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

2002

Open to Public Inspection

A For the 2002 calendar year, or tax year beginning 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

C Name of organization
Christian Community Service Center, Inc
Number and street (or P O box if mail is not delivered to street address)
3230 Mercer
City or town: Houston State or country: TX ZIP + 4: 77027

D Employer identification number: 74-2128141
E Telephone number: (713) 961-3993
F Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶

NOV 03 2003
ENVELOPE POSTMARK DATE

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

G Web site ▶ www ccschouston com

ORGANIZATION TYPE (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) OR ☐ 527

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 received a Form 990 Package in the mail it should file a return without financial data SOME STATES REQUIRE A COMPLETE RETURN

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) If "Yes " enter number of affiliates ▶ N/A
H(c) Are all affiliates included? N/A ☐ 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 ☒ No
I Enter 4-digit GEN ▶ N/A
M Check ▶ ☐ if the organization is NOT required to attach Sch B (Form 990 990-EZ or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ $1,428,771

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Revenue	1		Contributions, gifts, grants, and similar amounts received				
		a	Direct public support	1a	1 121 170		
		b	Indirect public support	1b			
		c	Government contributions (grants)	1c			
		d	TOTAL (add lines 1a through 1c) (cash $ 1,121,170 noncash $)			1d	1,121 170
	2		Program service revenue including government fees and contracts (from Part VII, line 93)			2	26 290
	3		Membership dues and assessments			3	
	4		Interest on savings and temporary cash investments			4	6 151
	5		Dividends and interest from securities			5	
	6	a	Gross rents	6a	2 250		
		b	Less rental expenses	6b			
		c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	2 250
	7		Other investment income (describe ▶)			7	
	8	a	Gross amount from sales of assets other than inventory	(A) Securities: 8a	(B) Other:		
		b	Less cost or other basis and sales expenses	8b			
		c	Gain or (loss) (attach schedule)	8c			
		d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9		Special events and activities (attach schedule)				
		a	Gross revenue (not including $ 37,685 of contributions reported on line 1a)	9a	15 430		
		b	Less direct expenses other than fundraising expenses	9b	18,509		
		c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	-3 079
	10	a	Gross sales of inventory, less returns and allowances	10a	257 480		
		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	257,480
	11		Other revenue (from Part VII, line 103)			11	
	12		TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	1 410 262
Expenses	13		Program services (from line 44, column (B))			13	1,084 322
	14		Management and general (from line 44, column (C))			14	83,192
	15		Fundraising (from line 44, column (D))			15	53 628
	16		Payments to affiliates (attach schedule)			16	
	17		TOTAL EXPENSES (add lines 16 and 44, column (A))			17	1 221 142
Net Assets	18		Excess or (deficit) for the year (subtract line 17 from line 12)			18	189 120
	19		Net assets or fund balances at beginning of year (from line 73, column (A))			19	1,441 603
	20		Other changes in net assets or fund balances (attach explanation)			20	-180,155
	21		Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	1,450 568

2

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NOV 17 '03

SCANNED

(HTA) **For Paperwork Reduction Act Notice, see the separate instructions** Form **990** (2002)

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 (See page 21 of the instructions)

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 (attach schedule) (cash $ ______ noncash $ ______)	22				
23 Specific assistance to individuals (attach schedule)	23	526,270	526,270		
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	60,824	30,412	21 288	9,124
26 Other salaries and wages	26	289,309	238,476	25,196	25 637
27 Pension plan contributions	27	13,303	9,646	1,698	1 959
28 Other employee benefits	28	32,535	28,194	1,370	2,971
29 Payroll taxes	29	26,792	20,418	3,715	2,659
30 Professional fundraising fees	30				
31 Accounting fees	31	10,472		10,472	
32 Legal fees	32				
33 Supplies	33	21,052	16,573	2,867	1,612
34 Telephone	34	16,057	15,595	462	
35 Postage and shipping	35	21,062	11,099	1,735	8,228
36 Occupancy	36	75,927	75 341	586	
37 Equipment rental and maintenance	37	29,176	28,078	1,083	15
38 Printing and publications	38				
39 Travel	39	7,110	6,969	71	70
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	30,692	22 759	7,933	
43 Other expenses not covered above (itemize) a Insurance	43a	24,037	21 027	2 474	536
b Miscellaneous	43b	12,237	9,178	2,242	817
c Professional services	43c	24,287	24,287		
d	43d				
e	43e				
f	43f				
44 TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43) ORGANIZATIONS COMPLETING COLUMNS (B)-(D) CARRY THESE TOTALS TO LINES 13 15	44	1,221,142	1,084,322	83,192	53,628

