Form **990**

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)

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Ą	For th	ne 2006 calend	lar year, e	or tax year beginning	, 2006, and	ending				
_		eck if applicable: C D Emplo					oyer Identifi	cation Number		
		Mescalical and a second and a s						-17027	53	
	\vdash	ime change	or print or type,	601 BENTON AVENUE			E Telep	hone numb	er	
	\vdash	tial return	See specific	NASHVILLE, TN 37204					7-4024	
	Н	nal return	instruc- tions.				F Acco	unting od:	Cash X	Accruat
	<u> </u>	mended return						Other (specif		,
	H _{AC}	optication pending	• Section	on 501(c)(3) organizations and 4	947(aX1) nonexempt	H and I are n	ot applicable to se			
	U·•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	charit	table trusts must attach a comp	leted Schedule A	H (a) is the	s a group return lo	r affiliates? .	Yes	X No
			(Form	1 990 or 990-EZ).		H (b) # Ye	s,' enter number o	f affiliates 🏲	. —	_
G	Web	site: ► N/A					all affiliates include			No.
J	Orga	nization type		(V)		1	io, attach a list. Se		15.)	
				X 501(c) 3 < (insert no.)			s a separate return nization covered by			65)
K	Check	k here ► ∐if	the organ	ization is not a 509(a)(3) suppor not more than \$25,000. A return	ting organization and its					Х но
	gross	s receipts are r	normally i	a return, be sure to file a compl	ete return.		up Exemption			
_							tach Schedule B (
<u> </u>	Gross Is	receipts: Add t	ines ob, a	8b, 9b, and 10b to line 12 ► 30 nses, and Changes in Net	Accets or Fund Rais					·).
<u>r</u> ĉ				ants, and similar amounts received		unces (30	C HICHIOHE	(CHOH3.)	<u>'</u>	
				advised funds		ı a	191,036.			
				not included on line 1a)			151,050.			
	ں د	Covernment	c support	(not included on line 1a)ons (grants) (not included on lin	0.10\	14				
	e	Total (add lines	COTRIBUIR	191,036. noncash \$	· 1a)	<u> </u>		1 e	101	,036.
	2	Program con-	ico rovon	ue including government fees a	nd contracts (from Part V			2	191	,030.
	3			assessments				3		
	4			d temporary cash investments						203.
	5			from securities				5		_203.
				secunites	,					
						6b				
				loss). Subtract line 6b from line			 	6 c		
	7			me (describe		· • • • • • • • • • • • • • • • • • • •	```````````````````````````````````````	7		
REVENU	'			Į.	(A) Securities	(B) Other			
Ě	8a	Gross amoun than inventor	it from sa v	les of assets other		8a	· ·			
ŭ	۱ ,	Less: cost or	other bas	sis and sales expenses		8b				
Ē				ule)		8 c				
				nbine line 8c, columns (A) and (8d		
			-	tivities (attach schedule). If any						
				cluding \$			_			
	1					9 a				
			•	other than fundraising expenses		9b				
	•			rom special events. Subtract line			· • • • • • • • • • • • • • • • • • • •	9c		
				ry, less returns and allowances						
				old						
	0			ales of inventory (attach schedule). Subt				10 c		
	11			Part VII, line 103)				11		,485.
_	12			es 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1				12		,724.
E	13	_		m line 44, column (B))				13		<u>, 611.</u>
EXPENSES	14	-	-	eral (from line 44, column (C)).				14		<u>, 809.</u>
E	15	-	•	44, column (D))				15		<u>,668.</u>
Ş	16			(attach schedule)				16		000
_ <u>s</u>	17			ines 16 and 44, column (A)				17		,088.
4	18			the year. Subtract line 17 from t				18		<u>, 636.</u>
H	19			lances at beginning of year (from				19	200	<u>,269.</u>
HET	20	_		assets or fund balances (attach				20		005
•	21	Net assets or	r fund bal	lances at end of year. Combine	ines 18, 19, and 20			21	263	,905.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

D	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised					The second second
	funds (attach sch)					
	(cash \$					212
	non-cash \$) If this amount includes				100.00	
	foreign grants, check here	22 a				
22 b	Other grants and allocations (att sch)			<u>"</u>		
	(cash \$	· '				
	non-cash \$)					
	If this amount includes foreign grants, check here ►	22 b				
23	Specific assistance to individuals (attach schedule)	23	15,586.	15,586.		
24	Benefits paid to or for members (attach schedule)	24	21,641.	21,641.		
25 a	Compensation of current officers,					
	directors, key employees, etc listed in Part V-A (attach sch)	25 a	0.	0.	0.	0.
t	Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25 b	0.	0.	0.	0.
c	: Compensation and other distributions, not		31		· · · · · · · · · · · · · · · · · · ·	
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons					
	described in section 4958(c)(3)(B)	25.0		٥	,	0
	(attach schedule)	25 c	0.	0.	0.	0.
26	Salaries and wages of employees not included on lines 25a, b, and c	26	144,243.	130,829.	6,707.	6,707.
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28	8,892.	7,558.	667.	667.
29	Payroll taxes	29				
30	Professional fundraising fees	30	0.500			
31	Accounting fees	31	3,620.	2,679.	941.	
32	Legal fees	32	2 527	2.056	20.0	0.5
33	Supplies	33	2,537.	2,056.	386.	95.
34	Telephone	34 35	4,393. 211.	4,181. 139.	212.	
35 36	Postage and shipping Öccupancy	36	3,215.	2,570.	482.	163.
37	Equipment rental and maintenance	37	3,213.	2,510.	402.	103.
38	Printing and publications		365.	325.	4.	36.
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42		42	15,672.	14,105.	1,567.	
43			4			
	See Statement 1	43a	17,713.	15,942.	1,771.	
)	43b				
		43c		***		
		43d 43e				
		43e				
		43g				
	J	729				<u> </u>
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	238,088.	217,611.	12,809.	7,668.
	t Costs. Check . 🟲 🔲 if you are following					
	any joint costs from a combined education					
	es,' enter (i) the aggregate amount of the				amount allocated to Pro	
\$ •		liocate	d to Management and g	eneral \$; and (iv) th	ne amount allocated
to F	undraising \$.					·

