

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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
CHINESE COMMUNITY CENTER, INC.
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
9800 TOWN PARK DRIVE
 City or town, state or country, and ZIP + 4
HOUSTON TX 77036

D Employer identification number
76-0067885

E Telephone number
713-271-6100

G Gross receipts \$ **3,716,669**

F Name and address of principal officer:
CHI-MEI LIN
9800 TOWN PARK DRIVE
HOUSTON TX 77036

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (**3**) (insert no.) 4947(a)(1) or 527

J Website: **WWW.CCCHOUSTON.ORG**

K Type of organization: Corporation Trust Association Other

L Year of formation: **1979**

M State of legal domicile: **TX**

H(c) Group exemption number **N/A**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CHINESE COMMUNITY CENTER'S MISSION IS TO BRIDGE EAST & WEST BY ENRICHING FAMILIES WITH EDUCATIONAL, CULTURAL AND SOCIAL PROGRAMS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of employees (Part V, line 2a)	5	102
	6 Total number of volunteers (estimate if necessary)	6	346
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	6,788
7b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,194,065	2,069,582
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,224,421	1,191,452
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,699	22,741
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	166,017	327,121
		2,605,202	3,610,896
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,296,534	1,430,578
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) 163,242		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,053,788	1,134,716
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,350,322	2,565,294	
19 Revenue less expenses. Subtract line 18 from line 12	254,880	1,045,602	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,130,317	5,976,805
	22 Net assets or fund balances. Subtract line 21 from line 20	1,428,044	228,930
	4,702,273	5,747,875	

Part II Signature Block

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

Sign Here
 Signature of officer: *Chi-mei Lin* Date: **7/14/10**
 Type or print name and title: **Chi-mei Lin, Executive Director**

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: **7/14/10** Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: **MFR, P.C. 1 RIVERWAY STE 1900 HOUSTON, TX 77056-1981**
 Preparer's identifying number (see instructions): **P00968261**
 EIN: **76-0236814**
 Phone no.: **713-622-1120**

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

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission:

CHINESE COMMUNITY CENTER'S MISSION IS TO BRIDGE EAST & WEST BY ENRICHING FAMILIES WITH EDUCATIONAL, CULTURAL AND SOCIAL PROGRAMS.

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

a (Code:) (Expenses \$ 733,041 including grants of \$) (Revenue \$ 478,573) SENIOR/SOCIAL SERVICE PROGRAM--PROGRAM PROVIDING ART ACTIVITIES, HEALTH SEMINARS, AND WORKSHOPS FOR SENIORS. AN AVERAGE OF 83 SENIORS WERE TRAINED QUARTERLY THROUGH SCSEP. 14 SENIORS RE-ENTERED THE WORKFORCE THROUGH SCSEP. 1545 SENIORS, DISABLED, AND LOW-INCOME INDIVIDUALS RECEIVED ENERGY ASSISTANCE THROUGH CEAP. 1933 SENIORS PARTICIPATED IN THE HARRIS COUNTY HOSPITAL DISTRICTS COMMUNITY ONE CARD PROGRAM. CAREGIVER TRAINING / SUPPORT AVERAGED 236 SENIORS PER QUARTER. THE ADULT DAY PROGRAM AVERAGED 52 SENIORS PER WEEK.

b (Code:) (Expenses \$ 620,068 including grants of \$) (Revenue \$ 337,917) CHILD DEVELOPMENT PROGRAM: PROGRAM PROVIDING CHILDCARE AND PARENTING WORKSHOPS. 136 CHILDREN ATTENDED CHILDCARE PROGRAM AND 111 CHILDREN RECEIVED CREATIVE CURRICULUM CHECKLIST EVALUATIONS FOR AGE 4 AND ABOVE RECEIVED VISION AND HEARING TESTS AT THE CHILD CARE CENTER. 12 PARENTING WORKSHOPS WERE CONDUCTED WITH AN AVERAGE OF 25 PARENTS ATTENDING EACH WORKSHOP.

1c (Code:) (Expenses \$ 501,955 including grants of \$) (Revenue \$ 431,495) COMMUNITY PROGRAM-WEEKEND LANGUAGE SCHOOL DIVISION: EDUCATIONAL PROGRAM INCLUDING CHINESE, ENGLISH, MATH & SAT CLASSES, A CHINESE LIBRARY, CHINESE ARTS AND CULTURAL ACTIVITIES. 1066 PEOPLE WERE SERVED. EXTRACURRICULAR ACTIVITIES -328 PEOPLE WERE SERVED. SUMMER LEISURE LEARNING - 154 PEOPLE SERVED.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 429,467 including grants of \$) (Revenue \$ 98,832)

4e Total program service expenses 2,284,531

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	27		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	102		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	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)?		X
4b	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 Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
ENNETH LI RECTOR	1.00	X					0	0	0
EAN LIAO RECTOR	1.00	X					0	0	0
RANK LIN RECTOR	1.00	X					0	0	0
ING LING SHA RECTOR	1.00	X					0	0	0
AMES TANG, M.D. RECTOR	1.00	X					0	0	0
OY WANGDI RECTOR	1.00	X					0	0	0
AISY WONG RECTOR	1.00	X					0	0	0
EBBIE P. YEE RECTOR	1.00	X					0	0	0
UEI-FONG TUO RECTOR	1.00	X					0	0	0
HI MEI LIN EXECUTIVE	48.00			X			88,616	0	0
Total							88,616		