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 $ N/A (ii) the amount allocated to Program services $ N/A ,

(iii) the amount allocated to Management and general $ N/A , and (iv) the amount allocated to Fundraising $ N/A

Part III Statement of Program Service Accomplishments (See page 24 of the instructions)

What is the organization's primary exempt purpose? ▶ Provide food and services to needy people in the community

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) orgs and 4947(a)(1) trusts but optional for others)
a Emergency services - Provided food clothing, and financial help to 20,547 clients (Grants and allocations $)	276,396
b Sunshine Resale Shop - Recycles donated articles for sale back to the community through discount prices Proceeds benefit the other programs (Grants and allocations $)	162 402
c Operation Sunshine Meals - Delivered 39,305 meals to the homebound Meals are delivered by unpaid volunteers and are free to those unable to pay Housekeeping services were provided to 12 clients Groceries were delivered to 37 clients (Grants and allocations $)	205,423
d Visioncare Provided vision screening for 123 children, and paid for prof testing and new eyeglasses for 27 students Jingle Bell Express - Gave toys books and food to 3 111 children at Christmas 960 families received food packets JobNet Provided training, access to office equipment, and emotional support for 711 clients-helping them conduct a more effective job search (Grants and allocations $)	155,898
e Back to School-Provided school supplies, clothing and shoes to 4, 025 elementary and middle school children (Grants and allocations $)	284,203
f TOTAL OF PROGRAM SERVICE EXPENSES (should equal line 44, column (B), Program services) ▶	1,084 322

Part IV Balance Sheets (See page 24 of the 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			435	45	435
	46	Savings and temporary cash investments			497,102	46	690,432
	47 a	Accounts receivable	47a	35,166			
	b	Less allowance for doubtful accounts	47b		3,995	47c	35,166
	48 a	Pledges receivable	48a	31,333			
	b	Less allowance for doubtful accounts	48b			48c	31,333
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51 a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			35,618	52	35,618
	53	Prepaid expenses and deferred charges			3,850	53	3,850
	54	Investments - securities (attach schedule) ▶ ☐ Cost ☒ FMV			180,155	54	
	55 a	Investments - land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments - other (attach schedule)				56	
	57 a	Land, buildings, and equipment basis	57a	957,760			
	b	Less accumulated depreciation (attach schedule)	57b	258,350	725 424	57c	699,410
	58	Other assets (describe ▶)				58	
	59	TOTAL ASSETS (add lines 45 through 58) (must equal line 74)			1 446 579	59	1,496 244
Liabilities	60	Accounts payable and accrued expenses			4,976	60	45,676
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64 a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe ▶)				65	
	66	TOTAL LIABILITIES (add lines 60 through 65)			4 976	66	45 676
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			1,261,280	67	1,141,413
	68	Temporarily restricted			117,764	68	243,417
	69	Permanently restricted			62,559	69	65,738
		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)			1 441 603	73	1 450 568
	74	TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)			1 446 579	74	1,496 244

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

Part IV-A **Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 26 of the instructions) Not Applicable-Consolidated

a	Total revenue gains and other support per audited financial statements ▶	a	
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	

Part IV-B **Reconciliation of Expenses per Audited Financial Statements with Expenses per Return** Not Applicable Consolidated

a	Total expenses and losses per audited financial statements ▶	a	
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	

Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 26 of 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 & deferred compensation	(E) Expense account and other allowances
Michelle Shonbeck	Executive Director 40 hours/week	60,824	3,041	None
Gene Shepard	President 1 hour/week	None	None	None
Lance Olinde	Past President 1 hour/week	None	None	None
Nancy Cook	President-Elect 1 hour/week	None	None	None
David Elledge	Treasurer 1 hour/week	None	None	None
Liz Embrey	Secretary 1 hour/week	None	None	None
Jeff Brown	Vice President 1 hour/week	None	None	None
All officers and directors may be contacted at Christian Community Service Center 3230 Mercer Houston, TX 77027				

75 Did any officer, director, trustee or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations of which more than $10 000 was provided by the related organizations? ▶ ☐ Yes ☒ No

If "Yes," attach schedule-see page 26 of the instructions

				Yes	No
Part VI	**Other Information** (See page 27 of 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
78 a	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?	N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		79		X
80 a	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 ▶ Christian Community Service Center Memorial Endowment and check whether it is ☒ exempt OR ☐ nonexempt				
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a None			
b	Did the organization file FORM 1120-POL for this year?		81b		X
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 Not valued			
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?	N/A	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	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?	N/A	85g		
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?	N/A	85h		
86	501(c)(7) orgs 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) orgs 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) orgs 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, 2002 (See instructions) 90b 12