Form 990 (2006)	CHRISTIAN	COMMINITY	SERVICES	TNC
FORM SOULIZUUD)	CULTATIAN	COLMONTII	SEKATCES:	TIAC

62-1702753

Page 3

TOTAL SERVICE CONTRACTOR CONTRACT	02 2:02:00	·agc
Part III Statement of Program Service Accomplishments		
Form 990 is available for public inspection and, for some people, serves as the primary or sole source		
organization. How the public perceives an organization in such cases may be determined by the info	ormation presented on its return. T	herefore,

organization. How the public please make sure the return i	perceives an organization in su s complete and accurate and f	uch cases may be determined by the fully describes, in Part III, the organi	information presented or ization's programs and a	on its return. Therefore, ccomplishments.
All organizations must describ clients served, publications issu izations and 4947(a)(1) nonex		vements in a clear and concise man at are not measurable. (Section 501(c) so enter the amount of grants and a		Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
that empowers f	amilies to reach qu	organization is to cre	d productive	
b) If this amount includes foreign gran		217,611.
(Grants and allocations	\$) If this amount includes foreign grad	nts, check here ►	
	\$) If this amount includes foreign grad	nts, check here ►	
(Grants and allocations) If this amount includes foreign grad		
(Grants and allocations) If this amount includes foreign gra		217 (11
f Total of Program Service BAA	ce Expenses (should equal line	e 44, column (B), Program services)		217, 611. Form 990 (2006)
DAA				FUNN 330 (2000)

TEEA0103L 01/18/07

	14/	here required, attached schedules and amounts within the description lumn should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
		Cash — non-interest-bearing	10,189.	45	82,198.
ı	45	Cash — non-interest-bearing	5,498.	46	13,697.
-	46	Savings and temporary cash investments		12	
1	4	Accounts receivable			
- 1	47a .	Less: allowance for doubtful accounts	· !	47 c	
Ì	D	Less: allowance for doubtful accounts		\$ (G	
ı		Pledges receivable			
	482	Less: allowance for doubtful accounts	1	48 c	
ı	D	Grants receivable		49	
		Receivables from current and former officers, directors, truslees, and key employees (attach schedule)		50 a	
	ь	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
ASSETS		Other notes and loans receivable (attach schedule)			
\$	b	Less: allowance for doubtful accounts		51 c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	5,422.	53	5,297.
	54 a	Investments – publicly-traded securities Cost FMV		54a	
		Investments – other securities (attach sch)▶ ☐ Cost ☐ FMV		54b	
	55 a	Investments - land, buildings, & equipment: basis 55a	4		
	1	Less: accumulated depreciation (attach schedule)		55 c	
	56	Investments — other (attach schedule)		56	
	57 a	Land, buildings, and equipment: basis			
	l	Less: accumulated depreciation (attach schedule)	179,211.	57 c	163,539.
	58	Other assets, including program-related investments			
		(describe •)		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	200,320.		264,731.
	60	Accounts payable and accrued expenses	50.	60	826.
	61	Grants payable		61	
L	62	Deferred revenue	·	62	
ABILLI	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
Ļ	64 8	Tax-exempt bond liabilities (attach schedule)		64 a	
Ţ		Mortgages and other notes payable (attach schedule)	·	64 b	
E S		Other liabilities (describe).	1.		
	66	Total liabilities. Add lines 60 through 65	. 51	. 66	826.
	Ora	anizations that follow SFAS 117, check here > X and complete lines 67			
Ě	"	through 69 and lines 73 and 74.			
	67	Unrestricted	. 200,269	. 67	257,550.
≪ UNDM-U	68	Temporarily restricted		68	6,355.
Į	69	Permanently restricted		69	
O R	Org	anizations that do not follow SFAS 117, check here and complete lines			
		70 through 74.			
F UND	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Ä	72	Retained earnings, endowment, accumulated income, or other funds	•	72	
BAJAZOW	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through	000 000		262 005
Ĕ	1	72. (Column (A) must equal line 19 and column (B) must equal line 21)			263, 905.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	. 200,320	. 74	264,731.

