Form **990-EZ**

Department of the Treasury Internal Revenue Service

OMB No 1545-1150

Open to Public Inspection

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

			lendar year, or tax year beginning			and endi				
B (Check if applicab	le Please	C Name of organization					D Employ	er id	entification number
늗	Addre: Chang Name		CURTAGET NIGHT THE CONDUCT	DOD THEFT	~> T T			41	1 0	.E202E
누	Name chang Initial		CHRISTIANS IN COMME Number and street (or P.O. box, if mail i				oom/suite	E Teleph		52035
\vdash	return Term	n See	2853 MEADOW VIEW RC		3)	"	OUII/Suite			
\vdash	lated Amer	1110000	City or town, state or country, and ZIP +						<u>)3)</u>	
\vdash	returr Applic pendir	n	FALLS CHURCH, VA 2				ŀ	F Group Numbe		iption
			(3) organizations and 4947(a)(1) nonexem		h a com	nleted	G Accour			Cash X Accrual
	· 360	, tion so i(c)(Schedule A (Form 990 o	=	, ii a cuiii	pieteu		specify) 🕨		
		te: NW	W.CHRISTIANSINCOMME				H Check			e organization is not
			(check only one) $ \times$ 501(c) (3))(1) or	527				le B (Form 990, 990-EZ, or 990-PF)
	Check		the organization is not a section 509(a)(3) s							
			orm 990 return is not required, but if the org						•	,
	Add lin		nd 7b, to line 9 to determine gross receipts;					>	\$	449,556.
	art I		nue, Expenses, and Changes					uctions fo	r Part	
	1	Contributio	ons, gifts, grants, and similar amounts recei	ved			·		1	322,162.
	2	Program se	ervice revenue including government fees a	nd contracts					2	
	3	Membershi	ip dues and assessments					;	3	
	4	Investment	income					<u> </u>	4	
	5a	Gross amo	unt from sale of assets other than inventory	1	5a					
	b		or other basis and sales expenses		_5b	<u> </u>				
	C	•	ss) from sale of assets other than inventory	•					ic	
Jue	6	•	ents and activities (complete applicable part	• •	t is from	gaming, ch	neck here ➤	•Ш		
Revenue	a		nue (not including \$	of contributions	1	ţ				
Re		reported or	•		6a					
	(1) (1) (1) (1) (1) (1)		t expenses other than fundraising expenses		6b			─┤,		
	6		e or (loss) from special events and activities	(Subtract line 66 from line 6a)	1 _	I		<u> </u>	SC	_
	93 63		s of inventory, less returns and allowances of goods sold		7a 7b					
	ري		it or (loss) from sales of inventory (Subtrac	t line 7h from line 7a\	70	L		,	7c	
	128		nue (describe		SEE	STATE	мемт	. –	8	127,394.
	-9		nue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		-	1		— · ⊢	9	449,556.
_	10		I similar amounts paid (attach schedule)	RECEIVE)	1			10	
	3		aid to or for members	NLOU!		1			11	
Ś	12			1.1 201		21			12	175,141.
penses	13	Profession	ther compensation, and employee benefits al fees and other payments to independent , rent, utilities, and maintenance	chactors NOV Z Z E	و ا	21		T	13	2,500.
xbe	14	Occupancy	, rent, utilities, and maintenance	10		_			14	7,200.
Щ	15	Printing, pi	ublications, postage, and shipping	OGDEN,	سال			<u> </u>	15	15,424.
	16	Other expe	enses (describe >		SEE	STATE	MENT	<u>1</u>) [16	<u> 196,456.</u>
	17		enses. Add lines 10 through 16						17	396,721.
s	18		(deficit) for the year (Subtract line 17 from l					L	18	<u>52,835.</u>
set	19		or fund balances at beginning of year (from							404 000
Net Assets			ee with end-of-year figure reported on prior	•	ann	0 m x m r			19	101,303.
Se	20		nges in net assets or fund balances (attach	·	SEE	STATE	MENT		20	<u><1,877.</u> >
	21		or fund balances at end of year. Combine l		mara fila	. Corm 000	noteed of C		21	152,261.
Ľ	art I	Dalan	(See the instructions for Part II		nore, me		Beginning o		:Z.	(B) End of year
20		ch cavange	•	•1		(^)	103,		22	156,185.
22		sn, savings, nd and build	and investments				103,	0.74.	23	130,103.
24		her assets (d		SEE STATEMEN	ጥ 2	,	6	696.	24	3,869.
25		tal assets		COO CITTURE		' 		548.		160,054.
26			s (describe	SEE STATEMEN	т 3)		245.		7,793.
27			fund balances (line 27 of column (B) must					303.	_	152,261.
932	2171 -08-10		or Privacy Act and Paperwork Reduction A		struction	ns.	. 0			Form 990-EZ (2009)