91 The books are in care of ▶ Michelle Shonbeck Telephone no ▶ (713) 961-3993

Located at ▶ 3230 Mercer, Houston, TX ZIP + 4 ▶ 77027

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of FORM 1041 - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 None

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

Note *Enter gross amounts unless otherwise indicated*	Unrelated business income		Excluded by section 512 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Meal fees					26,290
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	6,151	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate	▨	▨	▨	▨	▨
a debt-financed property					
b not debt-financed property			16	2,250	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1 and 2	-3,079	
102 Gross profit or (loss) from sales of inventory			05	257,480	
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B) (D), and (E))	▨		▨	262,802	26,290

105 TOTAL (add line 104, columns (B), (D), and (E)) ▶ 289,092

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 page 32 of 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)
93a	See Part III item c

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of 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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of 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)*

[redacted]

um including accompanying schedules and statements and to the best of my knowledge

r (other than officer) is based on all information of which preparer has any knowledge

10-27-03

Date

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 Section 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

2002

Name of the organization	Employer identification number
Christian Community Service Center, Inc	74-2128141

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over $50,000	None			

Part II **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the 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	None	

(HTA) **For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ**

Part III Statements About Activities (See page 2 of the 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 $ ______________ **(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)? **See Form 990 Part V**	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See NOTE below)	3		X
4	Do you have a section 403(b) annuity plan for your employees?	4		X

Note *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments*

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the 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)

11 a ☒ 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 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) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the 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 page 5 of the 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	925,206	689,291	612,841	605,972	2,833,310
16	Membership fees received					
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	343,925	387,971	316,601	303,590	1,352,087
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	19,548	17,973	11,131	9,923	58,575
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets			42,867	28,580	71,447
23	Total of lines 15 through 22	1,288,679	1,095,235	983,440	948,065	4,315,419
24	Line 23 minus line 17	944,754	707,264	666,839	644,475	2,963,332
25	Enter 1% of line 23	12,887	10,952	9,834	9,481	

26	ORGANIZATIONS DESCRIBED ON LINES 10 OR 11 **a** Enter 2% of amount in column (e), line 24	26a	59,267
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 1998 through 2001 exceeded the amount shown in line 26a DO NOT FILE THIS LIST WITH YOUR RETURN Enter the total of all these excess amounts	26b	140,732
c	Total support for section 509(a)(1) test Enter line 24, column (e)	26c	2,963,332
d	Add Amounts from column (e) for lines 18 58,575 19 ____ 22 71,447 26b 140,732 . . .	26d	270,754
e	Public support (line 26c minus line 26d total)	26e	2,692,578
f	PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))	26f	90 86%

27 ORGANIZATIONS DESCRIBED ON LINE 12 **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

(2001) ____________ (2000) ____________ (1999) ____________ (1998) ____________

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 11, 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

(2001) ____________ (2000) ____________ (1999) ____________ (1998) ____________

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 1998 through 2001, 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 page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) Not Applicable

				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)			
34	a	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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
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 page 9 of the instructions)

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

Not Applicable

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 -				
	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	41		
	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			
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		

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 on page 11 of the instructions)

		Lobbying Expenditures During 4-Year Averaging Period				
	Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(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 page 11 of the instructions)

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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			None

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 page 12 of the 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	**51a(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
		Not Applicable	

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
	Not Applicable	

Christian Community Service Center, Inc. **74-2128141**
2002 Form 990

Part I , Line 10c - Gross sales of inventory

Donated goods are sold in the Sunshine Resale Shop operated substantially by volunteers	$ 257,480

Part I, Line 20 - Other Changes in Net Assets or Fund Balances
Part IV, Line 54 - Investments - Securities

Investments held by affiliated Christian Community Service Center Memorial Foundation included in prior year net assets due to consolidated financial reporting	$ (180,155)

Part II, Line 23 - Specific assistance to individuals

Food	$ 150,269
Clothing	119,549
Rent & utilities	72,324
Supplies, toys, books	156,631
Other direct assistance	27,497
	$ 526,270

Part II, Line 42 - Depreciation and
Part IV, Line 57b - Accumulated Depreciation

Asset	Cost	Current Depreciation	Accumulated Depreciation	Book Value
Land	$ 179,600			$ 179,600
Buildings (10-40 yr SL)	622,072	17,396	149,441	472,631
Equipment (2-10 yr SL)	110,445	13,296	65,295	45,150
Vehicles (5 yr SL)	43,614		43,614	-
Leasehold improvements (10 yr SL)	2,029			2,029
TOTAL	$ 957,760	30,692	258,350	$ 699,410

