box and stop h	eck a box on line 1 ere. The organizat	4 or line 19a, and ion qualifies as a i	ine 16 is more that publicly supported	in 33 1/3%, and organization	▶ □
20	Private Foundation: If the organization did						

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No 1545-0047

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If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, Ilne 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizations	: Complete Part III.	,	,,	
Na	me of organization			Employer id	lentification number
CC	MMUNITY CRISIS INTERVENTION	CENTE		71-052	6262
Pa	rt I-A Complete if the organi	zation is exempt under sect	ion 501(c) or is	a section 527 orga	nization.
1	Provide a description of the organization	s direct and indirect political campaig	n activities on beha	If of or in opposition to	
	candidates for public office in Part IV				
2	Political expenditures · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • •	
3	Volunteer hours · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •		
Pa		zation is exempt under sect			
1	Enter the amount of any excise tax incur	· -		· · · · · · · · · · · · · · · · · · ·	
2	Enter the amount of any excise tax incur	red by organization managers under s	section 4955 · · ·	· · · · · · • • • • • • • • • • • • • •	
3	If the organization incurred a section 495	•			[2]
4a	Was a correction made?	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	• • • • • • • • • • • • •	· Yes No
b					
Pa	rt I-C Complete if the organi	zation is exempt under sect	<u>ion 501(c), exc</u>	ept section 501(c)(3	3).
1	Enter the amount directly expended by the		•		
	activities · · · · · · · · · · · · · · · · · · ·			· · · · · · • \$	
2	Enter the amount of the filing organization				
	527 exempt function activities · · · · ·			· · · · · · • \$	
3	Total exempt function expenditures Add		•		
	line 17b • • • • • • • • • • • • • • • • • • •			P V	
4	Did the filing organization file Form 1120				· Yes No
5	Enter the names, addresses and employ				
	organization made payments For each of				
	the amount of political contributions rece				
	as a separate segregated fund or a politi	cal action committee (PAC). If addition	nal space is neede	d, provide information in F	Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
			-		none, enter -0-
(1)					
(2)			 		ļ
(2)					
/2\			 		
(3)					
(A)			 		
(4)					
<u></u>			 		
(5)					
<u>(6)</u>					
(6)					

che	dule C (Form 990 or 990-EZ) 2010 COMMUNITY CRI	SIS INTERVEN	TION CENTE		71-0526	262 Page 2
Pa	rt II-A Complete if the organization	ı is exempt ur	der section 501	(c)(3) and filed	Form 5768 (elec	tion
	under section 501(h)). Check In the filing organization belongs to	on officeted arous				
				amb.		
				ріу.	Т	
		ying Expenditure			(a) Filing	(b) Affiliated
4-	(The term "expenditures" n				organization's totals	group totals
1a h	Total lobbying expenditures to influence public o					· · · · · · · · · · · · · · · · · · ·
þ	Total lobbying expenditures to influence a legisla	• •				
٦ 5	Total lobbying expenditures (add lines 1a and 1l	-				
d	Other exempt purpose expenditures		• • • • • • • • • • • • • • • • • • • •			· · · · · · · · · · · · · · · · · · ·
	Total exempt purpose expenditures (add lines 1	•		• • • • • • • •		
•	Lobbying nontaxable amount. Enter the amount	from the following	table in both			
1	columns.					·····
	If the amount on line 1e, column (a) or (b) is:		nontaxable amour	nt is :	1	
	Not over \$500,000		nount on line 1e		1	
	Over \$500,000 but not over \$1,000,000		s 15% of the excess			1
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess			1
	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess o	ver \$1,500,000		I
	Over \$17,000,000	\$1,000,000		<u> </u>		
g	Grassroots nontaxable amount (enter 25% of lin					
h	Subtract line 1g from line 1a. If zero or less, ent					·
!	Subtract line 1f from line 1c. If zero or less, ente	. •			L	
J	If there is an amount other than zero on either li		•	•	•	
	section 4911 tax for this year? · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	Yes No
_	(Some organizations that	made a section 5	Period Under Sectio 01(h) election do no ctions for lines 2a tl	ot have to complete		
	Lobby	ing Expenditures	During 4-Year Ave	raging Period	T	
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	ed Fo	orm :	5768		
	(election under Section of (iii)).	(;	a)		(b)	
		Yes	No	Aı	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
а	Volunteers? · · · · · · · · · · · · · · · · · · ·					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? · · · · · · · ·					
C	Media advertisements? · · · · · · · · · · · · · · · · · · ·					
đ	Mailings to members, legislators, or the public?					
6	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
_	Direct contact with legislators, their staffs, government officials, or a legislative body? • • • • • • • • • • • • • • • • • • •					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities? If "Yes," describe in Part IV · · · · · · · · · · · · · · · · · ·					
	Total. Add lines 1c through 1i · · · · · · · · · · · · · · · · · ·					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912	İ				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	~				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? · · · · · · · · · · · ·		<u> </u>	<u> </u>		
Par	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	5), c	or sec	ction		
	50 I(C)(0).			······	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	103	140
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			-	 	
	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	 	 -
	till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			ction	L	<u> </u>
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lin				d	
	"Yes."					
	Dues, assessments and similar amounts from members · · · · · · · · · · · · · · · · · · ·	• •	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid). Current year					
_	Carryover from last year · · · · · · · · · · · · · · · · · · ·		2a			
b	Total · · · · · · · · · · · · · · · · · · ·		2b			
C	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues · · · · · · · ·		2c 3			
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	• •	3	 -		
4	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		i			
	and political expenditure next year?		4	ł		
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	_ '' - ', '		<u> </u>	<u> </u>		
	t IV Supplemental Information Sete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and Part II-B, line	e 1i				
-	complete this part for any additional information.	C 11.				
A130,	Complete this part for any additional information.					
		_				
						