Forr	m 990-EZ (2009) CHRISTIANS IN COMMERCE IN	ITERNATIONAL		<u>41-</u>	-16520	35 Page 2
P	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III.)		E:	kpenses
	at is the organization's primary exempt purpose? SEE STATEMENT				_	x section 501(c)(3)
				<u> </u>	and 501(c)(4	t) organizations and
	scribe what was achieved in carrying out the organization's exempt pur			ibe		7(a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevant				for others)	
28	SPONSORED CHALLENGE WEEKEND RETREAT					
	CIRCULATED MONTHLY NEWSLETTER. COND	UCTED NATIONA	L			
	CONFERENCE.					
	(Grants \$) If this amount includes foreign of	arants check here			28a	
00	(Craites #) It this amount includes foreign t	grants, check here			204	
29						
	·					
	(Grants \$) If this amount includes foreign of	arants, check here			29a	
30	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			1227	
JU				—		
	(Grants \$) If this amount includes foreign of	grants, check here	>		30a	
31	Other program services (attach schedule)					
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	· · · · · · · · · · · · · · · · · · ·	grants, check here		لب	31a	
	Total program service expenses (add lines 28a through 31a)				32	0.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See the	instructions	for Part IV)
				(d) Co	ontributions	
	4.54	(b) Title and average hours	(c) Compensation	toe	employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		efit plans &	account and
		position	-0)	1	leferred	other allowances
				com	pensation	
GF	REGORY AITKENS	DIRECTOR				
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C n	PEVAN BECKER	VICE PRESIDEN		├		1
<u>0</u> 1	LEVAN DECKER	-			•	
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<u>J</u> [JSTIN BRATNOBER	DIRECTOR				
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ΨF	ERENCE M. CASSELL	PRESIDENT		<u> </u>		
	MBNCB H. CNDDBB		_		^	_
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<u>J</u>	WILLIAM DALGETTY	PRESIDENT				
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K]	RBY FALKENBERG	DIRECTOR				
		1.00	0.		0.	0.
-	OMITTED THE STORY		<u> </u>	 		0.
<u>Ar</u>	RTHUR KLAUM	DIRECTOR	_		_	_
_		1.00	0.	<u> </u>	0.	0.
T:	IMOTHY ROWLAND	VICE PRESIDEN	T			
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<u></u>	RIL F. ROSE, JR.	DIRECTOR		<u> </u>		
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CI	HARLES WAGNER	DIRECTOR				
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Yes No No No No No No No N	Pa	rt V	Other Information (Note the statement requirements in the instructions for Part V)			
34 Were any changes made to the organization of governing documents? If "res," attach a conformed copy of the changes If the organization had mome from busness activities, such as those reported on inee 2, 6, and 7 a faming others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. 3 Did the organization had mome from from 990-T for this year? 3 If "Yes," has it filed a tax return on Form 990-T for this year? 3 If "Yes," has it filed a tax return on Form 990-T for this year? 3 If "Yes," has it filed a tax return on Form 990-T for this year? 3 If "Yes," has it filed a tax return on Form 990-T for this year? 3 If "Yes," has it filed a tax return on Form 990-T for this year? 3 If "Yes," has it filed a tax return on Form 990-T for this year? 3 If "Yes," has it filed a tax return on Form 990-T for this year? 3 Enter amount of political bependitures, direct or indirect, as described in the instructions. 3 If "Yes," complete applicable parts of Sch. N. 3 Enter amount of political expenditures, direct or indirect, as described in the instructions. 3 If "Yes," complete Schedule I, Part II and either the folal amount involved. 3 Section 501((2)) organizations. Enter: 3 Interface and capital contributions included on line 9. for public use of club tachities. 3 Section 501((2)) organizations. Enter amount of tax imposed on the organization during the year under: 3 section 501((2)) and 501((2)) organizations. Enter amount of tax imposed on organization managers or is at aware that it engaged on an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of year practices. If the organizations have an interest in or a signature or other authority 3 Section 501((2)) and 501((2)) organizations. Enter amount of tax in like A form 1 is a signature or other authority 4 Section 501((3)) and 501((4)) organizations. Enter amount of tax in like A form 1 is a signature or oth					Yes	No
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reported on Form 990-T, attach a statement explaning why the organization during not the income on Form 990-T. In this did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? In this case, the filed a fax return of Form 990-T for this year? In this case, the filed a fax return of Form 990-T for this year? In this case, the filed a fax return of Form 990-T for this year? In this case, the organization plantical expenditures, direct or indirect, as described in the instructions. In this complete applicable parts of Sch. N In the organization form 120-POL for this year? In this complete applicable parts of Sch. N In this co	34	Were a	any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 85 X	35	If the c	organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
and proxy tax requirements? 1		reporte	ed on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			ĺ
b If Yes, 'has it filed a tax return on Form 990-T for this year? 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N 37 a forter amount of political expenditures, direct or indirect, as described in the instructions. 38 Did the organization file Form 1120-POL for this year? 39 Did the organization file Form 1120-POL for this year? 30 Did the organization berrow from, or make any foans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38 Different in the properties cheduled. I. Part I sind enter the total amount involved 39 Section 501(c)(7) organizations. Enter into the organization during the year under: 39 a N/A 39 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under: 39 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction during the year under: 39 Section 501(c)(3) and 501(c)(4) organizations prior forms 90 or 90-PCP1 If Yes, complete Schedule. L. Part I 40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified person and a prior year, and that the transaction that the transaction of the organization shore is reported on any of the organization shore and shore the organization and prior year, and that the transaction and the foreign and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified person and a prior year, and that the transaction and the foreign and shore the prior of the organization and the foreign and shore the prior of the organization and the foreign and shore the prior of the organization and the foreign and prior year, and that the tran	a	Did the	e organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