Part IV-A Rec	onciliation of	Revenue ner	Audited Financial	Statements with	Revenue per Return	(See the
I MILIT - MILITOR	Oncara on	revenue per	Madica i manoia	Otatomonto ma	i itoromaa pai itataim	,000 11.10
inst	ructions)					

	instructions.)	·		·	
					221
8	Total revenue, gains, and other support		nts	<u>ع</u>	301,724.
ь	Amounts included on line a but not on P		1 1	3	\$) S
	1 Net unrealized gains on investments				
	2Donated services and use of facilities		1		
	3Recoveries of prior year grants		<u>b3</u>		
	4Other (specify):				
			1 641		
	Add lines b1 through b4				Ь
c	Subtract line b from line a		*******		c 301,724.
d	Amounts included on Part I, line 12, but	not on line a:			
	1 Investment expenses not included on Pa	art I, line 6b	d1		
	2Other (specify):				
			امد ا		
	Add lines d1 and d2				d
e	Total revenue (Part I, line 12). Add lines				e 301,724.
Ď	art IV-B Reconciliation of Expens	es per Audited Financia	al Statements wit	h Expenses per Re	turn
	are to a second and the second				T
8	Total expenses and losses per audited fi	inancial statements			a 238,088.
ь	Amounts included on line a but not on P				250,000.
U	1 Donated services and use of facilities	-	1 51		700 S
	2Prior year adjustments reported on Part	i, line 20	b3		
	3Losses reported on Part I, line 20				
	4Other (specify):				
					<u> </u>
	Add lines b1 through b4				b
C	Subtract line b from line a				c 238,088.
d	Amounts included on Part I, line 17, but				
	1 Investment expenses not included on Pa				
	2Other (specify):		-		
			ا د د		
	Add lines d1 and d2				d
e	Total expenses (Part I, line 17). Add line	es c and d	· · · · · · · · · · · · · · · · · · ·		e 238,088.
P	Current Officers, Director or key employee at any time du	s. Trustees, and Key E	mplovees (List ea	ch person who was an o	officer, director, trustee.
	or key employee at any time du	ring the year even if they wer	re not compensated.)	(See the instructions.)	
		(B) Title and average hours			
	(A) Name and address	per week devoted to position	(if not paid, enter -0-)	employee benefit plans and deferred	account and other allowances
		to position		compensation plans	
D	AVID JONES	Chairman	C	0.	0.
1	234 SCHRADER LANE	o			
	ASHVILLE, TN 37208-1802				
_	red Holladay	Vice Chairman	C	0.	. 0.
		0			
'n	ASHVILLE, TN	1			
	ON JOYNER	Secretary). 0	. 0.
	710 FRANKLIN ROAD	0	Ĭ		' "
	ASHVILLE, TN 37204-3506	l ~		Ĭ	
	ASHVILLE, IN 37204 3300			- 	 -
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		}			
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Form 990 (2006) CHRISTIAN COMMUNITY SE	ERVICES, INC.		62-17027	753	Page	6
Part V-A Current Officers, Directors, Tru					Yes No	<u>)</u>
75 a Enter the total number of officers, directors, and trustees pr						زد در
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relat	isated professional and gh family or business r ionship(s).	other independent con elationships? If 'Yes,' a	tractors listed in Schedu ttach a statement that	75b	X	3
c Do any officers, directors, trustees, or key emplished in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the compensation.	nsated professional and n any other organization ne definition of 'related	other independent con is, whether tax exempt organization	tractors listed in Schedi	ated 75 c	X	
If 'Yes,' attach a statement that includes the in					- 32 83.	ر د
d Does the organization have a written conflict or						
Part V-B* Former Officers, Directors, Trus Benefits (If any former officer, director during the year, list that person below a the instructions.)	or trustee or kev emni	ovee received compans	ation or other benefits ((described t	below)	
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Exp account a allowa	and other	
None						_
						_
						_
						_
Part VIS Other Information (See the inst	ructions.)	<u></u>	<u></u>		Yes N	
76 Did the organization make a change in its acti		nducting activities?		2	12 31	
If 'Yes,' attach a detailed statement of each d	hange	 		76	X	
77 Were any changes made in the organizing or	governing documents b	ut not reported to the li	RS?	77	X	
If 'Yes,' attach a conformed copy of the chang	jes.					欝
78a Did the organization have unrelated business	-		•		Х	_
b If 'Yes,' has it filed a tax return on Form 990-1	f for this year?	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · ·	N/A	
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	on, or substantial contra	action during the	· · · · · · · · · · · · · · · · · · ·	79	X	X
80 a Is the organization related (other than by asso membership, governing bodies, trustees, offic	ociation with a statewiders, etc, to any other e	e or nationwide organiz xempt or nonexempt or	ation) through common ganization?	80 a	X	
			=			3
b If 'Yes,' enter the name of the organization ►	and ch	neck whether it is e	xempt or nonexer	npt.		霧
81 a Enter direct and indirect political expenditures	s. (See line 81 instruction	ons.)	81 a	0.		翻
b Did the organization file Form 1120-POL for the	nis year?			81 ь	x	
BAA				Form	990 (200	(6)

