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Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2010 calendar year, or tax year beginning 07/01, 2010, and ending 06/30, 20 11

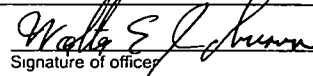
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHRISTIAN COMMUNITY ACTION		D Employer identification number 23-7319371
	Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 200 S MILL STREET		E Telephone number (972) 221-1224
	City or town, state or country, and ZIP + 4 LEWISVILLE, TX 75057		G Gross receipts \$ 10,981,236.
	F Name and address of principal officer WALTER E JOHNSON 200 S MILL STREET LEWISVILLE, TX 75057		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.CCAHELPS.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1973	M State of legal domicile TX

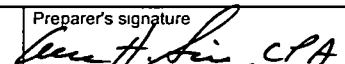
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IN THE SPIRIT OF JESUS CHRIST, CHRISTIAN COMMUNITY ACTION MINISTERS TO THE POOR BY PROVIDING COMPREHENSIVE SERVICES THAT ALLEVIATE SUFFERING, BRING HOPE AND CHANGE LIVES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23.
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	236.
	6 Total number of volunteers (estimate if necessary)	6	4,000.
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1b)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,500,718.	10,482,314.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	196,125.	171,601.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,795.	14,406.
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-27,255.	-5,886.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,684,383.	10,662,435.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,917,695.	3,780,276.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,768,575.	5,080,107.
	b Total fundraising expenses (Part IX, column (D), line 25)	168,000.	112,000.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	505,907.	
	18 Total expenses—Add lines 13-17 (must equal Part IX, column (A), line 25)	2,170,071.	2,588,469.
19 Revenue less expenses—Subtract line 18 from line 12	11,024,341.	11,560,852.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	11,456,061.	10,953,215.
	22 Net assets or fund balances—Subtract line 21 from line 20	261,426.	641,489.
		11,194,635.	10,311,726.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer	2/14/12 Date
	WALTER E. JOHNSON Type or print name and title	INTERIM PRESIDENT

Paid Preparer Use Only	Pnnt/Type preparer's name WILLIAM H. SIMS	Preparer's signature 	Date 2/10/12	Check if self-employed <input type="checkbox"/>	PTIN P00004539
	Firm's name SALMON SIMS THOMAS & ASSOC PLLC			Firm's EIN 05-0568611	
	Firm's address 12720 HILLCREST RD, SUITE 900 DALLAS, TX 75230			Phone no 972-392-1143	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)

SCANNED MAR 15 2012

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Part III 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
IN THE SPIRIT OF JESUS CHRIST, CHRISTIAN COMMUNITY ACTION MINISTERS
TO THE POOR BY PROVIDING COMPREHENSIVE SERVICES THAT ALLEVIATE
SUFFERING, BRING HOPE AND CHANGE LIVES.

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 No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 1,522,287 including grants of \$ 1,006,851) (Revenue \$ 111,062)
CHRISTIAN COMMUNITY ACTION'S (CCA) FAMILY ASSISTANCE PROGRAM IS
DESIGNED TO FULFILL THE IMMEDIATE AND CRUCIAL NEEDS OF FAMILIES
DURING CRISIS. THIS MAY MEAN THE LOSS OF A JOB, ILLNESS, FIRE OR
ANOTHER SITUATION THAT LIMITS THE FAMILY'S ACCESS TO FOOD,
CLOTHING, SHELTER OR THE ABILITY TO PAY THEIR BILLS.

4b (Code _____) (Expenses \$ 2,013,811 including grants of \$ 1,156,012) (Revenue \$ 60,539)
CHRISTIAN COMMUNITY ACTION'S (CCA) ADULT HEALTH CENTER PROVIDES
COMPREHENSIVE, LOW COST MEDICAL CARE TO THE WORKING POOR LIVING
ACROSS DENTON COUNTY, AS WELL AS CCA'S ENTIRE SERVICE AREA. THE
CENTER WAS ESTABLISHED IN SEPTEMBER 1999 DUE TO A GLARING NEED FOR
AFFORDABLE HEALTH CARE FOR THE UNINSURED AND UNDERINSURED.
ACCORDING TO THE U.S. CENSUS BUREAU, TEXAS HAS THE HIGHEST
PERCENTAGE OF UNINSURED RESIDENTS IN THE NATION. CCA'S ADULT
HEALTH CENTER ADDRESSES THE NEED FOR AFFORDABLE PRIMARY AND
PREVENTATIVE HEALTH CARE BY OFFERING A RANGE OF SERVICES ON A
SLIDING FEE SCALE.