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The ramount of political expenditures, direct or indirect, as described in the instructions. □ Did the organization like Form 1120-PCL for this year? □ A Did the organization before from 1120-PCL for this year? □ B prior year and still distallation at the end of the period covered by this return? □ If Yes, complete Schedule L, Part II and enter the total amount involved □ Section 501(c)(7) organizations. Enter: □ Initiation fees and capital contributions included on hine 9 □ Gross recepts, included on line 9, for public use of club facilities □ Section 501(c)(3) organizations. Enter amount of fax imposed on the organization during the year under: □ section 4911 □ □ . ; section 4912 □ □ . ; section 495 □ □ . □ Section 501(c)(3) organizations. Did the organization engage in any section 4958 ± 0 □ . □ Section 501(c)(3) and 501(c)(4) organizations. Enter amount of fax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 □ Section 501(c)(3) and 501(c)(4) organizations. Enter amount of fax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 □ Section 501(c)(3) and 501(c)(4) organizations. Enter amount of fax on line 40c reimbursed by the organization. □ All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? Yes, complete Form 886-T □ List the states with which a copy of this return is filed. ► VA □ Telephone no. ► (703) 205–5600 □ Located at ► 2853 MEADOW VIEW ROAD, FALLS CHURCH, VA □ Telephone no. ► (703) 205–5600 □ All any time during the calendar year, did the organization manalina an office outside of the LUS? □ Yes, enter the name of the foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a for	36	Did the	e organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			į
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still obtaining at the end of the period covered by this return? b If Yes, complete Schedule L, Part II and enter the total amount involved 38b N/A 38c Section 501(c)(7) organizations. Enter: a Initiation fees and caphate Contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities a flow organization for the complete section 4911 ► 0.; section 4912 ► 0.; section 4915 ► 0. b Section 501(c)(3) organizations. Enter amount of 1ax imposed on the organization during the year under: section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the sections 4912 (a) the organizations approached the section 4912 (a) the organization will be		compl	ete applicable parts of Sch. N	36		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38b N/A 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities b Gross receipts, included on line 9, for public use of club facilities b Gross receipts, included on line 9, for public use of club facilities b Gross receipts, included on line 9, for public use of club facilities section 4911 ▶ 0. • section 4951 ▶ 0. • Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4912 ▶ 0. • section 4955 ▶ 0. • Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations' prior Forms 990 or 990-EZP if Yes, complete Schedule L, Part I 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization immagers or disqualified persons during the year under sections 4912, 4955, and 4958 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization approach that the transaction organization and 4950 (c)(4) organizations. 7 Telephone no. ► (70.3) 2.05 − 56.00 8 At 1 the organization and the amount of the organization have an interest in or a signature or other au	37 a	Enter a	amount of political expenditures, direct or indirect, as described in the instructions.]		
In a prior year and still outstanding at the end of the period covered by this return? If Yes, complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 B Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter: a Initiation fees and capital contributions included on line 9 B Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of fax imposed on the organization during the year or is at ware that it engaged in an excess benefit transaction with a disqualified person of in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If Yes,' complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year or is 1495.5, and 4958 of Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year organization. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in line 40c reimbursed by the organizations of tax in line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,' complete Form 8886-T Let the states with which a copy of this return is filed. ► VA Telephone no. ► (703) 205-5600 Located at ► 2853 MEADOW VIEW ROAD, FALLS CHURCH, VA Telephone no. ► (703) 205-5600 Located at ► 2853 MEADOW VIEW ROAD, FALLS CHURCH, VA A 2IP + 4 ► 2204 2 b At any time during the calendar year, did the organization was an interest in or a signature or other authority over a financial account in a foreign country: ► See the instructions for exceptions and filing requirements for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts. At any time du	b	Did the	e organization file Form 1120-POL for this year?	37b		X
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Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 X 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X					Vec	Na
Form 990-EZ 44 X 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X	11	Did #F	a graphystian maintain any donor advised frinds? If "Vas " Form QQQ must be completed instead of		1.63	140
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X	44					v
completed instead of Form 990-EZ	A E			44	 	^
	40	-		AE	1	v
		comp			90-57	

