2005 TAX RETURN

Client Copy

Client: 5002

Prepared for: CHRISTIAN COMMUNITY SERVICES, INC.
601 BENTON AVENUE
NASHVILLE, TN 37204
(615) 297-4024

Prepared by: Harvey E. Hoskins, CPA
Hoskins & Company PC
1900 Church Street Suite 200
Nashville, TN 37203
(615) 321-7333

Date: June 27, 2006

Comments:

Route to: ____________ ____________ ____________ ____________

2005 Exempt Org. Return
prepared for:

CHRISTIAN COMMUNITY SERVICES, INC.
601 BENTON AVENUE
NASHVILLE, TN 37204

Hoskins & Company PC
1900 Church Street Suite 200
Nashville, TN 37203

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CHRISTIAN COMMUNITY SERVICES, INC.
601 BENTON AVENUE
NASHVILLE, TN 37204
(615) 297-4024

FEDERAL FORMS

Form 990	2005 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Form 8879-EO	IRS e-file Signature Authorization

FEE SUMMARY

Preparation Fee

CHRISTIAN COMMUNITY SERVICES, INC. 62-1702753

	2005	2004	Diff
REVENUE			
Contributions, gifts, and grants	171,311	217,284	-45,973
Interest on savings/temp cash invest	60	69	-9
Other revenue	20,561	141	20,420
Total revenue	191,932	217,494	-25,562
EXPENSES			
Program services	211,632	201,475	10,157
Management and general	13,520	13,554	-34
Fundraising	7,901	8,772	-871
Total expenses	233,053	223,801	9,252
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year	-41,121	-6,307	-34,814
Net assets/fund bal. at beg. of year	239,995	246,302	-6,307
Net assets/fund bal. at end of year	198,874	239,995	-41,121

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2005, or tax year beginning ______ , 2005, and ending ______, ____.

► **Do not send to the IRS. Keep for your records.**
► **See instructions.**

OMB No. 1545-1878

2005

Return ID (20-digit number) ► 62505120061640300008

Name of exempt organization: CHRISTIAN COMMUNITY SERVICES, INC.

Employer identification number: 62-1702753

Name and title of officer: PATRICK JOHNSON   Executive Director

Part I Tax Return and Return Information (Whole dollars only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ► [X]	**b Total revenue,** if any (Form 990, line 12)	**1b**	191,932.
2a Form 990-EZ check here ► [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ► [ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ► [ ]	**b** Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ► [ ]	**b Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2005 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's Federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize Hoskins & Company PC (**ERO firm name**) to enter my PIN 05002 (**do not enter all zeros**) as my signature on the organization's tax year 2005 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2005 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► ____________________ Date ► ____________

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 62505192487
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2005 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4206,** Information for Authorized IRS *e-file* Providers of Exempt Organization Filings.

ERO's signature ► ____________________ Date ► ____________

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning , 2005, and ending ,

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See specific instructions.

CHRISTIAN COMMUNITY SERVICES, INC.
601 BENTON AVENUE
NASHVILLE, TN 37204

D Employer Identification Number 62-1702753

E Telephone number (615) 297-4024

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ►

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? . . . [ ] Yes [X] No

H (b) If 'Yes,' enter number of affiliates ►

H (c) Are all affiliates included? . . . . [ ] Yes [ ] No
(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number . . . ►

M Check ► [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: ► N/A

J Organization type (check only one). . . . . ► [X] 501(c) 3 ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here ► [ ] if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. . . ► 191,932.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

REVENUE	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	171,161.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	150.		
	d	Total (add lines 1a through 1c) (cash $ 171,311. noncash $)			1d	171,311.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	60.
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe ►)			7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other:	8a			
	b	Less: cost or other basis and sales expenses — (A) Securities: ; (B) Other:	8b			
	c	Gain or (loss) (attach schedule) — (A) Securities: ; (B) Other:	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ► [ ]				
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	20,561.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	191,932.
EXPENSES	13	Program services (from line 44, column (B))			13	211,632.
	14	Management and general (from line 44, column (C))			14	13,520.
	15	Fundraising (from line 44, column (D))			15	7,901.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	233,053.
NET ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	-41,121.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	239,995.
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	198,874.