4c (Code _____) (Expenses \$ 1,426,129 including grants of \$ 1,261,921) (Revenue \$ 0)
EACH WEEK, CHRISTIAN COMMUNITY ACTION (CCA) TYPICALLY PROVIDES
MORE THAN 650 FAMILIES WITH MORE THAN 40 PERCENT OF THEIR FOOD
NEEDS. CURRENTLY, IN THESE ECONOMICALLY TRYING TIMES, THE NUMBER
OF FAMILIES RECEIVING ACCESS TO THE FOOD PANTRY IS APPROACHING
900. THESE LOW-INCOME FAMILIES ARE PROVIDED WITH VOUCHERS FOR USE
AT THE PANTRY, WHICH IS A FULLY-STOCKED GROCERY STORE. WITH
CCA-PROVIDED FOOD, FAMILIES ARE ABLE TO RESERVE THEIR HOUSEHOLD
INCOME FOR RENT, UTILITIES, CHILDCARE AND HEALTHCARE.

4d Other program services (Describe in Schedule O) ATTACHMENT 1
(Expenses \$ 4,696,813 including grants of \$ 450,610) (Revenue \$ 0)

4e Total program service expenses **▶** 9,659,040.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No response boxes. Rows include questions 21 through 38 regarding grants, compensation, bond issues, and organizational structure.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. []

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b 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 any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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

- 17 List the states with which a copy of this Form 990 is required to be filed NONE REQUIRED
18 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, Upon request.
19 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.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: EVELYN SNEE, 200 S MILL STREET LEWISVILLE, TX 75057, 972-219-4375

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.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TOM BLACK DIRECTOR	1.00	X					0.	0.	0.	
(2) BILL CAVALLE DIRECTOR	1.00	X					0.	0.	0.	
(3) BOB DAY DIRECTOR	1.00	X					0.	0.	0.	
(4) TAMRA DEUSER, MD DIRECTOR	1.00	X					0.	0.	0.	
(5) ELAINE EMERY SECRETARY	1.00	X		X			0.	0.	0.	
(6) MARIO FLORES DIRECTOR	1.00	X					0.	0.	0.	
(7) MARVIN FRANKLIN DIRECTOR	1.00	X					0.	0.	0.	
(8) ANDY GABEHART DIRECTOR	1.00	X					0.	0.	0.	
(9) STEVE GRIFFIN DIRECTOR	1.00	X					0.	0.	0.	
(10) KEN HUGHES DIRECTOR	1.00	X					0.	0.	0.	
(11) GINA JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
(12) RHONDA LOVING DIRECTOR	1.00	X					0.	0.	0.	
(13) JOSEPH MOORE DIRECTOR	1.00	X					0.	0.	0.	
(14) NICK PANZA CHAIRMAN	1.00	X		X			0.	0.	0.	
(15) PIA PENA DIRECTOR	1.00	X					0.	0.	0.	
(16) DAVID PORTER DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) JEFFERY D PRICE VICE-CHAIRMAN	1.00	X		X				0.	0.	0.
(18) MORRIS SALERNO DIRECTOR	1.00	X						0.	0.	0.
(19) JEFF SCHUETTS DIRECTOR	1.00	X						0.	0.	0.
(20) TERRY SMITH DIRECTOR	1.00	X						0.	0.	0.
(21) CORY STRANGE TREASURER	1.00	X		X				0.	0.	0.
(22) DOUG WELCH DIRECTOR	1.00	X						0.	0.	0.
(23) JILL CARTER WELKE DIRECTOR	1.00	X						0.	0.	0.
(24) WALTER E JOHNSON INTERIM PRESIDENT	1.00	X		X				0.	0.	0.
(25) SCOTT A ORR PRESIDENT	50.00			X				118,501.	0.	17,060.
(26) TAMARA WALLACE CHIEF FINANCIAL OFFICER	50.00			X				76,106.	0.	9,555.
(27)										
(28)										
1b Sub-total								194,607.	0.	26,615.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								194,607.	0.	26,615.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