office? If "Yes," completed the organization engaged the organization as schools and the organization maked by the organization maked by the organization maked by the organization of the organization of the organization. If there is no office of the organization. If there is no office organization. If there is no organization.	e in direct or indirect political campaign activities. Schedule C, Part I e in lobbying activities? If "Yes," complete of as described in section 170(b)(1)(A)(ii)? If any transfers to an exempt non-charitable relation a section 527 organization? organization's five highest compensated emposation from the organization. If there is none, of the difference of each employee paid more than \$100,000 NONE	Schedule C, Part II 'Yes," complete Schedule E ated organization? loyees (other than officers, directors		-	46 47 48 49a 49b ch received	ense t and
f Total number of other emorganization. If there is no	e in lobbying activities? If "Yes," complete of as described in section 170(b)(1)(A)(ii)? If 'any transfers to an exempt non-charitable relaganization a section 527 organization? organization's five highest compensated emposition from the organization. If there is none, if there is none, if the solution \$100,000 NONE	Yes," complete Schedule E sted organization? loyees (other than officers, directors enter "None." (b) Title and average hours per week devoted to		(d) Contributions to employee benefit plans & deferred	47 48 49a 49b ch received	X X X more
48 Is the organization a scho 49a Did the organization make b If "Yes," was the related or 50 Complete this table for the than \$100,000 of compen (a) Name and a f Total number of other em 51 Complete this table for the organization. If there is no	ol as described in section 170(b)(1)(A)(ii)? If any transfers to an exempt non-charitable relapanization a section 527 organization? organization's five highest compensated emposition from the organization. If there is none, if there is none, if the section \$100,000 NONE	Yes," complete Schedule E sted organization? loyees (other than officers, directors enter "None." (b) Title and average hours per week devoted to		(d) Contributions to employee benefit plans & deferred	48 49a 49b ch received (e) Exp account	X X more
f Total number of other emorganization. If there is no	any transfers to an exempt non-charitable relaganization a section 527 organization? organization's five highest compensated employee is none, of the end	loyees (other than officers, directors enter "None." (b) Title and average hours per week devoted to		(d) Contributions to employee benefit plans & deferred	49a 49b ch received (e) Exp account	more ense
b If "Yes," was the related or Complete this table for the than \$100,000 of compension (a) Name and a (a) Name and a formula the things of the	panization a section 527 organization? organization's five highest compensated emp sation from the organization. If there is none, of ddress of each employee paid more than \$100,000 NONE	loyees (other than officers, directors enter "None." (b) Title and average hours per week devoted to		(d) Contributions to employee benefit plans & deferred	(e) Exp	more ense
f Total number of other em crganization. If there is no	organization's five highest compensated emposation from the organization. If there is none, or different than \$100,000 NONE	(b) Title and average hours per week devoted to		(d) Contributions to employee benefit plans & deferred	(e) Exp	ense t and
f Total number of other em Complete this table for the organization. If there is no	ddress of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to		(d) Contributions to employee benefit plans & deferred	(e) Exp	ense t and
f Total number of other em Complete this table for the organization. If there is no	ddress of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to	(c) Compensation	to employee benefit plans & deferred	(e) Exp	t and
f Total number of other em 51 Complete this table for the organization. If there is no	than \$100,000 NONE	per week devoted to	(c) Compensation	to employee benefit plans & deferred	(e) Exp	t and
Complete this table for the organization. If there is no	oloyees paid over \$100,000					
Complete this table for the organization. If there is no	oloyees paid over \$100,000					
Complete this table for the organization. If there is no	oloyees paid over \$100,000					
Complete this table for the organization. If there is no	oloyees paid over \$100,000		i .			
organization. If there is no	organization's five highest compensated inde	nendent contractors who each rece	ived more than \$100	000 of compensa	tion from th	
				,ooc or compensu		•
(a) Name and	iddress of each independent contractor paid r	nore than \$100,000	(b) Type of ser	rvice (c)	Compensa	tion
			-			
Total number of other and	ependent contractors each receiving over \$10	0.000				
			nts, and to the best of m	y knowledge and beli	ef it is true	
Sign Here Signature or office		on all information of which preparer has any	y knowledge	Date 1/15	-/10	
Type or print nar						
Preparer's signatu Preparer's Use Only	CALIBRE CPA GROUP PL	v 11/12/10 em	ployed	oarer's identifying nui	mber (See ins	tr)
Firm's name (or yours if self-employed), address, and ZIP + 4	CALIBRE CPA GROUP PL 1850 K STREET, N.W. WASHINGTON, DC 20006		Phor no.	ne 🕨	31-98	 380
May the IRS discuss this return	with the preparer shown above? See instruction		I	<u> </u>		

, SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

	Inspection
Employer	identification number

	<u> </u>	CHRISTI	ANS IN COMME	RCE I	NTERN.	ATION.	AL		41	-1652035
Part I	Reason f	for Public Char	ity Status (All organiz	ations mus	st complet	e this part) See inst	ructions		
The organi	zation is not a	private foundation	because it is (For lines 1	through 1	1, check o	only one b	ox)			
1 🗀	A church, cor	nvention of churches	s, or association of churc	ches desci	nbed in se	ction 170	(b)(1)(A)(ı)			
2 🗀	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.									
3	A hospital or	a cooperative hospi	tal service organization of	described i	n section	170(b)(1)(A)(iii).			
4 🔲								(b)(1)(A)(iii). Enter th	ie hospital's name,
	city, and state	e								
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	describe	d in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)							
6	A federal, sta	te, or local governm	ent or governmental unit	described	in section	n 170(b)(1)(A)(v).			
7 X			eives a substantial part o					r from the	general p	ublic described in
		b)(1)(A)(vi). (Comple				_			•	
8 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II)					
9 🗀	An organizati	on that normally rec	eives. (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	embershij	o fees, and	d gross receipts from
			nctions - subject to certa							
	income and u	inrelated business ta	axable income (less sect	ion 511 ta	x) from bus	sinesses a	cquired b	y the orga	nization at	fter June 30, 1975
	See section	509(a)(2). (Complete	Part III)							
10 🖳	An organizati	on organized and or	perated exclusively to tes	st for publi	c safety S	See sectio	n 509(a)(4	l).		
11 🔲	An organizati	on organized and op	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carry	out the p	ourposes of one or
	more publicly	supported organiza	ations described in section	on 509(a)(1	l) or sectio	n 509(a)(2	e) See sec	tion 509(a	a)(3). Che	ck the box that
	describes the	type of supporting	organization and comple		-					
	a L Type I	b	_l Type II c	: Тур	e III - Func	tionally int	egrated		d 📖	Type III - Other
e	-	•	t the organization is not		-	-	-			
			han one or more publicly						(a)(1) or s	ection 509(a)(2)
f			ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
		rganization, check th								L
9	-		organization accepted ar			•		~ .		
	• •	•	irectly controls, either al	one or tog	ether with	persons d	lescribed i	n (ii) and (i	ıı) below,	Yes No
	_		upported organization?							11g(i)
		•	n described in (i) above?		- 0					11g(ii)
		-	person described in (i) o							11g(iii)
h	Provide the it	ollowing information	about the supported org	gamzanom	(S)					
		/ F.M.	(iii) Type of	Kiv le the c	rganization	(va) Did voi	L notify the	(vi) Is	the	
	of supported anization	(ii) EIN	organization		sted in your		ion in col.	Lorganizatio	on in col. L	(vii) Amount of support
orge	11112411011				document?			(ı) organız U.S	.?	Support
			(see instructions))	Yes	No	Yes	No	Yes	No	
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										-
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]]	
Total		<u></u> _	L				<u></u>	I	<u> </u>	
LHA For F	Privacy Act an	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for			Schedul	e A (Form	990 or 990-EZ) 2009

