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Form **990**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable: <input checked="" 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 Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 200 SOUTH MILL STREET City or town, state or country, and ZIP + 4 LEWISVILLE, TX 75057	D Employer identification number 23-7319371 E Telephone number (972) 219-4357 G Gross receipts \$ 12,225,765
F Name and address of principal officer RICK MURRAY 200 SOUTH 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

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		16	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		16	
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5		233	
6	Total number of volunteers (estimate if necessary)	6		4,000	
7a	Total 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 1h)	Prior Year		Current Year	
	9 Program service revenue (Part VIII, line 2g)	10,482,314		11,632,613	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	171,601		172,179	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,406		-39,702	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-5,886		-81,396	
		10,662,435		11,683,694	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,780,276		3,417,503	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,080,107		5,020,122	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	112,000		0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶555,621				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,588,469		3,285,382	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,560,852		11,723,007		
19 Revenue less expenses Subtract line 18 from line 12	-898,417		-39,313		
Net Assets or Fund Balances		Beginning of Current Year		End of Year	
	20 Total assets (Part X, line 16)	10,953,215		13,954,902	
	21 Total liabilities (Part X, line 26)	641,489		964,316	
22 Net assets or fund balances Subtract line 21 from line 20	10,311,726		12,990,586		

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	2013-03-15 Date
	RICK MURRAY OFFICER Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶ JACK D SPRAWLS CPA	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00156436
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CF & CO LLP 8750 N CENTRAL EXPY STE 300 DALLAS, TX 75231			EIN ▶ 20-0162782 Phone no ▶ (972) 387-4300

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

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 1,469,246 including grants of \$ 578,386) (Revenue \$ 95,693)

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 \$ 2,572,180 including grants of \$ 1,641,560) (Revenue \$ 65,497)

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 \$ 1,242,933 including grants of \$ 844,064) (Revenue \$)

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 WITHCCA-PROVIDED FOOD, FAMILIES ARE ABLE TO RESERVE THEIR HOUSEHOLD INCOME FOR RENT, UTILITIES, CHILDCARE AND HEALTHCARE

(Code) (Expenses \$ 5,395,506 including grants of \$ 353,493) (Revenue \$ 10,724)

OTHER PROGRAMS

4d Other program services (Describe in Schedule O)
(Expenses \$ 5,395,506 including grants of \$ 353,493) (Revenue \$ 10,724)

4e Total program service expenses \$ 10,679,865

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
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? <i>If "Yes," complete Schedule C, Part II.</i>		No
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? <i>If "Yes," complete Schedule C, Part III.</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b 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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c 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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
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? <i>If "Yes," complete Schedule G, Part I.</i> <input checked="" type="checkbox"/>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
20b		

Part IV Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	Yes	

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, question text, and Yes/No columns. Includes rows for Form 1096, W-2G forms, employee reporting, foreign country information, and various organizational compliance questions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (16), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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 (No), 10b, 11a (No), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed TX
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
EVELYN SNEE
200 SOUTH MILL STREET
LEWISVILLE, TX 75057
(972) 219-4375

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

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							368,144	0	44,215	

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

	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>		No
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>		No
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>		No

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 Report compensation for the calendar year ending with or within the organization's tax year

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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	14,758				
	b	Membership dues 1b					
	c	Fundraising events 1c	340,077				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	381,664				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	10,896,114				
	g	Noncash contributions included in lines 1a-1f \$ <u>2,494,470</u>					
	h	Total. Add lines 1a-1f ▶	11,632,613				
Program Service Revenue			Business Code				
	2a	HOUSING RENTAL INCOME	531110	95,693	95,693		
	b	HEALTH CENTER SERVICE	624110	65,762	65,762		
	c	OTHER PROGRAM REVENUE	624110	10,724	10,724		
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶		172,179				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		11,195		11,195	
	4	Income from investment of tax-exempt bond proceeds . . . ▶					
	5	Royalties ▶					
	6a	(i) Real		(ii) Personal			
		b	Gross rents				
		c	Less rental expenses				
		d	Rental income or (loss)				
	d	Net rental income or (loss) ▶					
	7a	(i) Securities		(ii) Other			
		b	Gross amount from sales of assets other than inventory		391,169		
		c	Less cost or other basis and sales expenses		442,066		
		d	Gain or (loss)		-50,897		
	d	Net gain or (loss) ▶		-50,897		-50,897	
	8a	Gross income from fundraising events (not including \$ <u>340,077</u> of contributions reported on line 1c) See Part IV, line 18					
a				0			
b		Less direct expenses b		100,005			
c	Net income or (loss) from fundraising events . . . ▶		-100,005		-100,005		
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 . . . ▶						
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 . . . ▶						
Miscellaneous Revenue		Business Code					
11a	OTHER REVENUE	900099	18,609	18,609			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		18,609				
12	Total revenue. See Instructions ▶		11,683,694	190,788	0	-139,707	