E	CHRISTIAN COMMUNITY SERVICES, INC.	62-1702753	,	 7
Form 990 (2006)	er Information (continued)	02-1702733	Yes	Page 7
	nization receive donated services or the use of materials, equipment, or facilities at no charge	ge or at	163	NO
substantially	less than fair rental value?	82:		X
b If 'Yes,' you revenue in f	may indicate the value of these items here. Do not include this amount as Part I or as an expense in Part II. (See instructions in Part III.)	N/A	\$35 <u>.</u>	- E
	inization comply with the public inspection requirements for returns and exemption application	ons? 83		
	inization comply with the disclosure requirements relating to quid pro quo contributions?		ьΧ	
84 a Did the orga	inization solicit any contributions or gifts that were not tax deductible?			X
	the organization include with every solicitation an express statement that such contributions actible?			/A
85 501(c)(4), (3	5), or (6) organizations. a Were substantially all dues nondeductible by members?	85	a N	/A
b Did the orga	inization make only in-house lobbying expenditures of \$2,000 or less?		b N	A
If 'Yes' was waiver for p	s answered to either 85a or 85b, <mark>do not</mark> complete 85c through 85h below unless the organization to some the prior year.	tion received a		
c Dues, asses	sments, and similar amounts from members	N/A		
	(e) lobbying and political expenditures	N/A		
e Aggregate r	nondeductible amount of section 6033(e)(1)(A) dues notices	N/A		
f Taxable am	ount of lobbying and political expenditures (line 85d less 85e)	N/A		
g Does the or	ganization elect to pay the section 6033(e) tax on the amount on line 85f?		g N	/A
h If section 6033	(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate	of		
	to nondeductible lobbying and political expenditures for the following tax year?		h N	/A
	ganizations. Enter: a Initiation fees and capital contributions included on	11/3		1.5
	86a	N/A		
	pts, included on line 12, for public use of club facilities	N/A N/A		
		N/A		1
b Gross incom against amo	ne from other sources. (Do not net amounts due or paid to other sources bunts due or received from them.)	N/A		
88 a At any time or an entity If 'Yes,' cor	during the year, did the organization own a 50% or greater interest in a taxable corporation disregarded as separate from the organization under Regulations sections 301.7701-2 and 3 applete Part IX	or partnership, 301,7701-37 88	a	X
b At any time section 512	during the year, did the organization, directly or indirectly, own a controlled entity within the (b)(13)? If 'Yes,' complete Part XI	meaning of 88	ь	х
	rganizations. Enter: Amount of tax imposed on the organization during the year under:			25
	1 ►			
b 501(c)(3) a during the	nd 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit to rear or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attace each transaction	ransaction ch a statement	h	X
c Enter: Amo	unt of tax imposed on the organization managers or disqualified persons during the	0.		
	sections 4912, 4955, and 4958	0.	訓練	摆
	unt of tax of fine 65c, above, reimbursed by the organization a party to a prohibited tax shelti		1	X
	ations. Did the organization acquire a direct or indirect interest in any applicable insurance or			X
		£		
g For support organizatio	ting organizations and sponsoring organizations maintaining donor advised funds. Did the su n, or a fund maintained by a sponsoring organization, have excess business holdings at any	pporting time during		X
	tes with which a copy of this return is filed None			
	employees employed in the pay period that includes March 12, 2006 ctions.)		ь	0
91 a The books	are in care of ► CONNIE ELLIOTT Telephone number ►	(615) 329-095	50	
Located at ►	1234 SCHRADER LANE, NASHVILLE IN Z	'IP + 4 ► 37208-1	802	
h At any time	during the calendar year, did the groanization have an interest in or a signature or other au	thority over a —	Yes	
	eduring the calendar year, did the organization have an interest in or a signature or other au account in a foreign country (such as a bank account, securities account, or other financial account, or other financial acc			X
	er the name of the foreign country		計劃	
See the ins Financial A	structions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba	nk and		
BAA		Fo	rm 990	(2006

BAA

Part VI Other Information (continu					Yes No
c At any time during the calendar year, di		ition maintain an office	outside of the U	United States?	91 c X
If 'Yes,' enter the name of the foreign count 92 Section 4947(a)(1) nonexempt charitable	iry►				
92 Section 4947(a)(1) nonexempt charitable	e trusts filing i	Form 990 in lieu of Fo i	<i>m 1041</i> – Checl	k here	N/A ►
and enter the amount of tax-exempt into				1 92	N/A
Part VII Analysis of Income Produc					
	Unrelate	d business income	Excluded by se	ection 512, 513, or 514	(E)
Note: Enter gross amounts unless otherwise indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue:					
a			<u> </u>		
b					
c					
d					
е					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments.					
95 Interest on savings & temporary cash invmnts.		203.			
96 Dividends & interest from securities .					
97 Net rental income or (loss) from real estate:			经验证		
a debt-financed property		A Company of the Comp			
b not debt-financed property	~				
98 Net rental income or (loss) from pers prop			 		
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory	l				
101 Net income or (loss) from special events	 				
		 			
102 Gross profit or (loss) from sales of inventory		Haraket Medical Control	And STREET		
103 Other revenue: a	公司が行う方をあるなり	The state of the s	Description of the second	ACCOUNT OF THE PARTY OF THE PAR	110 405
b					110,485.
c					
d		 	 		
e	- Contract on the contract of	202	ind y the) and full parties to be full		110 405
104 Subtotal (add columns (B), (D), and (E))		203.	300 m		110,485.
105 Total (add line 104, columns (B), (D),			• • • • • • • • • • • • • • • • • • • •	····· * _	110,688.
Note: Line 105 plus line 1d, Part I, should eq					
Part VIII Relationship of Activities t	o the Acco	mplishment of Ex	empt Purpos	es (See the instruc	tions.)
Line No. Explain how each activity for which	ch income is r	eported in column (E)	of Part VII contr	ibuted importantly to th	e accomplishment
of the organization's exempt purp	oses (other tr	nan by providing tunds	tor such purpos	es).	
N/A				 	
					