Part VIII 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
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	16,939.				
	b Membership dues	1b					
	c Fundraising events	1c	324,192				
	d Related organizations	1d					
	e Government grants (contributions)	1e	687,981				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,453,202				
	g Noncash contributions included in lines 1a-1f \$		2,596,231				
	h Total. Add lines 1a-1f			10,482,314			
Program Service Revenue				Business Code			
	2a HOUSING RENTAL INCOME		531110	111,062	111,062		
	b HEALTH CENTER SERVICE FEES		624100	60,539	60,539		
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			171,601				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			8,257.			8,257
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
		(i) Real	(ii) Personal				
	6a Gross Rents.						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			0			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory			222,906			
	b Less cost or other basis and sales expenses			216,757			
	c Gain or (loss)			6,149			
	d Net gain or (loss)			6,149			6,149.
	8a Gross income from fundraising events (not including \$ 324,192 of contributions reported on line 1c) See Part IV, line 18	a		68,972			
	b Less direct expenses	b		102,044			
c Net income or (loss) from fundraising events			-33,072				
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue			Business Code				
11a OTHER INCOME		900099	27,186	27,186			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			27,186				
12 Total revenue See instructions			10,662,435.	198,787	0	14,406	

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 (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . .	6,010.	6,010.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	3,774,266.	3,774,266.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	234,293.	196,806.	14,057.	23,430.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	3,815,655.	2,933,311.	664,741.	217,603.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	100,490.	78,796.	19,406.	2,288.
9 Other employee benefits	608,993.	498,917.	82,034.	28,042.
10 Payroll taxes	320,676.	222,118.	81,686.	16,872.
11 Fees for services (non-employees)				
a Management	138,047.		138,047.	
b Legal	0.			
c Accounting	35,173.		35,173.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	112,000.			112,000.
f Investment management fees	2,702.		2,702.	
g Other	186,857.	135,577.	43,829.	7,451.
12 Advertising and promotion	63,529.	29,608.	1,092.	32,829.
13 Office expenses	342,180.	261,225.	60,338.	20,617.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	852,214.	725,869.	126,345.	
17 Travel	106,655.	102,996.	2,301.	1,358.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	9,251.	4,797.	3,695.	759.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	395,293.	301,133.	88,105.	6,055.
23 Insurance	18,800.	18,800.		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a <u>MERCHANDISE REPAIR</u>	37,384.	37,384.		
b <u>MISCELLANEOUS EVENT EXPENSES</u>	26,063.	5,644.	674.	19,745.
c <u>MERCHANDISE CONSIGNMENT</u>	61,966.	61,486.		480.
d <u>MISCELLANEOUS EXPENSES</u>	312,355.	264,297.	31,680.	16,378.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	11,560,852.	9,659,040.	1,395,905.	505,907.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	245,401.	1	235,530.
	2 Savings and temporary cash investments	514,518.	2	261,801.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	52,795.	4	69,033.
	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 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,732,304.	8	1,465,220.
	9 Prepaid expenses and deferred charges	56,552.	9	51,052.
	10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 13,328,206.		
	b Less accumulated depreciation	10b 4,649,010.	8,572,073.	10c 8,679,196.
	11 Investments - publicly traded securities	282,418.	11	191,383.
	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	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,456,061.	16	10,953,215.	
Liabilities	17 Accounts payable and accrued expenses	241,412.	17	326,265.
	18 Grants payable		18	
	19 Deferred revenue	20,014.	19	65,184.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties ATCH. 3	0.	23	135,040.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	115,000.
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	261,426.	26	641,489.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,909,088.	27	9,612,573.
	28 Temporarily restricted net assets	285,547.	28	699,153.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	11,194,635.	33	10,311,726.	
34 Total liabilities and net assets/fund balances	11,456,061.	34	10,953,215.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,662,435.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,560,852.
3	Revenue less expenses. Subtract line 2 from line 1	3	-898,417.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,194,635.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	15,508.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10,311,726.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
3b	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	X	

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization CHRISTIAN COMMUNITY ACTION	Employer identification number 23-7319371
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

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.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) - 14%; 15 Public support percentage from 2009 Schedule A, Part II, line 14 - 15%; 16a 33 1/3 % support test - 2010; b 33 1/3 % support test - 2009; 17a 10%-facts-and-circumstances test - 2010; b 10%-facts-and-circumstances test - 2009; 18 Private foundation.

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.)