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)

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

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	3,417,503	3,417,503		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	412,360	354,629	24,742	32,989
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	3,629,226	3,138,466	209,088	281,672
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	77,408	66,880	4,490	6,038
9	Other employee benefits	609,813	526,879	35,369	47,565
10	Payroll taxes	291,315	250,531	17,479	23,305
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	37,554	32,297	2,253	3,004
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	170,096	147,702	9,496	12,898
12	Advertising and promotion	89,403	77,246	5,184	6,973
13	Office expenses	168,425	145,519	9,769	13,137
14	Information technology	147,211	126,601	8,833	11,777
15	Royalties				
16	Occupancy	250,100	216,086	14,506	19,508
17	Travel	96,952	83,767	5,623	7,562
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,188	7,938	533	717
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	452,504	390,963	26,246	35,295
23	Insurance	95,453	82,472	5,536	7,445
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	DONATED GOODS	787,798	680,658	45,692	61,448
b	TELEPHONE AND UTILITIES	332,429	287,219	19,281	25,929
c	REPAIR/MAINTENANCE	203,313	175,663	11,792	15,858
d	WASTE DISPOSAL	194,002	167,618	11,252	15,132
e					
f	All other expenses	250,954	303,228	20,357	-72,631
25	Total functional expenses. Add lines 1 through 24f	11,723,007	10,679,865	487,521	555,621
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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	235,530	1	946,673
	2 Savings and temporary cash investments	261,801	2	312,376
	3 Pledges and grants receivable, net		3	1,891,224
	4 Accounts receivable, net	69,033	4	94,217
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,465,220	8	1,196,473
	9 Prepaid expenses and deferred charges	51,052	9	158,124
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	14,452,762		
	b Less accumulated depreciation	5,096,947	10c	9,355,815
	11 Investments—publicly traded securities	191,383	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	0	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,953,215	16	13,954,902	
Liabilities	17 Accounts payable and accrued expenses	326,265	17	243,141
	18 Grants payable		18	
	19 Deferred revenue	65,184	19	70,207
	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	135,040	23	92,236
	24 Unsecured notes and loans payable to unrelated third parties	115,000	24	310,315
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	248,417
	26 Total liabilities. Add lines 17 through 25	641,489	26	964,316
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	9,612,573	27	10,320,840
	28 Temporarily restricted net assets	699,153	28	2,669,746
	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	10,311,726	33	12,990,586	
34 Total liabilities and net assets/fund balances	10,953,215	34	13,954,902	

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	11,683,694
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,723,007
3	Revenue less expenses Subtract line 2 from line 1	3	-39,313
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,311,726
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,718,172
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	12,990,586

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?	Yes	
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separated 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?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRISTIAN COMMUNITY ACTION

Employer identification number

23-7319371

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 **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in IRC 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

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) 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 (See instructions)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	10,759,790	10,248,737	10,500,718	10,482,314	12,115,072	54,106,631
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	727,027	261,852	249,202	240,573	435,769	1,914,423
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	11,486,817	10,510,589	10,749,920	10,722,887	12,550,841	56,021,054
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						0
c Add lines 7a and 7b			192,177	756,785		948,962
8 Public Support (Subtract line 7c from line 6)						55,072,092

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	11,486,817	10,510,589	10,749,920	10,722,887	12,550,841	56,021,054
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,857	15,583	15,228	8,257	11,195	93,120
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	42,857	15,583	15,228	8,257	11,195	93,120
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)	97,452	128,921	20,450	27,186	95,108	369,117
13 Total support (Add lines 9, 10c, 11 and 12)	11,627,126	10,655,093	10,785,598	10,758,330	12,657,144	56,483,291
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2011 (line 8 column (f) divided by line 13 column (f))	15	97.500 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	97.390 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0.160 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.240 %

- 19a 33 1/3% support tests—2011.** 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—2010.** 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.** Supplemental Information. Complete this part to provide the explanation 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).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

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): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?