932021 02-08-10

Form 990 or 990-EZ.

Schedule•A (Form 990 or 990-EZ) 2009 CHRISTIANS IN COMMERCE INTERNATIONAL Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 218,542. 267,836. 191,916. 186,941. 322,162. 1187397. include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 267,836. 191,916. 218,542. 186,941. 322,162. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 1187397. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 267,836. 191,916. 218,542. 186,941. 322,162. 1187397. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 286. 2,527. 2,925. 1,358. 2,304. 9,400. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 50. 24 763 837. assets (Explain in Part IV) 1197634. 11 Total support. Add lines 7 through 10 511,531. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.15 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 99.17 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and		(0) 2000	(0) 2007	(4,2000	(0) 2000	(i) Total
membership fees received. (Do not						
include any "unusual grants ")						
· · · · · ·						
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus		-				
iness under section 513						
-						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to					}	
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					1	
· -				·		
6 Total. Add lines 1 through 5		 	1			
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that			1			
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
		-	<u></u>			
8 Public support (Subtract line 7c from line 6) Section B. Total Support				l		
			I	· · · · · · · · · · · · · · · · · · ·		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest,					j	
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
,						
acquired after June 30, 1975		ļ				
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income Do not include gain					- 	-
or loss from the sale of capital						
assets (Explain in Part IV)		-	 -		 	
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	!			
14 First five years. If the Form 990 is for the	ne organization'	s first, second, thii	d, fourth, or fifth ta	ax year as a sect	ion 501(c)(3) organiz	ation,
check this box and stop here						▶□
Section C. Computation of Public	Support Pe	ercentage				
	e 8. column (f) c	livided by line 13.	column (fl)		15	
15 Public support percentage for 2009 (line		•	`"		16	
		i III line 15				
16 Public support percentage from 2008 S	chedule A, Part					
16 Public support percentage from 2008 S Section D. Computation of Invest	chedule A, Part ment Incom	e Percentage				
16 Public support percentage from 2008 S Section D. Computation of Invest 17 Investment income percentage for 2009	chedule A, Part ment Incom (line 10c, colu	ne Percentage mn (f) divided by lii			17	
16 Public support percentage from 2008 S Section D. Computation of Invest 17 Investment income percentage from 2008 18 Investment income percentage from 20	chedule A, Part ment Incom (line 10c, colui 08 Schedule A,	ne Percentage mn (f) divided by lii Part III, line 17	ne 13, column (f))		18	
16 Public support percentage from 2008 S Section D. Computation of Invest 17 Investment income percentage for 2009	chedule A, Part ment Incom (line 10c, colui 08 Schedule A,	ne Percentage mn (f) divided by lii Part III, line 17	ne 13, column (f))	e 15 is more than	18	
16 Public support percentage from 2008 S Section D. Computation of Invest 17 Investment income percentage from 2008 18 Investment income percentage from 20	chedule A, Part ment Incom (Iline 10c, colui 08 Schedule A, rganization did i	ne Percentage mn (f) divided by lii Part III, line 17 not check the box	ne 13, column (f)) on line 14, and line		18 33 1/3%, and line 1	
 16 Public support percentage from 2008 S Section D. Computation of Invest 17 Investment income percentage for 2009 18 Investment income percentage from 20 19a 33 1/3% support tests - 2009. If the ormore than 33 1/3%, check this box and 	chedule A, Part ment Incom 9 (line 10c, colui 08 Schedule A, rganization did i Istop here. The	ne Percentage mn (f) divided by hi Part III, line 17 not check the box e organization qual	ne 13, column (f)) on line 14, and line fies as a publicly s	supported organi	18 33 1/3%, and line 1 zation	7 is not ▶
 Public support percentage from 2008 S Section D. Computation of Invest Investment income percentage for 2009 Investment income percentage from 20 Investment income percentage from 2008 Investment income percentage from 2009 /ul>	chedule A, Part ment Incom 9 (line 10c, colui 08 Schedule A, rganization did i Istop here. The rganization did i	ne Percentage mn (f) divided by li Part III, line 17 not check the box e organization quali not check a box or	ne 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a	supported organi a, and line 16 is n	18 33 1/3%, and line 1 zation nore than 33 1/3%,	
Section D. Computation of Invest 17 Investment income percentage for 2009 18 Investment income percentage from 20 19a 33 1/3% support tests - 2009. If the ormore than 33 1/3%, check this box and	ment Incom (Incom) (In	ne Percentage mn (f) divided by lift Part III, line 17 not check the box e organization qualitation of check a box or top here. The organization	on line 14, and line fies as a publicly s i line 14 or line 19a inization qualifies a	supported organi a, and line 16 is n as a publicly supp	18 33 1/3%, and line 1 zation nore than 33 1/3%, ported organization	7 is not ▶

