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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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Open to Public Inspection

2013, and ending For the 2013 calendar year, or tax year beginning D Employer Identification Number C Name of organization CATCH THE FIRE MINISTRIES, INC. Check if applicable Address change Doing Business As CATCH THE FIRE RALEIGH 47-0863999 Room/suite Telephone number Number and street (or P O box if mail is not delivered to street address) Name change (919) 848-3063 Initial return 9225 LEESVILLE RD City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 641.484 Amended return RALEIGH 27613-7513 H(a) Is this a group return for subordinates? Application pending F Name and address of principal officer Are all subordinates included?
If 'No,' attach a list (see instructions) No Yes DUNCAN SMITH 9225 LEESVILLE ROAD RALEIGH NC 27613-7513 527 Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or Website: ► H(c) Group exemption number M State of legal domicile 2002 Form of organization X Corporation L Year of formation Part I Bnefly describe the organization's mission or most significant activities: NON-DENOMINATIONAL CHURCH WITH THE MISSION OF IMPACTING THE CITY OF RALEIGH WITH THE GOSPEL OF JESUS CHRIST, RAISING UP LEADERS AND MINISTERING TO THE POOR OF OUR CITY. CTF RALEIGH CURRENTLY HAS SUNDAY SERVICES AT 9:00 & 11:00 AM AT OUR LEESVILLE RD CNTR/7PM AT DOWNTOWN LOCATION If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) . 4 4 Total number of individuals employed in calendar year 2013 (Part V, line 2a) . . . 5 11 Total number of volunteers (estimate if necessary) 6 150 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . 0. **b** Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 1,839,218 563,528. Revenue 118,217 75,956. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,957,435 639.484. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. SCANICO DEC 23 Benefits paid to or for members (Rant IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 237,753 283,358. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part 12, Column)(D), line 25) Other expenses (Part/IX, column (A), lines 11a-11d, 11f-24e) 375,065. 378,453. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 612,818. 661,811. Revenue less expenses. Subtract line 18 from line 12 19 1,344,617. -22,327.**Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 1,455,994. 1,439,046. 21 Total liabilities (Part X, line 26) 14,457. 19,836. 22 Net assets or fund balances Subtract line 21 from line 20 1,441,537 1,419,210. |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 penalties for their than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Date Print/Type preparer's name 11/11/14 Michael A Rogers CPA P00044073 Paid Preparer ROGERS, MICHAEL A. Use Only Firm's EIN ▶ 56-2132022 Firm's address 328 SOUTH FRONT STREET (252)NEW BERN 28560 636-3500 X May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form 990 (2013)

	990 (2013) CATCH THE FIRE MINISTR				47-08	63999	Page 2
Par		•					
_	Check if Schedule O contains a response or r	note to any line in th	nis Part III .			<i></i> .	
1	Briefly describe the organization's mission:						
	NON-DENOMINATIONAL CHURCH WITH	THE MISSION	OF				
	IMPACTING THE CITY OF RALEIGH W			ESUS CHRI	ST, RAISING		
	See Form 990, Page 2, Part III, Line 1 (continued)						
2	Did the organization undertake any significant progra	m services during	the vear which	h were not liste	d on the prior		
_	Form 990 or 990-EZ?	_	•		-	. Yes	X No
	If 'Yes,' describe these new services on Schedule O.					Ц	<u></u>
3	Did the organization cease conducting, or make signi		low it conduct	ts any nrogram	services?	. TYes	X No
·	If 'Yes,' describe these changes on Schedule O	mount onlinged in h	iow ii ooriaaoi	io, any program	100111000	. 🗀	<u>N</u>
A	Describe the organization's program service accomp	lishments for each	of its three lai	raest program	services as measure	d hy eynense)e
	Section 501(c)(3) and 501(c)(4) organizations and se others, the total expenses, and revenue, if any, for each	ection 4947(a)(1) tru	usts are requi	red to report th	e amount of grants a	nd allocations	s to
4 a	(Code:) (Expenses \$ 12,4	26. including gr	ants of \$		0.)(Revenue	\$ 2	5,892.)
	CATCH THE FIRE DOWNTOWN IS OUR	CONGREGATIO	N THAT M	EETS ON S	UNDAY EVENIN	GS	
	AT A DOWNTOWN LOCATION. THE CON						
	AND YOUNG ADULT CHURCH FOCUSED				NC STATE		
	WITH THE GOSPEL OF JESUS CHRIST						
			. – – – – -				
7.	(Code:)(Expenses \$ EVENT INCOME FOR SPECIALLY HELD RALEIGH AREA FOR THE SPREADING	OF THE GOSP	O THE SU	RROUNDING	ST.		
4 0	(Code.)(Expenses \$ 77,600 THE SCHOOL OF REVIVAL IS ESTABLE CHURCH PLANTERS. ALL STUDENTS APREACHING AND CARE MINISTRY.	ISHED TO TR	AIN FUTU		 		9,564.)
4 0	Other program services (Describe in Schedule O) (Expenses \$ including	grants of \$) (Rev	venue \$)
	Total program service expenses ►	90,038.					
BAA		TEEA0102	07/02/13			Forn	n 990 (2013)