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.

Do 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 Grants and allocations (att sch) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here . . . ► ☐	**22**				
23 Specific assistance to individuals (att sch)	**23**	20,168.	20,168.		
24 Benefits paid to or for members (att sch)	**24**	13,873.	13,873.		
25 Compensation of officers, directors, etc	**25**	0.	0.	0.	0.
26 Other salaries and wages	**26**	144,244.	130,834.	6,705.	6,705.
27 Pension plan contributions	**27**				
28 Other employee benefits	**28**	10,827.	9,203.	812.	812.
29 Payroll taxes	**29**				
30 Professional fundraising fees	**30**				
31 Accounting fees	**31**	3,375.	2,498.	877.	
32 Legal fees	**32**				
33 Supplies	**33**	1,523.	1,234.	232.	57.
34 Telephone	**34**	6,838.	6,508.	330.	
35 Postage and shipping	**35**	286.	189.	97.	
36 Occupancy	**36**				
37 Equipment rental and maintenance	**37**	808.	646.	121.	41.
38 Printing and publications	**38**	2,873.	2,557.	30.	286.
39 Travel	**39**				
40 Conferences, conventions, and meetings	**40**				
41 Interest	**41**				
42 Depreciation, depletion, etc (attach schedule)	**42**	15,753.	14,178.	1,575.	
43 Other expenses not covered above (itemize):					
a See Statement 1	**43a**	12,485.	9,744.	2,741.	
b	**43b**				
c	**43c**				
d	**43d**				
e	**43e**				
f	**43f**				
g	**43g**				
44 **Total functional expenses.** Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	**44**	233,053.	211,632.	13,520.	7,901.

Joint Costs. Check . ► ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? . . . . . . ► ☐ **Yes** ☒ **No**

If 'Yes,' enter **(i)** the aggregate amount of these joint costs $ ____________; **(ii)** the amount allocated to Program services $ ____________; **(iii)** the amount allocated to Management and general $ ____________; and **(iv)** the amount allocated to Fundraising $ ____________.

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 of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► See Statement 2 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a The mission of the not-for-profit organization is to create community that empowers families to reach quality, independent, and productive lives. (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	211,632.
b (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
e Other program services (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	211,632.

Part IV Balance Sheets (See Instructions)

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
ASSETS					
45 Cash – non-interest-bearing			9,428.	45	10,189.
46 Savings and temporary cash investments			25,652.	46	5,498.
47a Accounts receivable	47a				
b Less: allowance for doubtful accounts	47b			47c	
48a Pledges receivable	48a				
b Less: allowance for doubtful accounts	48b			48c	
49 Grants receivable				49	
50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51a Other notes & loans receivable (attach sch)	51a				
b Less: allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges			5,251.	53	5,422.
54 Investments – securities (attach schedule) ► ☐ Cost ☐ FMV				54	
55a Investments – land, buildings, & equipment: basis	55a				
b Less: accumulated depreciation (attach schedule)	55b			55c	
56 Investments – other (attach schedule)				56	
57a Land, buildings, and equipment: basis	57a	247,617.			
b Less: accumulated depreciation (attach schedule) Statement 3	57b	68,406.	194,964.	57c	179,211.
58 Other assets (describe ►)			4,750.	58	
59 **Total assets** (must equal line 74). Add lines 45 through 58			240,045.	59	200,320.
LIABILITIES					
60 Accounts payable and accrued expenses			50.	60	1,445.
61 Grants payable				61	
62 Deferred revenue				62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a Tax-exempt bond liabilities (attach schedule)				64a	
b Mortgages and other notes payable (attach schedule)				64b	
65 Other liabilities (describe ► See Statement 4)				65	1.
66 **Total liabilities.** Add lines 60 through 65			50.	66	1,446.
NET ASSETS OR FUND BALANCES					
Organizations that follow SFAS 117, check here ► ☒ and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			224,995.	67	198,874.
68 Temporarily restricted			15,000.	68	
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74.					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)			239,995.	73	198,874.
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			240,045.	74	200,320.