FORM 990-EZ	OTHER EXPENSES		STATEMENT	_1
DESCRIPTION			AMOUNT	
PAYROLL TAXES			13,39	98.
CHAPTER EXPENSES			114,23	
INSURANCE			11,73	19.
NATIONAL CONFERENCE			22,60	
TELEPHONE			2,5	
TRAVEL LODGING MEALS			1,98	
BANK FEES			1,5	
OFFICE SUPPLIES			1,40	
MISCELLANEOUS			1,62	
DESKTOP			4,5	
BOARD OF DIRECTORS MEETINGS			4,13	
UGANDA DEPRECIATION			15,72	
DEPRECIATION				50.
TOTAL TO FORM 990-EZ, LINE 16			196,4	56.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
ACCOUNTS RECEIVABLE		925.	8:	25.
INVESTMENTS		3,949.	2,0	72.
OTHER DEPRECIABLE ASSETS		1,822.	9'	72.
TOTAL TO FORM 990-EZ, LINE 24		6,696.	3,80	69.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
ACCOUNTS PAYABLE AND ACCRUED EX	XPENSES	9,245.	7,7	93.
TOTAL TO FORM 990-EZ, LINE 26		9,245.	7,7	93.
			- , , ,	•

FORM 990-EZ	OTHER REVENUE	STATEMENT 4
DESCRIPTION		AMOUNT
CHALLENGE WEEKENDS & CHAPTER CONFERENCE REGISTRATION CHALLENGE WEEKEND RECEIPTS INTEREST & DIVIDENDS UGANDA WELLS	R MEETINGS	89,893. 22,777. 9,420. 2,304. 3,000.
TOTAL TO FORM 990-EZ, LINE 8	3	127,394.
FORM 990-EZ OTHER CHANGES	S IN NET ASSETS OR FUND BALANCES	STATEMENT 5
DESCRIPTION		AMOUNT
UNREALIZED G/L		<1,877.>
TOTAL TO FORM 990-EZ, LINE 2	20	<1,877.>

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT	6
DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[] YES [X]	NO
•	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [] YES [X]	NO

990-EZ PG 2

STATEMENT

ENCOURAGE CHRISTIAN PEOPLE TO APPLY AND LIVE FAITH IN THE WORKPLACE