			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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	6		Х
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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? if γes, complete Schedule D, Part v · · · · · · · · · · · · · · · · · ·	iû	· · - · ·	Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b 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	11 b		х
	c 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	11 c		х
	d Did the organization report an amount for other assets 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	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E	13	ļ 	Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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 (see instructions)	17		х
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	18		Х
19	complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	1	

Form 990 (2013) CATCH THE FIRE MINISTRIES, INC. Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	х	
23	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	23		Х
24 a	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 25a	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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	25a		х
b	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	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	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)			
а	A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	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	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	of Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes,' complete Schedule R, Part V, line 2	35b		х
36	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	36		х
37	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	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
DAA		Fa	000 (2040)

Form **990** (2013)

Form 990 (2013) CATCH THE FIRE MINISTRIES, INC. 47-086399	9	۲	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
Check in Schedule O contains a response of flote to any line in this Part V		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b	1		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a 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			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	Х	
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	Х	
4 a 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)?	4 a		х
b If 'Yes,' enter the name of the foreign country ▶			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	1		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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 as charitable contributions?	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	~~		
Form 8282?	7 с		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		х
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?	8		
9 Sponsoring organizations maintaining donor advised funds.	<u></u>	ļ	ļ
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b	<u> </u>	-
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	1	I	

10 b

11 b

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O.

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b Gross income from other sources (Do not net amounts due or paid to other sources

11 Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders.

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

13 a

Form 990 (2013) CATCH THE FIRE MINISTRIES, INC. Page 6 47-0863999 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х Did the organization make any significant changes to its governing documents Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by line following 8 b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes,' describe in 12 c Х 13 Х 14 Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х Х 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Х **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Other (explain in Schedule O) Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

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Form 990 (2013) CATCH THE FIRE I									47-0863		
Part VIII Compensation of Officers Independent Contractors	s, Direct	ors,	Tru	ste	es,	Key	En	nployees, Highes	t Compensated E	imployees, and	
Check if Schedule O contains a re		note t	to ar	ıv lır	ne in	this P	art \	/11			
Section A. Officers, Directors, Tru											
1 a Complete this table for all persons required organization's tax year.	to be liste	d Rep	oort	com	pen	sation	for t	he calendar year endin	g with or within the		
 List all of the organization's current offic compensation. Enter -0- in columns (D), (E), ar 								uals or organizations),	regardless of amount of	of	
 List all of the organization's current key 											
 List the organization's five current higher who received reportable compensation (Box 5 organization and any related organizations.)	
• List all of the organization's former office of reportable compensation from the organization							mpe	nsated employees who	received more than \$	100,000	
 List all of the organization's former directorganization, more than \$10,000 of reportable 	compensa	ition fr	om t	he c	rgai	nizatio	n an	d any related organiza	tions.		
List persons in the following order: individual tremployees, and former such persons.	ustees or	directo	rs, ı	nstit	utior	nal tru:	stees	s, officers, key employe	ees, highest compensa	ited	
Check this box if neither the organization r	or any rela	ated o	rgan	izatı	on c	ompe	nsat	ed any current officer,	director, or trustee.		
				(C	;)					1	
(A) Name and Title	(B) Average hours per	one bo	x, unl	ess p	erson	more that is both r/trustee	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other	
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institution al trustee	Officer	Former Highest compensated employee Key employee		Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) DUNCAN SMITH	10.00								_		
PRESIDENT		X	<u> </u>	X				0.	0.	0.	
(2) JONATHAN MLINARCIK	2.00	v		X				0.	0.	0	
VICE PRESIDENT, TREASURER (3) CARLOS RODRIGUEZ	40.00	X						0.	U.	0.	
VICE PRESIDENT	<u> </u>	Х		Х				51,962.	0.	0.	
	0.50										

(12)

(13)

SECRETARY

(5) JOHN ARNOTT

MEMBER

(10)

(11)

0.

orm 990 (2013) CATCH THE FIRE MINISTRI									47-0863999	
Part VII Section A. Officers, Directors, Tru		Key	Em	ıplo O		es, a	and	d Highest Con	pensated Emp	loyees (continued)
. (A) Name and title	Average hours per week	box	unle	Posi heck ss pe	ition more rson i	than or s both a or/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	omer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)	 									
[17]										
18)										
19)										
20)		 								
<u>21)</u>			<u> </u>							
22)										
23)										
24)										
25)										
1 b Sub-total	on A						>	51,962. 51,962.	0.	0
Total number of individuals (including but not limited from the organization ►	to those	listed	d abo	ove)	who	rece	ive	d more than \$100,	000 of reportable cor	npensation
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such in										Yes No
For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual	nan \$150,	0007	If 'Y	es'	com	plete	Sch	nedule J for		. 4 X
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' c.	ompensat	tion fr	om a	any	unre	lated	org	janization or indivi	dual	100 17 W 100
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ed indepe	nder	nt coi	ntra	ctors	that	rec	eived more than \$	100,000 of	
compensation from the organization. Report compe	nsation fo	r the	cale	nda	r yea	ar end	ding	with or within the	organization's tax ye	(C)
Name and business addre	ess 							Description of	of services	Compensation
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lir ►	nited	to th	1056	liste	ed abo	ove) who received mo	re than	
RAA		TEFA	0108	11/1	1/12					Form 990 (2013

