

**Return of Organization Exempt From Income Tax**

**2008**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

For the 2008 calendar year, or tax year beginning , 2008, and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	<b>C</b> Name of organization CENTRAL DALLAS MINISTRIES, INC	<b>D</b> Employer Identification Number 75-2332948
		Number and street (or P.O. box if mail is not delivered to street addr) Room/suite 409 N HASKELL	<b>E</b> Telephone number (214) 823-8710
		City, town or country State ZIP code + 4 DALLAS TX 75246	<b>G</b> Gross receipts \$ 11,225,504.
<b>F</b> Name and address of principal officer: STEPHEN B. PALMA 409 HASKELL DALLAS TX 75246		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list. (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: N/A		<b>L</b> Year of Formation: 1990 <b>M</b> State of legal domicile: TX	
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	THE ORGANIZATION IS A SOCIAL JUSTICE ORGANIZATION FIGHTING THE ROOT CAUSES OF POVERTY THROUGH AN INTERLOCKING NETWORK OF 16 PROGRAMS ORGANIZED INTO FOUR VERTICALS: HUNGER, HEALTH, HOUSING AND HOPE. THROUGH THE PROVISION OF FOOD, MEDICAL CARE, LEGAL ASSISTANCE, HOUSING AND EDUCATIONAL OPPORTUNITIES FOR ADULTS AND CHILDREN, IT PROVIDES MEANINGFUL LIFE TRANSFORMATION TO THE COMMUNITY.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of employees (Part V, line 2a)	5	325
	6	Total number of volunteers (estimate if necessary)	6	2,221
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b	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)	12,008,569.	10,241,864.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	378,228.	282,002.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,862.	39,469.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	644,832.	415,578.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,049,491.	10,978,913.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1,756,524.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,370,139.	4,794,935.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 605,833.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,365,902.	2,785,761.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,736,041.	9,337,220.
19	Revenue less expenses. Subtract line 18 from line 12	5,313,450.	1,641,693.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	6,644,383.	8,166,948.
	22	Net assets or fund balances. Subtract line 21 from line 20	466,458.	347,330.

**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: *Stephen B. Palma* Date: 7-7-09  
 STEPHEN B. PALMA CHIEF FINANCIAL OFFICER  
 Type or print name and title.

**Paid Preparer's Use Only**  
 Preparer's signature: *Jae Hall Group, CPAs* Date: 7/7/09  
 Firm's name (or yours if self-employed), address, and ZIP + 4: THE HALL GROUP, CPAs, 100 CRESCENT COURT SUITE 700, DALLAS TX 75201  
 Check if self-employed:  Preparer's identifying number (see instructions):  
 EIN: Phone no.:

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE ORGANIZATION IS A SOCIAL JUSTICE ORGANIZATION FIGHTING THE ROOT CAUSES OF POVERTY THROUGH AN INTERLOCKING NETWORK OF 16 PROGRAMS ORGANIZED INTO FOUR VERTICALS: See Form 990, Page 2, Part III, Line 1 (continued)

2 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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 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.

4a (Code: ) (Expenses \$ 1,350,395. including grants of \$ 0.) (Revenue \$ 0.) TRANSITION RESOURCE ACTION CENTER: (TRAC) FOCUSES ON HELPING TEENAGERS ABOUT TO AGE-OUT OF CHILD PROTECTIVE SERVICES FOSTER CARE WHO HAVE NO FAMILIES TO TURN TO AND NOWHERE TO GO. TRAC HELPS THESE TEENS MAKE A LIFE PLAN AND ACQUIRE SKILLS THEY NEED TO SURVIVE ON THEIR OWN ONCE THEY TURN 18. EACH YEAR, TRAC CONNECTS OVER 800 YOUTH FROM A 19-COUNTY AREA OF NORTH TEXAS WITH RESOURCES TO GET A JOB, ENROLL IN COLLEGE, ESTABLISH A HOME, ACCESS HEALTH CARE, MANAGE A BUDGET, AND CONNECT TO A CARING COMMUNITY. TRAC SERVICES INCLUDE CRISIS INTERVENTION; EMERGENCY, TRANSITIONAL AND PERMANENT SUPPORTIVE HOUSING; EMERGENCY FINANCIAL ASSISTANCE; CASE MANAGEMENT; LIFE SKILLS AND FINANCIAL LITERACY TRAINING; HIGHER EDUCATION PLANNING, AND EMPLOYMENT ASSISTANCE.

4b (Code: ) (Expenses \$ 1,174,594. including grants of \$ 0.) (Revenue \$ 0.) NURTURE, KNOWLEDGE & NUTRITION - THIS PROGRAM PARTNERS WITH THE TEXAS DEPARTMENT OF AGRICULTURE, SUNBEAM FOODS, INC. AND THE PAPER PLATE, INC. TO PROCURE FOOD WHICH IS PROVIDED IN THE FORM OF OVER 85,000 MEALS AND 50,000 HEALTHY SNACKS TO OVER 3,350 CHILDREN IN 160 SUMMER AND AFTER-SCHOOL PROGRAMS SERVING LOW-INCOME CHILDREN IN OUR COMMUNITY. OVER 85% OF PARENTS OF THE CHILDREN SERVED BY THE PROGRAM REPORT THAT FOOD ASSISTANCE HAS HELPED IMPROVE THEIR ABILITY TO DEAL WITH A FINANCIAL CRISIS.

4c (Code: ) (Expenses \$ 775,580. including grants of \$ 0.) (Revenue \$ 0.) COMMUNITY HEALTH SERVICES - HELPS FAMILIES AND INDIVIDUALS TO BECOME AND REMAIN HEALTHIER BY PROVIDING PRIMARY AND PREVENTATIVE HEALTH CARE TO OVER 2,000 UNINSURED PEOPLE WHO LACK THE FINANCIAL MEANS TO SECURE QUALITY HEALTH CARE ON THEIR OWN. UTILIZING PARTNERSHIPS TO INCREASE EFFICIENCIES, CHS OFFERS MEDICAL CARE, REFERRALS TO AN ON-SITE DIABETES MANAGEMENT PROGRAM, COUNSELING AND ENROLLMENT INTO PROJECT ACCESS AND ACCESS TO AFFORDABLE MEDICATIONS THROUGH THE ORGANIZATION'S CLASS D PHARMACY. THE MOST RECENT SURVEY REVEALED THAT 90% OF PATIENTS HAD SEEN A MARKED IMPROVEMENT IN THEIR OVERALL HEALTH IN THE 12 MONTHS SINCE BECOMING PATIENTS.

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

(Expenses \$ 5,315,802. including grants of \$ 0.) (Revenue \$ 282,002.)

4e Total program service expenses \$ 8,616,371. (Must equal Part IX, Line 25, column (B).)

**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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II .....		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 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 hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V .....		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable .....	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII .....	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 U.S.? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? 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 more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I .....		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II .....		X
19 Did the organization report more than \$15,000 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
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II .....		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III .....	X	
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J .....		X
24a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25 .....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I .....		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I .....		X
26 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
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III .....		X

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV</i> .....		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i> .....		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i> .....		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i> .....	X	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> .....		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i> .....		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i> .....		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i> .....		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> .....		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> .....		X
<b>37</b>	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? <i>If 'Yes,' complete Schedule R, Part VI</i> .....		X

BAA

Form 990 (2008)