						

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2010

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

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OMB No 1545-0047

Valie u	d the order section.		cirphyci Maintagoli Hulladi	
COM	MUNITY CRISIS INTERVENTION CENTE		71-0526262	
Part	Organizations Maintaining Donor Advised Funds or Other Simi	lar Funds or	Accounts. Complete if	
	the organization answered "Yes" to Form 990, Part IV, line 6.			
	(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year · · · · · · · · · · ·			
2	Aggregate contributions to (during year) · · · ·			
3	Aggregate grants from (dunng year) · · · · · ·			
4	Aggregate value at end of year · · · · · · · · ·			
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised		
	funds are the organization's property, subject to the organization's exclusive legal control?		· · · · · · · · · · · · · · · Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant ful	nds can be		
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or fe	or any other		
	purpose conferring impermissible private benefit?		· · · · · · · · · · · · Yes	No
Par	t II Conservation Easements. Complete if the organization answered "Yes" to	Form 990, Part	IV, line 7	
	Purpose(s) of conservation easements held by the organization (check all that apply).			
	Preservation of land for public use (e.g., recreation or education) Preservation	n of an historicall	ly important land area	
	Protection of natural habitat Preservatio	n of a certified his	stonc structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	in the form of a co	onservation	
	easement on the last day of the tax year			
			Held at the End of the T	ax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements · · · · · · · · · · · · · · · · · · ·		2b	
С	Number of conservation easements on a certified historic structure included in (a) · · · ·		2c	
d	Number of conservation easements included in (c) acquired after 8/17/06 and not on a his			
_	structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the orga	anization during	
_	the tax year	, ,	3	
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, i	nandling of		
_	violations, and enforcement of the conservation easements it holds?	•	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ea	sements during t	the year	
-	>	3	•	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easem	ents during the v	ear	
-	> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	section		
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·	No
9	In Part XIV, describe how the organization reports conservation easements in its revenue		·	
_	balance sheet, and include, if applicable, the text of the footnote to the organization's finan	-	·	
	the organization's accounting for conservation easements			
Par	rt III Organizations Maintaining Collections of Art, Historical Treas	sures, or Oth	er Similar Assets	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	Jan 100, 01 01.11	5. G.I.II.a. 7.55525.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re-	venue statement	and balance sheet works of	
	art, historical treasures, or other similar assets held for public exhibition, education, or rese	earch in furtheran	ice of public service,	
	provide, in Part XIV, the text of the footnote to its financial statements that describes these	e items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reveni	ue statement and	balance sheet works of art,	
	historical treasures, or other similar assets held for public exhibition, education, or research	h in furtherance o	of public service,	
	provide the following amounts relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·		▶\$	
	(ii) Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·			
2	If the organization received or held works of art, historical treasures, or other similar asset			
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these its	•	•	
а	Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • •	
b	Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·			
				