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ECHCO CONSTRUCTION INC HOUSTON TX 77036	11205 BELLAIRE BLVD CONSTRUCTION	1,115,719
INTERSTATE COMP RESTORATION FORTH WORTH TX 76137	5700 STRATUM DRIVE REPARATION	694,438
ALOHA ENERGY SAVER, INC SUGAR LAND TX 77479	203 RIDGEPOINT CIRCLE ENERGY SAVING	141,175

Total number of independent contractors (including but not limited to those listed above) who received

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,225,963			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	843,619			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		2,069,582			
Program Service Revenue	2a CHINESE SCHOOL	Busn. Code	625,209	625,209		
	b SERVICE FEE REVENUE		472,584	472,584		
	c SUMMER CAMP		93,659	93,659		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,191,452			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		22,741	22,741	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real				
		(ii) Personal	49,263			
		b Less: rental exps.	42,475			
c Rental inc. or (loss)		6,788				
d Net rental income or (loss)			6,788		6,788	
7a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other				
		b Less: cost or other basis & sales exps.				
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a	289,970			
	b Less: direct expenses	63,298				
	c Net income or (loss) from fundraising events		226,672	226,672		
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a OTHER INCOME			93,661		93,661	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			93,661			
12 Total Revenue. See instructions.			3,610,896	1,440,865	6,788	93,661

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
Grants and other assistance to individuals in the U.S. See Part IV, line 22				
Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors, trustees, and key employees	88,616	88,616		
Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
Other salaries and wages	1,137,930	1,037,926	24,799	75,205
Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
Other employee benefits	88,700	78,896	4,537	5,267
Payroll taxes	115,332	102,584	5,900	6,848
Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	21,951	19,756	2,195	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
h Advertising and promotion	5,262	4,040	1,162	60
i Office expenses	82,986	75,591	7,115	280
j Information technology				
k Royalties				
l Occupancy	109,231	96,387	12,844	
m Travel	29,639	19,998	9,031	610
n Payments of travel or entertainment expenses for any federal, state, or local public officials				
o Conferences, conventions, and meetings				
p Interest	17,098	15,559	1,539	
q Payments to affiliates				
r Depreciation, depletion, and amortization	206,509	187,925	18,584	
s Insurance	35,270	30,239	5,031	
t Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a AGENCY IN ACTION PROJECT	332,120	332,120		
b CONTRACT SERVICES	81,223	76,525	4,698	
c OTHER EXPENSES	74,739			74,739
d FOOD	39,917	39,903	14	
e MISCELLANEOUS	37,293	23,291	14,002	
f All other expenses	61,478	55,175	6,070	233
25 Total functional expenses. Add lines 1 through 24f	2,565,294	2,284,531	117,521	163,242
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	504,902	1	419,127
	2	Savings and temporary cash investments	672,660	2	546,485
	3	Pledges and grants receivable, net	83,939	3	126,544
	4	Accounts receivable, net	68,558	4	64,291
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	14,168	9	12,755
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,680,586		
	b	Less: accumulated depreciation	10b 881,724	4,338,984	10c 4,798,862
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	447,106	15	8,741
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,130,317	16	5,976,805	
Liabilities	17	Accounts payable and accrued expenses	997,210	17	53,771
	18	Grants payable		18	
	19	Deferred revenue	66,464	19	58,928
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	342,865	23	83,226
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	21,505	25	33,005
	26	Total liabilities. Add lines 17 through 25	1,428,044	26	228,930
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	4,303,835	27	5,542,781
	28	Temporarily restricted net assets	398,438	28	205,094
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	4,702,273	33	5,747,875	
34	Total liabilities and net assets/fund balances	6,130,317	34	5,976,805	

Part XI Financial Statements and Reporting

Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

Were the organization's financial statements compiled or reviewed by an independent accountant?

Were the organization's financial statements audited by an independent accountant?

If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Part II 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
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3						
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)						
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
Amounts from line 4						
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
Total support. Add lines 7 through 10						

Gross receipts from related activities, etc. (see instructions) 12

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

Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
Public support percentage from 2008 Schedule A, Part II, line 14	15	%
a 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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		
7a 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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 include any "unusual grants.")	934,706	1,284,321	1,598,841	1,194,065	2,069,582	7,081,515
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	947,010	1,110,585	1,063,771	1,374,891	1,481,422	5,977,679
3 Gross receipts from activities that are not an unrelated trade or business under section 513					93,661	93,661
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,881,716	2,394,906	2,662,612	2,568,956	3,644,665	13,152,855
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 exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				402,308	417,108	819,416
c Add lines 7a and 7b				402,308	417,108	819,416
8 Public support (Subtract line 7c from line 6.)						12,333,439

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	1,881,716	2,394,906	2,662,612	2,568,956	3,644,665	13,152,855
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49,890	62,270	57,416	74,369	72,004	315,949
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	49,890	62,270	57,416	74,369	72,004	315,949
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					5,788	5,788
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	34,810	31,472	57,801	70,855	510,689	705,627
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,966,416	2,488,648	2,777,829	2,714,180	4,233,146	14,180,219
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	86.98%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	93.20%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2%
19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART III, LINE 12 - OTHER INCOME DETAIL

\$ 705,627

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors
 ▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

CHINESE COMMUNITY CENTER, INC.