					,,
Part IX Information Regarding Tax					tions.)
(A)	(B)	(0	C)	(D)	(E)
Name, address, and EIN of corporation,	Percentag		activities	Total	End-of-year
partnership, or disregarded entity	ownership in	nterest		income	assets
N/A		- 8			
		8			
		%			
₹Part X Information Regarding Tra					
 Did the organization, during the year, receive any f Did the organization, during the year, p 	ay premiums,	directly or indirectly, o	•		
Note: If 'Yes' to (b), file Form 8870 and F	orm 4720 (sec	e instructions).			
BAA		· · · · · · · · · · · · · · · · · · ·		TEEA0108L 01/19/	67 Form 990 (2006)

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Form 990 (2006) CHRISTIAN COMMUNITY SERVICES, INC.

ym !	990 (2	006) CHRISTIAN COMMUNITY SERVICES	S, INC.	62-1702	753	P	age 9
Part	ΧI	Information Regarding Transfers To an	d From Controlled En	itities. Complete only if the			
		organization is a controlling organization	n as defined in section	1 512(b)(13).			
						Yes	No
106	Did t	the reporting organization make any transfers to a	controlled entity as define	d in section 512/b)(13) of the Co	de? If		
100	Yes	, complete the schedule below for each controlled	entity				X
		(A)	(B)	(C)			
- 1		Name, address, of each	Employer Identification	Description of	D) Amount of) 	ciar
1		controlled entity	Number	transfer	Amount of	11811	siei
a							
Ī							
ь							
ı	-			1			
c					ı		
			STATES IN THE COMPANY				 -
		Totals					
						Yes	No
107	O:-1	Alexandria e de la compansa de la co	and a controlled entity as d	offeed in section 512/b)/12) of th			
107		the reporting organization receive any transfers free, complete the schedule below for each controller			e Code: II		x
		(A)	(B)	(C)			
		Name, address, of each	Employer identification	Description of	(£) Amount o)	-4
		controlled entity	Number	transfer	Amount o	ı tran	ster
						-	
a							
b							
	r			į			
С			1	1			
			1	ĺ	ĺ		
	·						
		Totals	TOTAL TERMINE		İ		
			<u> </u>			Yes	No
108	Civ	the organization have a binding written contract in	n offeet on Arrand 17, 2000	Convering the interest reads	المحد ممثلات		
100	ann	nuities described in question 107 above?	n enection August 17, 2006	b, covering the interest, rents, roy	anies, and		x
		Under penalties of penury, I declare that I have examined this ret	urn, including accompanying schedu	les and statements, and to the best of my ki	nowledge and be	tief, it	ıs
		Under penaltiss of periury, I declare that I have examined this return, correct, and complete focularation of proparer (other than o	fficer) is based on all information of	which preparer has any knowledge			
Plea	ise	- YOU - Blackgage		11/07	7		
Sign		Signature of officer		Date			
Her	e	RONALD JOYMER, Secretary/Tre	asurer Eve	with Dinsol			
		Type or print name and title.					
Deir		Dunavarie Dunavarie	3	e Check if	reparer's SSN c General Instruction	x PTIN	(See
Paid Pre-		Preparer's signature Harvey E. Hoskins, Cr			N/A		_
pare	er's	Firm's name (or Hoskins & Company PC					
Use	:	employed). > 1900 Church Street Su	ite 200	EIN ► N/4	<u> 62-15</u>	190	32
Onl	У	address, and Nashville, TN 37203		Phone no. ► (6]	L5) 321-	73 3:	3
BAA					Form	990	(2006)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

2006

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Supplementary Information — (See separate instructions.)
► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

62-1702753 CHRISTIAN COMMUNITY SERVICES, INC Part I - Se Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit plans and deferred (a) Name and address of each (b) Title and average (c) Compensation (e) Expense hours per week devoted to position employee paid more than \$50,000 count and other allowances None Total number of other employees paid over \$50,000..... Part II A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions, List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of others receiving over \$50,000 for professional services.... Part II By Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of other contractors receiving over \$50,000 for other services.....

-h	edule A (Form 990 or 990-EZ) 2006 CHRISTIAN COMMUNITY SERVICES, INC. 62-170275	3	P	age 2
_	rt III Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities	1		х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		1000	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2a		х
	b Lending of money or other extension of credit?	2 b		x
	c Furnishing of goods, services, or facilities?	20		х
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		х
	e Transfer of any part of its income or assets?	2e		х
3	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3 a		x
	b Did the organization have a section 403(b) annuity plan for its employees?	3 t		х
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	30		x_
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	30		X
4	la Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	42	_	х
	b Did the organization make any taxable distributions under section 4966?	41	,	x
	C Did the organization make a distribution to a donor, donor advisor, or related person?	40		x
	d Enter the total number of donor advised funds owned at the end of the tax year.			
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
	f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.			
	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year •			
BA	A TEEA0402L 01/19/07 Schedule A (Form 990 or F	orm 9	990-E	Z) 2000