Part IV-A **Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

a	Total revenue, gains, and other support per audited financial statements			**a**	191,932.
b	Amounts included on line **a** but not on Part I, line 12:				
	1 Net unrealized gains on investments	**b1**			
	2 Donated services and use of facilities	**b2**			
	3 Recoveries of prior year grants	**b3**			
	4 Other (specify):	**b4**			
	Add lines **b1** through **b4**			**b**	
c	Subtract line **b** from line **a**			**c**	191,932.
d	Amounts included on Part I, line 12, but not on line **a:**				
	1 Investment expenses not included on Part I, line 6b	**d1**			
	2 Other (specify):	**d2**			
	Add lines **d1** and **d2**			**d**	
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ►			**e**	191,932.

Part IV-B **Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements			**a**	233,053.
b	Amounts included on line **a** but not on Part I, line 17:				
	1 Donated services and use of facilities	**b1**			
	2 Prior year adjustments reported on Part I, line 20	**b2**			
	3 Losses reported on Part I, line 20	**b3**			
	4 Other (specify):	**b4**			
	Add lines **b1** through **b4**			**b**	
c	Subtract line **b** from line **a**			**c**	233,053.
d	Amounts included on Part I, line 17, but not on line **a:**				
	1 Investment expenses not included on Part I, line 6b	**d1**			
	2 Other (specify):	**d2**			
	Add lines **d1** and **d2**			**d**	
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ►			**e**	233,053.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(if not paid, enter -0-)**	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances
DAVID JONES 1234 SCHRADER LANE NASHVILLE, TN 37208-1802	Chairman 0	0.	0.	0.
RUBEL SHELLY 3710 FRANKLIN ROAD NASHVILLE, TN 37204-3506	Vice Chairman 0	0.	0.	0.
RON JOYNER 3710 FRANKLIN ROAD NASHVILLE, TN 37204-3506	Secretary 0	0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings. . ► 3			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	**75b**		X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	**75c**		X
Note. Related organizations include section 509(a)(3) supporting organizations.			
If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization			
d Does the organization have a written conflict of interest policy?	**75d**	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances

Part VI Other Information *(See the instructions.)*

		Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	**76**		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	**77**		X
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**78a**		X
b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	**78b**	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	**79**		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	**80a**		X
b If 'Yes,' enter the name of the organization ► N/A and check whether it is ☐ exempt **or** ☐ nonexempt.			
81a Enter direct and indirect political expenditures. (See line 81 instructions.) **81a** 0.			
b Did the organization file **Form 1120-POL** for this year?	**81b**		X

Part VI Other Information *(continued)*

			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		**82a**		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	**82b** N/A			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?		**83a**	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		**83b**	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		**84a**		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**84b**	N/A	
85 *501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?		**85a**	N/A	
b Did the organization make only in-house lobbying expenditures of $2,000 or less?		**85b**	N/A	
If 'Yes' was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c Dues, assessments, and similar amounts from members	**85c** N/A			
d Section 162(e) lobbying and political expenditures	**85d** N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	**85e** N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	**85f** N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		**85g**	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 dues allocable to nondeductible lobbying and political expenditures for the following tax year?		**85h**	N/A	
86 *501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12	**86a** N/A			
b Gross receipts, included on line 12, for public use of club facilities	**86b** N/A			
87 *501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders	**87a** N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**87b** N/A			
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		**88**		X
89 a *501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.				
b *501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		**89b**		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►				0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ►				0.

90 a List the states with which a copy of this return is filed ► None

b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) **90b** 0

91 a The books are in care of ► CONNIE ELLIOTT Telephone number ► (615) 329-0950

Located at ► 1234 SCHRADER LANE, NASHVILLE TN ZIP + 4 ► 37208-1802

		Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**91b**		X
If 'Yes,' enter the name of the foreign country... ►			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements			
c At any time during the calendar year, did the organization maintain an office outside of the United States?	**91c**		X
If 'Yes,' enter the name of the foreign country... ►			

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041*** – Check here N/A ► ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ► **92** N/A

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts		60.			
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					20,561.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		60.			20,561.

105 **Total** (add line 104, columns (B), (D), and (E)) ► 20,621.