Section A. Public Support

Calendar 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.")	9,238,930.	10,759,790	10,248,737	10,500,718.	10,482,314	51,230,489
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	711,924	727,027.	261,852	249,202	240,573	2,190,578.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	9,950,854	11,486,817	10,510,589	10,749,920.	10,722,887	53,421,067.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				192,177	756,785	948,962
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b				192,177	756,785	948,962
8 Public support (Subtract line 7c from line 6)						52,472,105

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	9,950,854	11,486,817	10,510,589.	10,749,920	10,722,887	53,421,067
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	45,382	42,857	15,583	15,228	8,257	127,307
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	45,382	42,857	15,583.	15,228	8,257	127,307
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)	54,989.	97,452	128,921	20,450.	27,186	328,998
13 Total support. (Add lines 9, 10c, 11, and 12)	10,051,225	11,627,126	10,655,093	10,785,598	10,758,330	53,877,372
14 First five years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	97.39%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	98.83%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	.24%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	.26%

- 19a 33 1/3 % support tests - 2010.** 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 - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
OTHER INCOME	54,989	97,452	128,921	20,450	27,186.	328,998.
TOTAL	<u>54,989</u>	<u>97,452</u>	<u>128,921</u>	<u>20,450</u>	<u>27,186</u>	<u>328,998</u>

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

CHRISTIAN COMMUNITY ACTION

Employer identification number

23-7319371

Part I Organizations Maintaining Donor Advised Funds or Other Similar 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 (during 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c 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 historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule D (Form 990) 2010

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XI V and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,001,012.	1,578,397	1,269,132.		
b Contributions	2,012,725	1,751,540	1,346,862.		
c Net investment earnings, gains, and losses		0	0		
d Grants or scholarships	910,023	2,271,600	446,434		
e Other expenditures for facilities and programs	689,070	57,325	591,163		
f Administrative expenses	343,635	0	0		
g End of year balance	1,071,009	1,001,012	1,578,397.		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 34.7202 %
- b Permanent endowment ▶ 0.0000 %
- c Term endowment ▶ 65.2798 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		964,098.		964,098.
b Buildings		9,569,341.	3,108,119.	6,461,222.
c Leasehold improvements		755,462.	222,609.	532,853.
d Equipment		1,978,245.	1,318,282.	659,963.
e Other		61,060.	0.	61,060.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)				8,679,196.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other -----		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (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)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,662,435.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,560,852.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-898,417.
4	Net unrealized gains (losses) on investments	4	15,508.
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	15,508.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-882,909.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	11,480,356.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	15,508.
b	Donated services and use of facilities	2b	802,413.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	817,921.
3	Subtract line 2e from line 1	3	10,662,435.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	10,662,435.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	12,363,265.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	802,413.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	802,413.
3	Subtract line 2e from line 1	3	11,560,852.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
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	11,560,852.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 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 complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information (continued)

PART V

LINE 4

BOARD DESIGNATED NET ASSETS: THE BOARD OF DIRECTORS HAS ESTABLISHED A RESERVE POLICY TO FUND THE AGENCY'S OPERATIONS IN EMERGENCY CIRCUMSTANCES WHICH ELIMINATE OR SEVERELY LIMIT THE NORMAL SOURCES OF OPERATIONS REVENUE. THE TARGET LEVEL OF THIS RESERVE IS THREE MONTHS OF OPERATIONS EXPENSES. TOTAL - \$371,856 TEMPORARILY RESTRICTED NET ASSETS: THE TEMPORARILY RESTRICTED FUNDS ARE RESTRICTED FOR FACILITIES AND DIRECT SUPPORT CONSISTED OF THE FOLLOWING:

CAPITAL CAMPAIGN:	\$459,729
ADULT HEALTH CENTER:	199,609
HOUSING:	22,583
OTHER DIRECT SUPPORT:	17,232
TOTAL	\$699,153

PART X

LINE 2

THE AGENCY IS A NON-PROFIT, PUBLICLY SUPPORTED ORGANIZATION, AS DEFINED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (CODE) THAT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE CODE. ACCORDINGLY, NO FEDERAL INCOME TAXES ARE RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

MANAGEMENT HAS CONCLUDED THAT ANY TAX POSITIONS THAT WOULD NOT MEET THE MORE-LIKELY-THAN-NOT CRITERION OF FASB ASC TOPIC 740-10, ACCOUNTING FOR

Part XIV Supplemental Information (continued)