76-0067885

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
CHINESE COMMUNITY CENTER, INC.

Employer identification number
76-0067885

Part I Contributors (see instructions)

a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	UNITED WAY P.O. BOX 3247 HOUSTON TX 77253	\$ 242,670	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	THE KRESGE FOUNDATION 3215 W BIG BEAVER ROAD TROY MI 48084	\$ 350,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	THE T.T. AND W.F CHAO FOUNDATION 707 TRAVIS STREET HOUSTON TX 77002	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

CHINESE COMMUNITY CENTER, INC.

Employer identification number

76-0067885

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes (land, habitat, open space, historic structure), a table for 'Held at the End of the Tax Year' (2a-2d), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and tables for revenues and assets.

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

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- Public exhibition
- Scholarly research
- Preservation for future generations
- d Loan or exchange programs
- e Other _____

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

If "Yes," explain the arrangement in Part XIV and complete the following table:

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

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

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

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
a Land	1,245,820			1,245,820
b Buildings	3,389,621		576,966	2,812,655
c Leasehold improvements				
d Equipment	1,045,145		304,758	740,387
e Other				

tot. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 4,798,862

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

Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,610,896
Total expenses (Form 990, Part IX, column (A), line 25)	2	2,565,294
Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,045,602
Net unrealized gains (losses) on investments	4	
Donated services and use of facilities	5	
Investment expenses	6	
Prior period adjustments	7	
Other (Describe in Part XIV.)	8	
Total adjustments (net). Add lines 4 through 8	9	
Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,045,602

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Total revenue, gains, and other support per audited financial statements	1	4,133,697
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
Net unrealized gains on investments	2a	
Donated services and use of facilities	2b	
Recoveries of prior year grants	2c	
Other (Describe in Part XIV.)	2d	522,801
Add lines 2a through 2d	2e	522,801
Subtract line 2e from line 1	3	3,610,896
Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b	4a	
Other (Describe in Part XIV.)	4b	
Add lines 4a and 4b	4c	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,610,896

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

Total expenses and losses per audited financial statements	1	3,088,095
Amounts included on line 1 but not on Form 990, Part IX, line 25:		
Donated services and use of facilities	2a	
Prior year adjustments	2b	
Other losses	2c	
Other (Describe in Part XIV.)	2d	522,801
Add lines 2a through 2d	2e	522,801
Subtract line 2e from line 1	3	2,565,294
Amounts included on Form 990, Part IX, line 25, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b	4a	
Other (Describe in Part XIV.)	4b	
Add lines 4a and 4b	4c	
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,565,294

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

DIRECT RENTAL EXP NETTED WITH RENTAL REVENUE (VIII, 6B)	\$	42,475
DIRECT FUNDRAISING EXP NETTED WITH REVENUE (VIII, 8B)	\$	63,298
INSURANCE PROCEEDS RECEIVED	\$	417,028
DIRECT RENTAL EXP NETTED WITH RENTAL REVENUE (VIII, 6B)	\$	-42,475
DIRECT FUNDRAISING EXP NETTED WITH REVENUE (VIII, 8B)	\$	-63,298
INSURANCE PROCEEDS-REPAIRS	\$	-417,028

Part XIV Supplemental Information (continued)

<u>PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER</u>		
<u>DIRECT RENTAL EXP NETTED WITH RENTAL REVENUE (VIII, 6B)</u>	<u>\$</u>	<u>42,475</u>
<u>DIRECT FUNDRAISING EXP NETTED WITH REVENUE (VIII, 8B)</u>	<u>\$</u>	<u>63,298</u>
<u>INSURANCE PROCEEDS RECEIVED</u>	<u>\$</u>	<u>417,028</u>

<u>PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER</u>		
<u>DIRECT RENTAL EXP NETTED WITH RENTAL REVENUE (VIII, 6B)</u>	<u>\$</u>	<u>42,475</u>
<u>DIRECT FUNDRAISING EXP NETTED WITH REVENUE (VIII, 8B)</u>	<u>\$</u>	<u>63,298</u>
<u>INSURANCE PROCEEDS-REPAIRS</u>	<u>\$</u>	<u>417,028</u>

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		SPECIAL FUNDRAI (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	289,970		289,970	
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	289,970		289,970	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	63,298		63,298	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				63,298
	11	Net income summary. Combine line 3, column (d), and line 10				226,672

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Combine line 1, column d, and line 7				

9	Enter the state(s) in which the organization operates gaming activities:			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	Yes	No
b	If "No," Explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	Yes	No
b	If "Yes," Explain:			
11	Does the organization operate gaming activities with nonmembers?	11	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	12	Yes	No