Reason for Non-Private Foundation Status (See instructions.)
A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). Mandical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A) (Also complete the Support Schedule in Part IV-A.) Man organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receifrom activities related to its charitable, etc, functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from contributions membership fees, and gross receifrom activities related to its charitable, etc, functions – subject to certain exceptions and (2) no more than 33-1/3% of its support from contributions membership fees, and gross receifrom activities related to its charitable, etc, functions – subject to certain exceptions and (2) no more than 33-1/3% of its support from businesses acquired by the organization atter June 30, 1975. See section 50(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: Type II Type III Type III Type III Type III Gentle organization (see instructions). (a) Name(s) of supported organization listed in the supported organization listed in the supporting organization (see instructions) organization (see instructions) organization (see instructions)
A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A) (Also complete the Support Schedule in Part IV-A.) X An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receifrom activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from governmental unit or from the general public. An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receifrom activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from governmental unit or from the general public. An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receifrom activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from governmental unit or from the general public. An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organizations. (See instructions.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of s
A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state /
A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A) (Also complete the Support Schedule in Part IV-A.) 11 a X An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 12 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receives from activities related to its charitable, etc, 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). (Also complete the Support Schedule in Part IV-A.) 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organizations. See instructions.) (a) Name(s) of supported organization(s) (b) Is the supported organization(s) Name(s) of supported organization(s) (c) Type of organizations. (See instructions.) (d) Is the supported organization's governing organization's governing organization's governing organization's governing organization's governing organization's controlled organization's governing organization's controlled organization's governing organization's controlled organization's governing organization's city, and the support organization's controlled organization's governing organization's city, and controlled organization's city, and controlled organization's city, and cont
An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A) 11 a X An organization that normally receives a substantial part of its support from a governmental unit or from the general public. 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 12 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross received from activities related to its charitable, etc, 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 fless section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: Forevide the following information about the supported organizations. (See instructions.) 13 Type I Type II Type III-Functionally Integrated Type of supported organizations. (See instructions.) 14 (a) Name(s) of supported organization of sections organization itset in the supported organization itset in the supported organization is governing organization is governing organization is governing organization.
(Also complete the Support Schedule in Part IV-A.) 11 a X An organization that normally receives a substantial part of its support from a governmental unit or from the general public. 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 12 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross received from activities related to its charitable, etc, 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). (Also complete the Support Schedule in Part IV-A.) 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: Type Type Type Type Type Type II-Functionally Integrated Type II-Other
Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 11b
An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receifrom activities related to its charitable, etc, 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). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: Type Type Type Type Type Functionally Integrated Type Other Provide the following information about the supported organizations. (See instructions.) (a) (b) (c) Type of organization (described in lines 5 through 12 above or IRC section) Name(s) of supported organization listed in the supported organization listed in the supporting organization is governing organization's governing
from activities related to its charitable, etc, 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). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: > Type I
An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: Type Type Type Type Type III-Other Provide the following information about the supported organizations. (See instructions.) (a) Name(s) of supported organization(s) Employer identification number (EIN) Employer identification organization (described in lines 5 through 12 above or IRC section) Type of organization listed in the supported organization listed in the supporting organization's governing
Type Type Type Type III-Functionally Integrated Type III-Other Provide the following information about the supported organizations. (See instructions.) (a)
(a) Name(s) of supported organization(s) (b) Employer identification number (EIN) (c) Type of organization (described in lines 5 through 12 above or IRC section) (d) (e) Is the supported organization listed in the supporting organization's governing
Name(s) of supported organization(s) Employer identification Type of ls the supported organization listed in support in lines 5 through 12 above or IRC section) Is the supported organization listed in the support organization's governing organization's
Yes No
Total.

Schedule A (Form 990 or 990-EZ) 2006 CHRISTIAN COMMUNITY SERVICES, INC. 62-1702753

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note	You may use the worksheet in the	e instructions for con	verting from the accr	ual to the cash metho	od of accounting.	
Cale	ndar year (or fiscal year nning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	171,161.	214,859.	147,950.	204,647.	738,617.
16	Membership fees received			<u>-</u>		0.
	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose					0.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalities, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	60.	69.	161.	207.	497.
19	Net income from unrelated business activities not included in line 18					0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt. 4	20,561.	141.	1,982.	1 461	
-23	Total of lines 15 through 22		215,069.	150,093.		24,145. 763,259.
	Line 23 minus line 17		215,069.	150,093.		763,259.
	Enter 1% of line 23	1,918.	2,151.	1,501.		703/233.
	Organizations described on line			olumn (e), line 24		
	Prepare a list for your records to show th supported organization) whose total gifts return. Enter the total of all these excess	e name of and amount conti for 2002 through 2005 excee	ributed by each person (other	er than a governmental uni	it or publicly	
(: Total support for section 509(a)(
	Add: Amounts from column (e) f	or lines: 18	497. 24,145.			
				19 26b	26 d	
	Public support (line 26c minus li	•		• • • • • • • • • • • • • • • • • • • •	<u>26e</u>	
!	Public support percentage (line Organizations described on line	26e (numerator) divid	ded by line 26c (deno	minator))	▶ 261	96.77 %
2,	For amounts included in lines 15 name of, and total amounts rece such amounts for each year:	, 16, and 17 that were ived in each year from	n, each 'disqualified i	person.' Do not file th	nls list with your retu	m. Enter the sum of
	(2005)					
	b For any amount included in line to show the name of, and amoun \$5,000. (Include in the list organ After computing the difference b differences (the excess amounts) for each year:				
	(2005)	(2004)	 (2003) _		_ (2002)	
•	: Add: Amounts from column (e) t	or imes: 15		21	27 c	I
	Add: Amounts from column (e) f		nd line 27h total	<u></u>	270	
	Public support (line 27c total mir	nus line 27d total)			> 27€	
ì	Total support for section 509(a)(2) test: Enter amount	from line 23, column	(e) ► 27f		
9	Public support percentage (line	27e (numerator) divid	ded by line 27f (deno	minator))		ì
	Investment income percentage (line 18, column (e) (n	umerator) divided by	line 27f (denominat	or)) ► 27 h	- 8
	44 10 15					