Schedu	lle D (Form 990) 2010 COMMUNITY CRISI	S INTERVENTION	N CENTE		71-05262	:62	Page 2
Par	t III Organizations Maintaining	Collections of	Art, Historical 1	reasures, or	Other Similar Ass	ets (conti	nued)
3	Using the organization's acquisition, accession,						
	collection items (check all that apply).						
а	Public exhibition	d Loar	n or exchange progr	ams			
b	Scholarly research	e Othe	er				
С	Preservation for future generations						
4	Provide a description of the organization's colle	ctions and explain h	ow they further the	organization's ex	rempt purpose in		
	Part XIV.	•	•	J	, , ,		
5	During the year, did the organization solicit or re	eceive donations of	art, historical treasu	res, or other sim	ılar		
	assets to be sold to raise funds rather than to b			-		· Tyes	No
Par	t IV Escrow and Custodial Arra	ngements Com	plete if organization	n answered "Yes	" to Form 990,		
	Part IV, line 9, or reported an amour				,		
1a	Is the organization an agent, trustee, custodian			or other assets n	ot		
	included on Form 990, Part X?					· TYes	No
ь	If "Yes," explain the arrangement in Part XIV ar						
	•		•		Amo	unt	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance · · · · · · · · · · · · · · · · · · ·				1f		
2a	Did the organization include an amount on Form	n 990, Part X, line 2	1? • • • • • • •			· Yes	No
b	If "Yes," explain the arrangement in Part XIV.						
Par	t V Endowment Funds. Complete	if the organization a	nswered "Yes" to F	orm 990, Part IV	, line 10		
		(a) Current year	(b) Pnor year	(c) Two years ba	ck (d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance						
b	Contributions · · · · · · · · · · ·						1
C	Net investment earnings, gains, and losses •		-				
d	Grants or scholarships · · · · · · · ·						
θ	Other expenditures for facilities						
	and programs					<u> </u>	t
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the year e	nd balance held as:					
а	Board designated or quasi-endowment	%					
b	Permanent endowment ▶ %						
C	Term endowment ▶ %						
3a	Are there endowment funds not in the possess	on of the organization	on that are held and	l administered fo	r the		
	organization by					Υ,	es No
	(i) unrelated organizations · · · · · · · ·					3a(i)	
	(ii) related organizations · · · · · · · · ·					3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations I	•			• • • • • • • • • • • • •	3b	
4	Describe in Part XIV the intended uses of the o				· · · · · · · · · · · · · · · · · · ·		
Pa	rt VI Land, Buildings, and Equip	ment. See Form	990, Part X, line 10).			
	Description of investment	(a) Cost or oth	erbasis (b) Co	st or other	(c) Accumulated	(d) Book va	alue
		(investm	ent) bas	is (other)	depreciation	·	
1a	Land · · · · · · · · · · · · · · · · · · ·	• • •		43,500			43,500
b	Buildings	• • •		232,781		2	32,781
C	Leasehold improvements · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •					
d	Equipment · · · · · · · · · · · · · · · · · · ·	• • •		20,505			20,505
e	Other		į į		Ī		

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

• • • • • • • • • • •

296,786

Partin	Other Assets. God tollitos, turn, till to.	
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Colum	n (b) must equal Form 990 Part X col (B) line 15)	

Other Liabilities. See Form 990, Part X, line 25 Part X (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6)(7) (8) (9) (10)(11)Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Sched	ule D ₄ (Form 990) 2010 COMMUNITY CRISIS INTERVENTION CENTE	71-0526262	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	tements	· · · · · ·
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses · · · · · · · · · · · · · · · · · ·	6	
7	Prior period adjustments · · · · · · · · · · · · · · · · · · ·	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8 · · · · · · · · · · · · · · · · · ·	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 · · · · · · · · · · · · · · · · · ·	10	
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments · · · · · · · · · · · · · · · · · · ·		
b	Donated services and use of facilities · · · · · · · · · · · · · · · 2b		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · ·		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities · · · · · · · · · · · · · · · · · 2a		
b	Prior year adjustments · · · · · · · · · · · · · · · · · · ·		
C	Other losses · · · · · · · · · · · · · · · · · ·		
đ	Other (Describe in Part XIV.) · · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · ·		
C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1		
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complet	9	
this	part to provide any additional information		 ·
			