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)?

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, 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, 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

3 Using the organization's 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 XIV and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the 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	1,071,009	1,001,012	1,578,397	1,269,132	
b Contributions	3,386,771	2,012,725	1,751,540	1,346,862	
c Investment earnings or losses					
d Grants or scholarships	1,175,306	910,023	2,271,600	446,434	
e Other expenditures for facilities and programs	2,591,484	689,070	57,325	591,163	
f Administrative expenses		343,635			
g End of year balance	2,669,746	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 ▶ 27 340 %
- b** Permanent endowment ▶
- c** Term endowment ▶ 72 660 %

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)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,276,022		1,276,022
b Buildings		9,569,341	3,407,590	6,161,751
c Leasehold improvements		1,019,003	244,057	774,946
d Equipment		2,290,469	1,445,300	845,169
e Other		297,927		297,927
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				9,355,815

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,683,694
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,723,007
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-39,313
4	Net unrealized gains (losses) on investments	4	-19,699
5	Donated services and use of facilities	5	822,549
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,915,322
9	Total adjustments (net) Add lines 4 - 8	9	2,718,172
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,678,859

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	12,637,445
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-19,699
b	Donated services and use of facilities	2b	822,549
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	802,850
3	Subtract line 2e from line 1	3	11,834,595
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	-150,901
c	Add lines 4a and 4b	4c	-150,901
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	11,683,694

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

1	Total expenses and losses per audited financial statements	1	11,873,907
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	50,896
d	Other (Describe in Part XIV)	2d	100,005
e	Add lines 2a through 2d	2e	150,901
3	Subtract line 2e from line 1	3	11,723,006
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	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	11,723,006

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, 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

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		PLEDGES RECEIVABLE AND NET ASSETS RESTATED, CAPITAL CAMPAIGN PLEDGES REFLECTED IN PERIOD RECIEVED 1,915,322
		PART V LINE 4 AS OF JUNE 30, 2012, INVESTMENTS OF \$312,376 AND CASH AND CASH EQUIVALENTS OF \$417,413 HAD BEEN DESIGNATED BY THE AGENCY'S BOARD OF DIRECTORS FOR EXPENDITURE IN FUTURE PERIODS BOARD DESIGNATIONS DO NOT MEET THE CRITERIA FOR BEING CLASSIFIED AS RESTRICTED NET ASSETS BOARD DESIGNATIONS ARE NOT DONOR-IMPOSED RESTRICTIONS AND ARE SUBJECT TO CHANGE AT THE BOARD'S DISCRETION THE TEMPORARILY RESTRICTED FUNDS ARE RESTRICTED FOR FACILITIES AND DIRECT SUPPORT CONSISTED OF THE FOLLOWING CAPITAL CAMPAIGN \$2,248,695 ADULT HEALTH CENTER \$191,091 FAMILY ASSISTANCE \$169,246 TRAINING AND DEVELOPMENT \$43,854 OTHER DIRECT SUPPORT \$16,860 TOTAL \$2,669,746 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 PART XII LINE 4B OTHER REVENUE ADJUSTMENTS DIRECT EXPENSES FROM FUNDRAISING EVENTS \$-100,005 OTHER LOSSES \$ -50,896 TOTAL OTHER REVENUE ADJUSTMENTS \$-150,901 PART XIII LINE 2D OTHER EXPENSE ADJUSTMENTS DIRECT EXPENSES FROM FUNDRAISING EVENTS \$ 100,005

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization CHRISTIAN COMMUNITY ACTION