Unusuat Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 30 Does the organization include a statement of its racialty nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 31 Has the organization publicized its racialty nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy from the plants of the general community is every? 32 If Yes, please describe; if No., please explain. (if you need more space, attach a separate statement.) 33 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32 Does the organization for students assistance are awarded on a racially prondiscriminately biasis? 4 Copies of all catalogues, brochures, and other financial assistance are awarded on a racially prondiscriminately biasis? 4 Organization discriminate by the organization or on its behalf to solicit contributions? 4 Organization organization and the programs, and scholarishing and other written communications to the public dealing with student administrative staff? 5 Organization organization organization or on its behalf to solicit contributions? 5 Organization organization organization organization organization organization organization organization organization organization organization organization organization organization organizati		(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
other governing instrument, or in a resolution of its governing body. Does the organization include a statement of its governing body? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period it in his no solicitation program, in a way that makes the policy ferrors in all parts of the general community is evens? 11 "Yes," please describe: if 'No,' please explain, (if you need more space, attach a separate statement.) 22 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32 a Records indicating the racial composition of the student body, faculty, and administrative staff? 33 b Records documenting that scholarships and other financial assistance are awarded on a racially 34 b Records documenting that scholarships and other written communications to the public dealing with student admissions, programs, and scholarships? 4 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 5 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 5 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions to public dealing accordance of the scholarships? 5 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing accordance of the scholarships of th				Yes	No
other governing instrument, or in a resolution of its governing body. Does the organization include a statement of its governing body? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period it in his no solicitation program, in a way that makes the policy ferrors in all parts of the general community is evens? 11 "Yes," please describe: if 'No,' please explain, (if you need more space, attach a separate statement.) 22 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32 a Records indicating the racial composition of the student body, faculty, and administrative staff? 33 b Records documenting that scholarships and other financial assistance are awarded on a racially 34 b Records documenting that scholarships and other written communications to the public dealing with student admissions, programs, and scholarships? 4 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 5 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 5 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions to public dealing accordance of the scholarships? 5 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing accordance of the scholarships of th	29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	1		
and scribinships. 30 and scribinships. 31 Has the organization plusticed its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation program, in a way that makes the policy known to all parts of the general community it serves?. 31 If 'Yes,' please describe, if 'No', please explain. (If you need more space, attach a separate statement.) 32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? a Records indicating the racial composition of the student body, faculty, and administrative staff? 32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32 Does the organization facility of the student body, faculty, and administrative staff? 32 Does the organization discriminate by race and scholarships? 33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 34 Does the organization deceived any financial aid or assistance from a governmental agency? 44 Does the organization receive any financial aid or assistance from a governmental agency? 45 Desset the organization receive any financial aid o		other governing instrument, or in a resolution of its governing body?			S 44 305
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If you answered 'Yes' to either 34a or b, please explain using an attached statement.		h Has the organization's right to such aid ever been revoked or suspended?	241		ł
			340	18.39.2	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.					
nondiscrimination? If 'No,' attach an explanation.	35	Does the organization certify that it has complied with the applicable requirements of sections 4.0) through 4.05 of Rev Proc 75-50, 1975-2.0.8, 587, covering regist			
		nondiscrimination? If 'No,' attach an explanation.	35		<u>L</u>