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If 'Yes' to **(b)**, file Form 8870 **and** Form 4720 (see instructions).*

Please Sign Here

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

► Signature of officer Date

► PATRICK JOHNSON, Executive Director

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ► Harvey E. Hoskins, CPA	Date	Check if self-employed ► ☐	Preparer's SSN or PTIN (See General Instruction W) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 ► Hoskins & Company PC 1900 Church Street Suite 200 Nashville, TN 37203		EIN ► N/A Phone no. ► (615) 321-7333	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplementary Information — (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2005

Name of the organization: CHRISTIAN COMMUNITY SERVICES, INC.

Employer identification number: 62-1702753

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over $50,000 ►	0			

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
None		
Total number of others receiving over $50,000 for professional services ► 0		

Part II – B 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
None		
Total number of other contractors receiving over $50,000 for other services ► 0		

Part 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. . . . ► $ N/A (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
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.			
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		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e Transfer of any part of its income or assets?	2e		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b Do you have a section 403(b) annuity plan for your employees?	3b		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ► ,

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ 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.)

11b ☐ 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 receipts 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 supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ► ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

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 instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	214,859.	147,950.	204,647.		567,456.
16 Membership fees received					0.
17 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, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	69.	161.	207.		437.
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 5	141.	1,982.	1,461.		3,584.
23 Total of lines 15 through 22	215,069.	150,093.	206,315.		571,477.
24 Line 23 minus line 17	215,069.	150,093.	206,315.		571,477.
25 Enter 1% of line 23	2,151.	1,501.	2,063.		

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ► **26a** 11,430.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ► **26b**

c Total support for section 509(a)(1) test: Enter line 24, column (e) ► **26c** 571,477.

d Add: Amounts from column (e) for lines: 18 437. 19 ______ 22 3,584. 26b ______ **26d** 4,021.

e Public support (line 26c minus line 26d total) ► **26e** 567,456.

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ► **26f** 99.30 %

27 Organizations described on line 12: N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2004) ____________ (2003) ____________ (2002) ____________ (2001) ____________

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2004) ____________ (2003) ____________ (2002) ____________ (2001) ____________

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ **27c**

d Add: Line 27a total ______ and line 27b total ______ **27d**

e Public support (line 27c total minus line 27d total) ► **27e**

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ► **27f**

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ► **27g** %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ► **27h** %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

Part V **Private School Questionnaire** (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			Yes	No
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?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	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 if it has no 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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
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.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ► **a** [ ] if the organization belongs to an affiliated group. Check ► **b** [ ] if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table –	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is –	**The lobbying nontaxable amount is –**
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	**(a)** 2005	**(b)** 2004	**(c)** 2003	**(d)** 2002	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines **c** through **h.**)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	**51 a (i)**		X
(ii) Other assets	**a (ii)**		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b (i)**		X
(ii) Purchases of assets from a noncharitable exempt organization	**b (ii)**		X
(iii) Rental of facilities, equipment, or other assets	**b (iii)**		X
(iv) Reimbursement arrangements	**b (iv)**		X
(v) Loans or loan guarantees	**b (v)**		X
(vi) Performance of services or membership or fundraising solicitations	**b (vi)**		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements
N/A			

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► ☐ **Yes** ☒ **No**

b If 'Yes,' complete the following schedule:

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship
N/A		

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

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
AUTO INSURANCE	4,160.	3,212.	948.	
Bank charge	58.	58.		
JANITORIAL SERVICE	2,370.	2,126.	244.	
LIABILITY INSURANCE	2,666.	1,882.	784.	
Mentoring	365.	365.		
MISCELLANEOUS	2,160.	1,395.	765.	
Service support	316.	316.		
Staff traings	390.	390.		
Total	$ 12,485.	$ 9,744.	$ 2,741.	$ 0.

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	$ 35,666.	$ 21,996.	$ 13,670.
Machinery and Equipment	11,951.	6,408.	5,543.
Buildings	200,000.	40,002.	159,998.
Total	$ 247,617.	$ 68,406.	$ 179,211.

Statement 4
Form 990, Part IV, Line 65
Other Liabilities

Rounding	$ 1.
Total	$ 1.

Statement 5
Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
	$ 141.	$ 1,982.	$ 1,461.	$ 0.	$ 3,584.
Total	$ 141.	$ 1,982.	$ 1,461.	$ 0.	$ 3,584.