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

COMMUNITY CRISIS INTERVENTION CENTE

Employer identification number 71-0526262

Par	rt I Types of Property							
		(a)	(b)	(C)	1	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method o	f deter	minıng	3
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash co	ntributi	on am	ounts
1	Art-Works of art							
2	Art-Historical treasures · · · · · [
3	Art-Fractional interests · · · · ·							
4	Books and publications · · · ·							
5	Clothing and household							
	goods · · · · · · · · · ·	x		81,692	AMOUNT C	F SA	LES	
6	Cars and other vehicles · · · ·							
7	Boats and planes · · · · · ·							
8	Intellectual property · · · · ·					_		
9	Securities-Publicly traded · · · ·							
10	Securities-Closely held stock · ·							
11	Securities-Partnership, LLC,							
	or trust interests · · · · · ·							
12	Securities-Miscellaneous · · · ·							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other · · · · · ·				}			
15	Real estate-Residential · · · · ·							
16	Real estate-Commercial · · · ·							
17	Real estate-Other · · · · · ·							
18	Collectibles · · · · · · · · ·				 			
19	Food inventory · · · · · · ·							
20	Drugs and medical supplies · · ·							
21	Taxidermy · · · · · · · · ·							
22	Historical artifacts · · · · · ·							
23	Scientific specimens · · · · ·							
24	Archeological artifacts · · · ·			 				
25	Other ▶()							
26	Other ►()			 	 			
27	Other ►()							
28	Other •()				 			
29	Number of Forms 8283 received b	v the organization	on during the tax year for contr	butions for	 			
23	which the organization completed	,	• •		29			
	mion and digeneration completes		, _ oo	•			Yes	No
30a	During the year, did the organization	on receive by co	ntribution any property reporte	nd in Part I lines 1-28 that			163	-140
Jua	it must hold for at least three years	=						
	used for exempt purposes for the					30a		v
b	If "Yes," describe the arrangement					- Jua		X
	Does the organization have a gift a		w that requires the review of a	ny non-standard				
31	contributions?					31		Ú
22-						31		X
32a	contributions?	•		•		32a		v
L	16 m 6 - n 1 2	• • •				324	 	X
. b	If the organization did not report a	n amount in colu	imn (c) for a time of property for	or which column (a) is chacked				
33	describe in Part II.	amount in wit	mm (o) for a type of property to	or which column (a) is checked,				

Form **8868**

(Rev January 2011)

Application for Extension of Time to File an Exempt Organization Return

(Rev January 2011)		Exempt Organization Return				OMB No 1545-1709		
Department of the Treasury Internal Revenue Service		▶ File a separate application for each return.						
		Automatic 3-Month Extension, co				1		
- •	-	· · · · · · · · · · · · · · · · · · ·	-		hia farma)		∙ ∙ ∙ ▶ \Х	
	-	,		n, complete only Part II (on page 2 of t matic 3-month extension on a previously	•	3868.		
a corporation 8868 to reque Return for Tra	required to est an exter insfers Ass	ofile Form 990-T), or an additional (n nsion of time to file any of the forms sociated With Certain Personal Bene	ot automatic listed in Pari fit Contracts	ed a 3-month automatic extension of time c) 3-month extension of time. You can ele t or Part II with the exception of Form 86 , which must be sent to the IRS in paper ww.irs.gov/efile and click on e-file for Cha	ectronically f 870, Informa format (see	ile Form ition		
A corporation				submit original (no copies needs				
Part I only • •		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • •			🕨 🗀	
		cluding 1120-C filers), partnerships,		d trusts must use Form 7004 to request	an extension	n of time		
to file income	tax returns	.						
Type or Name of exempt organization COMMUNITY CRISIS INTERVENTION		En		Employer i	mployer identification number			
		NITY CRISIS INTERVENTION	CENTE	TE 71-05262			<u></u>	
File by the		Number, street, and room or suite no. If a P O box, see instructions.						
due date for filing your		705 MALVERN AVENUE						
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions							
Instructions	Hot Springs Nation, AR 71901							
Enter the Rete	um code fo	r the return that this application is fo	r (file a sepa	rate application for each return) • • •			· · d 1	
Application			Return	Application	-		Return	
Is For		Code	ls For			Code		
Form 990			01	Form 990-T (corporation)			07	
Form 990-BL			02	Form 1041-A	041-A			
Form 990-EZ			03	Form 4720			09	
Form 990-PF			04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)			05	Form 6069			11	
Form 990-T (trust other than above)			06	Form 8870			12	
Telephone If the organ If this is for for the whole a list with the I reques until for the co	No prization does a Group Regroup, chees and autom 08- organization calendar year year beg	EINs of all members the extension natic 3-month (6 months for a corpora 15 , 20 11, to file the exempt on s return for. Par 20 10 or ginning ered in line 1 is for less than 12 months.	Iness in the digit Group E it is for part is for ation require rganization in 20	AX No ► 501-624- United States, check this box · · · ·	. If this is and attach . The extens	ion is	▶□	
		unting period s for Form 990-BL, 990-PF, 990-T, 4	720, or 6069), enter the tentative tax, less any	<u>-</u>			
nonrefundable credits. See instructions					3a	\$		
b If this a	oplication is	s for Form 990-PF, 990-T, 4720, or 6	6069, enter a	iny refundable credits and		[
estimated tax payments made. Include any prior year					3b	\$		
c Balance	e due. Sub	tract line 3b from line 3a Include you	ur payment v	with this form, if required, by using EFTP		1.		
(Electronic Federal Tax Payment System). See Instructions						\$		
		g to make an electronic fund withdraw	wal with this	Form 8868, see Form 8453-EO and For	m 8879-EO	tor		
payment instru	uctions							