

Return of Organization Exempt From Income Tax

2022

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **CHRISTIAN COMMUNITY IN ACTION, INC.**
 Doing business as **DORCAS MINISTRIES**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
187 HIGH HOUSE ROAD
 City or town State ZIP code
CARY NC 27511
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number
56-0953873

E Telephone number
(919) 469-9861

G Gross receipts \$ **4,583,497**

F Name and address of principal officer:
ALGER FABER 187 HIGH HOUSE ROAD, Cary, NC 27511

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

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

J Website: **www.dorcascary.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1983**

M State of legal domicile: **NC**

H(c) Group exemption number

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE ANY RESIDENT OF THE SERVICE AREA WHO MEETS THE NECESSARY CRITERIA WITH ASSISTANCE FOR THEIR ESSENTIAL HUMAN NEEDS, INCLUDING, BUT NOT LIMITED TO, SHELTER, FUEL, UTILITIES, CLOTHING, FOOD, TRAINING.		
	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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	67
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,621,532	949,746
	9 Program service revenue (Part VIII, line 2g)	2,598,001	3,107,241
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	227,609	7,746
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	168,822	73,669
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,615,964	4,138,402
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,189,683
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,365,133	1,709,692
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) 68,407			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,112,657	1,096,292
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,667,473	4,293,288
19 Revenue less expenses. Subtract line 18 from line 12	1,948,491	-154,886	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 9,393,278	End of Year 9,098,813
	21 Total liabilities (Part X, line 26)	237,915	98,336
	22 Net assets or fund balances. Subtract line 21 from line 20	9,155,363	9,000,477

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: **ALGER FABER** *Alger Faber* Date: **11/2/2023**
 Type or print name and title: **Finance Mgr./CFO**

Paid Preparer Use Only

Print/Type preparer's name: **JAMES D COX** Preparer's signature: *James D Cox* Date: **10/31/2023** Check if self-employed PTIN: **P01276825**
 Firm's name: **J.D. COX & ASSOCIATES CO., INC.** Firm's EIN: **56-2257542**
 Firm's address: **P.O. BOX 492, FUQUAY VARINA, NC 27526** Phone no.: **919-753-7713**