INCOME TAXES, WOULD BE IMMATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE. ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT INCLUDE ANY PROVISION FOR UNCERTAIN TAX POSITIONS, AND NO RELATED INTEREST OR PENALTIES HAVE BEEN RECORDED IN THE OPERATING STATEMENTS OR ACCRUED IN THE BALANCE SHEETS. FEDERAL AND STATE TAX RETURNS OF THE ENTITY ARE GENERALLY OPEN TO EXAMINATION BY THE RELEVANT TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE DATE THE RETURNS ARE FILED.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		AUCTION (event type)	SEASON OF HOPE (event type)	5. (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	105,215.	275,332.	12,617.	393,164.
	2 Less Charitable contributions	48,020.	270,005.	6,167.	324,192.
	3 Gross income (line 1 minus line 2)	57,195.	5,327.	6,450.	68,972.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		8,863.	325.	9,188.
	7 Food and beverages	19,586.	18,638.	1,548.	39,772.
	8 Entertainment	6,749.	16,663.		23,412.
	9 Other direct expenses	26,526.	3,000.	146.	29,672.
	10 Direct expense summary Add lines 4 through 9 in column (d)				(102,044.)
	11 Net income summary Combine line 3, column (d), and line 10				-33,072.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in.

a The organization's facility	13a		%
b An outside facility	13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No. 1545-0047

2010

**Open to Public
Inspection**

CHRISTIAN COMMUNITY ACTION

Employer identification number
23-7319371

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) (2010)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 TEMPORARY/PERMANENT HOUSING & HOUSING RESTORATION	9,940	0	7,5,633	COST	HOUSING
2 SENIOR PROGRAMS	81	0	718	COST	VAR PROGRAMS
3 UTILITIES PAID	5,730	0	174,162	COST	UTILITIES
4 HOLIDAY MEALS		0	57,220	COST	MEALS
5 CHRISTMAS TOYS		0	158,299	COMPARABLES	TOYS
6 MEDICAL SERVICES		0	1,156,012	COST	MEDICAL SVCS
7 CHILD CARE		0	59,299	COST	CHILD CARE

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV appraisal, other)	(f) Description of non-cash assistance
1 CLOTHING/HOUSEHOLD ITEMS		0	1,7,056	COMPARABLES	CLOTHING
2 TRANSPORTATION/VEHICLES		0	25,377	COST	TRANSPORTATION
3 SCHOOL SUPPLIES/EDUCATION		0	48,669	COMPARABLES	SUPPLIES
4 FOOD		0	1,261,921	COMPARABLES	FOOD
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

PART I

LINE 2

FAMILIES THAT LIVE WITHIN THESE BOUNDARIES MUST HAVE 90 DAYS RESIDENCY AND DOCUMENTED FINANCIAL ELIGIBILITY. REQUIREMENTS FOR EACH CLIENT VARY BASED ON THE SITUATION. FAMILIES MUST HAVE A VIABLE PLAN FOR GETTING BACK ON THEIR FEET OR BE WILLING TO FORM A PLAN WITH A CASEWORKER AND MUST BE WITHIN 200 PERCENT OF FEDERAL POVERTY GUIDELINES IN ORDER TO REMAIN QUALIFIED FOR THE FULL-RANGE OF CHRISTIAN COMMUNITY ACTION (CCA) SERVICES. ACCOUNTABILITY IS STRESSED IN ALL FACETS OF CCA'S MINISTRY. AS CCA IS ACCOUNTABLE TO THE FAMILIES IT SERVES, THOSE FAMILIES IN TURN MUST

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information

BE ACCOUNTABLE BY FOLLOWING CCA GUIDELINES AND REMAIN IN GOOD STANDING IN ORDER TO CONTINUE RECEIVING SERVICES AND BENEFITS. CCA SEEKS TO BUILD DEEP, LASTING RELATIONSHIPS WITH STRUGGLING FAMILIES AND GIVE THEM THE TOOLS AND CONFIDENCE TO SUCCEED. A FAMILY'S COMMITMENT TO UTILIZING THESE TOOLS AND SUPPORT ARE WHAT LEADS TO THE TRANSFORMATION FOR A MORE ABUNDANT LIFE. LIMITED EMERGENCY ASSISTANCE IS AVAILABLE TO THOSE WHO DO NOT MEET THE 90-DAY RESIDENCY OR 200 PERCENT OF FEDERAL POVERTY GUIDELINES WITH PROOF OF CRISIS OR FINANCIAL NEED.