Employer identification number 23-7319371

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>SEASON OF HOPE</u> (event type)	<u>HEAVEN IS FOR REAL</u> (event type)	<u>1</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	286,007	36,890	17,180	340,077
	2 Less Charitable contributions	286,007	36,890	17,180	340,077
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	4,400	3,585	3,630	11,615
	7 Food and beverages	16,752	658	529	17,939
	8 Entertainment	14,535		2,872	17,407
	9 Other direct expenses	23,139	11,202	18,704	53,045
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(100,006)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				-100,006	

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 Non-cash 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 lines 1 and 7 in column (d) ▶					

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 _____

10a 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 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

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

2011

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization 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?
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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code 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.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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
See Additional Data Table					

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

Identifier	Return Reference	Explanation
		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 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

Software ID:
Software Version:
EIN: 23-7319371
Name: CHRISTIAN COMMUNITY ACTION

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
TEMPORARY/PERMANENT HOUSING & HOUSING RESTORATION	1540		392,609	COST	HOUSING
SENIOR PROGRAMS	81		10,336	COST	VARIOUS PROGRAMS
UTILITIES PAID	1290		96,410	COST	UTILITIES
HOLIDAY MEALS	3130		43,385	COST	MEALS
CHRSTMAS TOYS	1811		76,175	COST	TOYS
MEDICAL SERVICES	4560		1,674,903	COST	MEDICAL SERVICES
CHILD CARE	1202		51,693	COST	CHILD CARE
CLOTHING/HOUSEHOLD ITEMS	1008		58,174	COST	CLOTHING/HOUSEHOLD ITEMS
TRANSPORTATION	1118		26,086	COST	TRANSPORATION
SCHOOL SUPPLIES/EDUCATION	1967		60,100	COST	SCHOOL SUPPLIES/EDUCATION
FOOD	10519		927,632	COST	FOOD

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

OMB No 1545-0047

2011

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		9,000	COMPARABLE SALES
5 Clothing and household goods	X		37,900	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	53	852,088	COMPARABLE SALES
20 Drugs and medical supplies	X	33	1,422,291	COMPARABLE SALES
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>USED SERVER</u>)	X	1	70,000	COMPARABLE SALES
26 Other ▶ (<u>SOFTWARE UPGRADE FOR SERVER</u>)	X	1	11,000	COMPARABLE SALES
27 Other ▶ (<u>SCHOOL SUPPLIES</u>)	X	1	8,006	COMPARABLE SALES
28 Other ▶ (<u>TOYS</u>)	X	1	44,454	COMPARABLE SALES
Other ▶ (<u>SPA DAY FOR 15</u>)	X	1	300	COMPARABLE SALES
Other ▶ (<u>FRUIT TREES</u>)	X	1	176	COMPARABLE SALES
Other ▶ (<u>500 CHILD TICKETS-HAWAIIAN FALLS</u>)	X	1	10,000	COMPARABLE SALES
Other ▶ (<u>250 DISCOUNTED ADULT TICKETS-HAWAIIAN FALLS</u>)	X	1	4,238	COMPARABLE SALES
Other ▶ (<u>SENIOR CHRISTMAS TICKETS-81 SENIORS</u>)	X	1	8,100	COMPARABLE SALES
Other ▶ (<u>VOLUNTEER APPRECIATION TICKET DISCOUNT</u>)	X	1	200	COMPARABLE SALES
Other ▶ (<u>FRAMING OF PILLARS</u>)	X	1	651	COMPARABLE SALES
Other ▶ (<u>TICKETS-DALLAS STARS</u>)	X	1	600	COMPARABLE SALES
Other ▶ (<u>LIVE OAK TREES</u>)	X	1	752	COMPARABLE SALES
Other ▶ (<u>VARIOUS TREES AND PLANTS</u>)	X	1	313	COMPARABLE SALES

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
30a During the year, did the organization receive by contribution any property reported in Part I, lines 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?	30a		No
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?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

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.