Attachment to Part I, Lines 10c and 20, Part II, Lines 23 and 42 and Part IV, Lines 54 and 57

- If you are filing for an ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION COMPLETE ONLY PART II and check this box ☒

NOTE ONLY COMPLETE PART II IF YOU HAVE ALREADY BEEN GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868

- If you are filing for an AUTOMATIC 3-MONTH EXTENSION COMPLETE ONLY PART I (on page 1)

PART II ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION OF TIME - MUST FILE ORIGINAL AND ONE COPY

TYPE OR PRINT	Name of Exempt Organization Christian Community Service Center, Inc	EMPLOYER IDENTIFICATION NUMBER 74-2128141
File by the extended due date for filing the return See instructions	Number, street, and room or suite no If a P O box, see instructions 3230 Mercer	For IRS use only
	City, town or post office state, and ZIP code For a foreign address see instructions Houston, TX 77027	

CHECK TYPE OF RETURN TO BE FILED (File a separate application for each return)

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870

☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP DO NOT COMPLETE PART II IF YOU WERE NOT ALREADY GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868

- If the organization does NOT have an office or place of business in the United States, check this box ☐
- If this is for a GROUP RETURN, enter the organization's four digit Group Exemption Number (GEN) ______ If this is for the WHOLE group, check this box ☐ If it is for PART of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/17/2003

5 For calendar year 2002 , or other tax year beginning ______ and ending ______

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension Adequate information is not yet available to prepare a complete and accurate return at this time Therefore, taxpayer requests additional time to file

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions $

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 $

c BALANCE DUE Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions $

SIGNATURE AND VERIFICATION

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form

Signature Title CPA Date 8/15/03

NOTICE TO APPLICANT-TO BE COMPLETED BY THE IRS

☒ We HAVE approved this application Please attach this form to the organization's return

☐ We HAVE NOT approved this application However we have granted a 10-day grace period from the la date of the organization's return (including any prior extensions) This grace period is considered to be otherwise required to be made on a timely return Please attach this form to the organization's return

☐ We HAVE NOT approved this application After considering the reasons stated in item 7, we an extension of time to file We are not granting a 10-day grace period

☐ We CANNOT CONSIDER this application because it was filed after the due date of the return for which

☐ Other ______

Director By ______

ALTERNATE MAILING ADDRESS - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

TYPE OR PRINT	NAME Blazek & Vetterling LLP
	NUMBER AND STREET (INCLUDE SUITE, ROOM, OR APT NO) OR A P O BOX NUMBER 3101 Richmond Avenue, Suite 220
	CITY OR TOWN, PROVINCE OR STATE, AND COUNTRY (INCLUDING POSTAL OR ZIP CODE) Houston, TX 77098-3013

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

- If you are filing for an AUTOMATIC 3-MONTH EXTENSION, COMPLETE ONLY PART I and check this box ☒
- If you are filing for an ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION COMPLETE ONLY PART II (on page 2 of this form)

NOTE DO NOT COMPLETE PART II UNLESS YOU HAVE ALREADY BEEN GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868

PART I AUTOMATIC 3-MONTH EXTENSION OF TIME - Only submit original (no copies needed)

NOTE FORM 990-T CORPORATIONS requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

TYPE OR PRINT	Name of Exempt Organization Christian Community Service Center, Inc	EMPLOYER IDENTIFICATION NUMBER 74-2128141
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions 3230 Mercer	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Houston, TX 77027	

CHECK TYPE OF RETURN TO BE FILED (file a separate application for each return)

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- If the organization does NOT have an office or place of business in the United States check this box ☐
- If this is for a GROUP RETURN, enter the organization's four digit Group Exemption Number (GEN) ________ If this is for the WHOLE group check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T CORPORATION) extension of time until 8/15/2003 to file the exempt organization return for the organization named above The extension is for the organization's return for

☒ calendar year 2002 or

☐ tax year beginning ________________ , and ending ________________

2 If this tax year is for less than 12 months check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720 or 6069, enter the tentative tax, less any nonrefundable credits See instructions $

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit $

c BALANCE DUE Subtract line 3b from line 3a Include your payment with this form or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions $

SIGNATURE AND VERIFICATION

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form

Signature Title CPA Date 5/15/2003

For Paperwork Reduction Act Notice, see Instruction (HTA) Form **8868** (12-2000)