**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

CHRISTIAN COMMUNITY ACTION

Employer identification number

23-7319371

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		232,201.	COMPARABLE SALES
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	X	48.	1,198,987.	COMPARABLE SALES
20 Drugs and medical supplies	X	32.	1,128,011.	COMPARABLE SALES
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		5.	37,032.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
COMPUTER SOFTWARE/OFFICE	X	5.	37,032.	COMPARABLE SALES
TOTALS		<u>5.</u>	<u>37,032.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

CHRISTIAN COMMUNITY ACTION

Employer identification number

23-7319371

FORM 990

PART VI, SECTION B, LINE 11

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. IT IS THEN REVIEWED BY THE ACCOUNTING MANAGER, COMPARING IT TO THE AUDITED FINANCIALS. ONCE IT HAS BEEN APPROVED BY THE ACCOUNTING MANAGER IT IS THEN PROVIDED TO THE CHIEF FINANCIAL OFFICER AND CEO/PRESIDENT FOR THEIR REVIEW. ONCE APPROVED, THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE; AND THEN MADE AVAILABLE TO ALL GOVERNING MEMBERS.

FORM 990

PART VI, SECTION B, LINE 12C

ALL BOARD MEMBERS ARE REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTEREST STATEMENT DISCLOSING ANY POTENTIAL CONFLICTS OF INTEREST.

FORM 990

PART VI, SECTION B, LINE 15

THE PRESIDENT'S/CEO'S COMPENSATION IS DETERMINED BY THE BOARD GOVERNANCE COMMITTEE AND COMMUNICATED TO THE BOARD OF DIRECTORS. THE BOARD GOVERNANCE COMMITTEE RECEIVES INPUT FROM THE HR DIRECTOR. A COMPENSATION SURVEY OF OTHER NOT-FOR-PROFIT ORGANIZATIONS IS ALSO CONSIDERED IN DETERMINING THE PRESIDENT'S COMPENSATION PACKAGE.

FORM 990

PART VI, SECTION C, LINE 19

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE PUBLISHED IN THE ANNUAL

Name of the organization CHRISTIAN COMMUNITY ACTION	Employer identification number 23-7319371
--	--

REPORT AND MAILED TO DONORS. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE.

FORM 990

PART XI, LINE 5

UNREALIZED GAINS- \$15,508

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
OTHER PROGRAMS	450,610.	4,696,813.	0.
TOTALS	<u>450,610.</u>	<u>4,696,813.</u>	<u>0.</u>

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MISSION ADVANCEMENT PARTNERS 4808 SCOTER LANE MCKINNEY, TX 75070	FUNDRAISING	112,000.
TOTAL COMPENSATION		<u>112,000.</u>

ATTACHMENT 3

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: ALL IN ONE NETWORK SOLUTIONS
ORIGINAL AMOUNT: 187,000.
DATE OF NOTE: 09/01/2010
MATURITY DATE: 08/01/2013
REPAYMENT TERMS: MONTHLY PAYMENTS PLUS MAINTENANCE FEES
SECURITY PROVIDED: COMPUTER EQUIPMENT
PURPOSE OF LOAN: COMPUTER EQUIPMENT

BEGINNING BALANCE DUE	0.
ENDING BALANCE DUE	135,040.

Name of the organization	Employer identification number
CHRISTIAN COMMUNITY ACTION	23-7319371
ATTACHMENT 3 (CONT'D)	
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>0.</u>
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>135,040.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization
CHRISTIAN COMMUNITY ACTION

Employer identification number
23-7319371

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(1)	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	-----					
(2)	-----					
(3)	-----					
(4)	-----					
(5)	-----					
(6)	-----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	CHRISTIAN COMMUNITY ACTION FNDTN 200 S MILL STREET LEWISVILLE, TX 75057 75-2664102	INVESTMENTS	TX	501(C)(3)	9	FILING ORG		X
(2)	-----							
(3)	-----							
(4)	-----							
(5)	-----							
(6)	-----							
(7)	-----							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dependent allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to other organization(s)		1b X
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		1d X
e Loans or loan guarantees by other organization(s)		1e X
f Sale of assets to other organization(s)		1f X
g Purchase of assets from other organization(s)		1g X
h Exchange of assets		1h X
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
j Lease of facilities, equipment, or other assets from other organization(s)		1j X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X
l Performance of services or membership or fundraising solicitations by other organization(s)		1l X
m Sharing of facilities, equipment, mailing lists, or other assets		1m X
n Sharing of paid employees		1n X
o Reimbursement paid to other organization for expenses		1o X
p Reimbursement paid by other organization for expenses		1p X
q Other transfer of cash or property to other organization(s)		1q X
r Other transfer of cash or property from other organization(s)		1r X

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds				
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) -----										
(2) -----										
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