Identifier	Return Reference	Explanation
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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 to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHRISTIAN COMMUNITY ACTION

Employer identification number

23-7319371

Identifier	Return Reference	Explanation
	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 APPORVED, 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 15A	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 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -19,699 DONATED SERVICES AND USE OF FACILITIES 822,549 PLEDGES RECEIVABLE AND NET ASSETS RESTATED, CAPITAL CAMPAIGN PLEDGES REFLECTED IN PERIOD RECIEVED 1,915,322 TOTAL TO FORM 990, PART XI, LINE 5 2,718,172

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

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.)

(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

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.)

(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 organization	
						Yes	No
(1) CHRISTIAN COMMUNITY ACTION FNDTN 200 S MILL STREET LEWISVILLE, TX 75057 75-2664102	INVESTMENTS	TX	501(C)(3)	LINE 9	FILING ORG		No

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) Disproportionate 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	

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on 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

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 **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n		No
1o		No
1p		No
1q		No
1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2011**

Additional Data

Software ID:

Software Version:

EIN: 23-7319371

Name: CHRISTIAN COMMUNITY ACTION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$	5,395,506	including grants of \$	353,493) (Revenue \$	10,724)
OTHER PROGRAMS					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
JEFFERY D PRICE CHAIRMAN	0 00	X		X				0	0	0
BILL CAVALLE VICE CHAIRMAN	0 00	X		X				0	0	0
KEN HUGHES TREASURER	0 00	X		X				0	0	0
DIRK ALLISON DIRECTOR	0 00	X						0	0	0
TOM BLACK DIRECTOR	0 00	X						0	0	0
LISA BRODBECK DIRECTOR	0 00	X						0	0	0
PHIL COUP DIRECTOR	0 00	X						0	0	0
BILL DANDRIDGE DIRECTOR	0 00	X						0	0	0
BILL DAVIDSON DIRECTOR	0 00	X						0	0	0
TAMRA DEUSER MD DIRECTOR	0 00	X						0	0	0
ANDY GABEHART DIRECTOR	0 00	X						0	0	0
ROBERT HARO DIRECTOR	0 00	X						0	0	0
CHAD HENNINGS DIRECTOR	0 00	X						0	0	0
JIM JORDAN DIRECTOR	0 00	X						0	0	0
GINA JOHNSON DIRECTOR	0 00	X						0	0	0
RHONDA LOVING DIRECTOR	0 00	X						0	0	0
BRIAN POWELL DIRECTOR	0 00	X						0	0	0
MORRIS SALERNO DIRECTOR	0 00	X						0	0	0
MONICA UTTER DIRECTOR	0 00	X						0	0	0
SCOTT ORR PRESIDENT/CEO	50 00	X		X				127,164	0	16,482
RON BATTS PRESIDENT/CEO	50 00	X		X				0	0	0
JENNIFER LENEY CHIEF OPERATING OFFICER	50 00	X		X				97,249	0	10,983
IAN LAWSON CHIEF DEVELOPMENT OFFICER	50 00	X		X				61,963	0	7,429
TAMARA WALLACE CHIEF FINANCIAL OFFICER	50 00	X		X				81,768	0	9,321
WALTER E JOHNSON CHAIRMAN-ADVISORY BOARD	0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
CHRIS BANCROFT ADVISORY BOARD	0 00	X						0	0	0
RON CROSBY ADVISORY BOARD	0 00	X						0	0	0
JACK FURST ADVISORY BOARD	0 00	X						0	0	0
RAY HUFFINES ADVISORY BOARD	0 00	X						0	0	0
G HARVEY JONES ADVISORY BOARD	0 00	X						0	0	0
JANE NELSON ADVISORY BOARD	0 00	X						0	0	0
DAVID PORTER ADVISORY BOARD	0 00	X						0	0	0
MARC REDUS ADVISORY BOARD	0 00	X						0	0	0
REX SANDERS ADVISORY BOARD	0 00	X						0	0	0
FRED SEWELL ADVISORY BOARD	0 00	X						0	0	0
JERRY V SMITH ADVISORY BOARD	0 00	X						0	0	0
JACK TURPIN ADVISORY BOARD	0 00	X						0	0	0
GENE WILBORN ADVISORY BOARD	0 00	X						0	0	0
DON WILLS ADVISORY BOARD	0 00	X						0	0	0
JOSEPH MOORE SECRETARY	0 00	X		X				0	0	0