art	VI-A Lobbying Ex (To be complete	(penditures by Elected ONLY by an eligible	cting Public Charit organization that filed f	I es (See Form 576	instruc 8)	tions.)				N/A
Chec	k > a if the organiz	zation belongs to an affi	liated group. Check	► b	if you	check	ed 'a' and 'l	mited	contr	ol' provisions apply.
	L	imits on Lobbying	Expenditures				(a Affiliated tota	d grou	р	(b) To be completed for all electing
	(The term	'expenditures' means a	mounts paid or incurre	:d.)						organizations
36	Total lobbying expenditi	ures to influence public	opinion (grassroots lob	bying)		36				
37	Total lobbying expendite					37				
38	Total lobbying expendite					38				
39	Other exempt purpose					39				
40	Total exempt purpose e					40				
41	Lobbying nontaxable an	nount. Enter the amoun	t from the following tab	ole –		100	24.20G			STATE OF THE
	If the amount on line 40		lobbying nontaxable a		_	35		-500	4	
	Not over \$500,000	20%	of the amount on line	40	\neg					
	Over \$500,000 but not over \$1				0	7				
	Over \$1,000,000 but not over \$					41				
	Over \$1,500,000 but not over \$					75				AND THE RESERVE
	Over \$17,000,000								\$ 7.5°	
42						42				
43	Subtract line 42 from lin	ne 36. Enter -0- if line 4	2 is more than line 36.			43	_			
44	Subtract line 41 from lin	ne 38. Enter -0- if line 4	1 is more than line 38.			44				
	Caution: If there is an	amount on either line 4:	3 or line 44, you must f	ile Form	4720.			. 0.		
	(Some organ	izations that made a se	Averaging Period lection 501(h) election do the instructions for lie	o not hav	e to co	mplete		ve col	umns	below.
			Lobbying Expend	ditures Di	uring 4	•Year	Averaging I	Period		
	Calendar year (a) (or fiscal year 200 beginning in) ►		(b) (c) 2005 2004		(d) 2003			(e) Total		
45	Lobbying nontaxable amount									
46	Lobbying ceiling amount (150% of line 45(e))							65		
47	Total lobbying expenditures									
48	Grassroots non- taxable amount					 				
49	Grassroots ceiling amount (150% of line 48(e))									
	Grassroots lobbying expenditures					<u>-</u> -				
Par	t-VI-B Lobbying A (For reporting	ctivity by Nonelect	ing Public Charitie at did not complete Pa	rt VI-A) (See ins	tructio	ns.)			N/3
										N/A
	ng the year, did the orga mpt to influence public o							Yes	No	Amount
	a Volunteers									
	Paid staff or managem					-				
	c Media advertisements.							<u> </u>		
	d Mailings to members, le	• •								
	Publications, or publish									
	Grants to other organized Direct contact with legi-									
								-		
	h Rallies, demonstrations Total lobbying expendit							4	\$.430 \$.430	
								evisor.	A1-5-	1
	If 'Yes' to any of the abo	ve, also attach a stateme	iii giving a detailed descr	upuon or t	ne loop)	ying ac	uviues.			

Schedule A (Form 990 or 990-EZ) 2006 CHRISTIAN COMMUNITY SERVICES, INC. 62-1702753 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the of the	e reporting organization Code (other than section	n 501(c)(3) o	rganizations) or in section 527, relat	ng with any other organization describe ing to political organizations?	,		
a Transf	ers from the reporting o	rganization to	o a noncharitable exempt organization	on ot:	51 . 0	Yes	No
(i)Ca	sh				51a(i)		X
(iI)Ot	her assets				<u> </u>		<u>X</u>
	transactions:						v
					b (i)		X
					b (ii)		X
					b (iii)		X
					b (iv)		X
					_ b (v)		X
							X
d if the the go	ng of facilities, equipmer answer to any of the aboods, other assets, or se ansaction or sharing arr	nt, mailing lis ove is 'Yes,' rvices given angement, sl	is, other assets, or paid employees. complete the following schedule. Co by the reporting organization. If the now in column (d) the value of the gr	lumn (b) should always show the fair r organization received less than fair ma oods, other assets, or services receive	narket val arket value ed:	ue of	^_
(a) Line no.	(b) Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			
N/A							
			·				
	L	<u> </u>					
		<u> </u>					
							
descri	organization directly or ibed in section 501(c) of s,' complete the followin	the Code (o	iliated with, or related to, one or mother than section 501(c)(3)) or in sec	re tax-exempt organizations ction 527?	►	s X	No.
	(a)		_ (b)	(c) Description of relation			
N / 3	Name of organization		Type of organization	Description of relation	nship		
N/A							
		 -					
							
							
			-				
BAA				Schedule A (Forn	n 990 or 9	90.EZ	200

Federal Statements

Page 1

CHRISTIAN COMMUNITY SERVICES, INC.

62-1702753

Statement 1 Form 990, Part II, Line 43 Other Expenses

		(A)	(B)	(C)	(D)
		Total	Program Services	Management & General	<u>Fundraising</u>
Auto Insurance Dues & Subscriptions Friend of CCSI Fundraising Fundraising Golf Tournament JANITORIAL SERVICE Liability Insurance Management		4,289. 407. 1,471. 118. 2,841. 870. 1,000. 276.	3,312. 407. 1,471. 118. 2,841. 780. 706.	977. 90. 294. 276.	
Miscéllaneous MTI Staff traings Transportation	Total	379. 2,021. 3,511. 530. \$ 17,713.	245. 2,021. 3,511. 530. \$ 15,942.	\$ 1,771.	<u>\$</u>

Statement 2 Form 990 , Part III Organization's Primary Exempt Purpose

The mission of the not-for-profit organization is to create community that empowers families to reach quality, independent, and productive lives.

Statement 3 Form 990, Part IV, Line 57 Land, Buildings, and Equipment

Category		Basis	 Accum. Deprec.	Book Value
Automobiles / Transportation Equipment Machinery and Equipment Buildings Tota	\$ 1 <u>\$</u>	35,666. 11,951. 200,000. 247,617.	\$ 29,130. 8,279. 46,669. 84,078.	\$ 6,536. 3,672. 153,331. 163,539.

Statement 4 Schedule A, Part IV-A, Line 22 Other Income

<u>Description</u>	(a)	2005	_(b)	2004	(c)	2003	_(d)	2002	_(e)	Total
	\$ 2	20,561.	\$	141.	\$	1,982.	\$	1,461.	\$	24,145. 24,145.
Total	\$ 2	20,561.	\$	141.	\$	1,982.	\$	1,461.	\$	24,145.