47-0863999

		Check if Schedule O contains a respon	nse or note to any lin	e in this Part VIII			<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b c d e f g	Federated campaigns 1 a Membership dues 1 b Fundraising events 1 c Related organizations 1 d Government grants (contributions) . 1 e All other contributions, gifts, grants, and similar amounts not included above . 1 f Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f	Business Code	563,528.			
E			611600	49,564.	49,564.	0.	0.
RVICE R	b	CATCH THE FIRE DOWNTOWN		25 , 892.	25,892.	<u> </u>	0.
	C	EVENTS	900099	500.	500.	0.	0.
I SEI	d						
RAM	e						
ÖG		All other program service revenue					
=		Total. Add lines 2a-2f	i	75,956.			
	3 4 5	Investment income (including dividends, other similar amounts)	ond proceeds · . ►				
	·	(i) Real	(II) Personal				
	6 a	Gross rents 2,000	+ ``				
		2,000					
		Rental income or (loss)					
		Gross amount from sales of assets other than inventory (i) Securities	(ii) Other	0.	0.	0.	0.
		Less cost or other basis and sales expenses					
		Gain or (loss)					
æ		Net gain or (loss)				***************************************	
OTHER REVENI		of contributions reported on line 1c) See Part IV, line 18	a				
皇	ь		ь				
9		Net income or (loss) from fundraising eve			•	··- · · · · · · · · · · · · · · · · · ·	
		Gross income from gaming activities. See Part IV, line 19				***	
	b	Less direct expenses					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns and allowances					
	b	Less cost of goods sold	b				
	С	Net income or (loss) from sales of invent	ory ▶				
		Miscellaneous Revenue	Business Code				
	11 a						
	b						
	C						
	1	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		639,484.	75,956.	0.	0.

Part IX | Statement of Functional Expenses

Do 6b,	not Include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0.	0.		
4	Benefits paid to or for members				••
5	Compensation of current officers, directors, trustees, and key employees	51,962.	0.	51,962.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salanes and wages	211,091.	56,383.	154,708.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			201,1001	
9	Other employee benefits				
10	Payroll taxes	20,305.	4,374.	15,931.	0.
11	Fees for services (non-employees)				
	Management				
ı	b Legal				
	Accounting	5,809.	50.	5,759.	0.
(j Lobbying				
(Professional fundraising services See Part IV, line 17 .				
1	Investment management fees				
_	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	2,799.	85.	2,714.	0.
13	Office expenses	16,357.	89.	16,268.	0.
14	information technology	2,864.	0.	2,864.	0.
15	Royalties				
16	Occupancy	54,600.	7,242.	47,358.	0.
17	Travel	28,104.	1,658.	26,446.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	38,531.	0.	38,531.	0,
20	Interest			<u> </u>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	25,101.	0.	25,101.	0.
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	32,393.	622.	31,771.	<u>0</u> .
	MISSIONS	11,949.	103.	11,846.	0.
	GIFTS	110,721.	2.082.	108,639	0.
	PASTORAL HOSPITALITY	5,468.	116.	5,352.	. 0.
	YOUTH/CHILDREN	22,753.	0.	22,753.	O.
	All other expenses	21,004.	17,234.	3,770.	0.
25	Total functional expenses Add lines 1 through 24e	661,811.	90,038.	571,773.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)		_		

Form 990 (2013) CATCH THE FIRE MINISTRIES, INC.

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	<u></u>	<u></u>	<u></u>
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	13,783.	1	16,516.
	2	Savings and temporary cash investments	990.	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,206.	4	3,301.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Ą	7	Notes and loans receivable, net		7	
Š	8	Inventories for sale or use		8	
A S S E T S	9	Prepaid expenses and deferred charges		9	
•	•	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation	1,435,549.	10 c	1,410,448.
ł	11	Investments — publicly traded securities	1,433,349.	11	1,410,440.
	12	Investments — other securities. See Part IV, line 11		12	
i	13	Investments – program-related. See Part IV, line 11		13	
j	14	Intangible assets		14	· -
		Other assets See Part IV, line 11	1 166		0.701
	15	-	4,466.	15	8,781.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	1,455,994.	16 17	1,439,046.
	18	Grants payable	14,457.	18	19,836.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
H	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
β	22	Loans and other payables to current and former officers, directors, trustees,			
BIL	44	key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	
7	23	Secured mortgages and notes payable to unrelated third parties	<u></u>	23	
E		Unsecured notes and loans payable to unrelated third parties		24	
	24 25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
	26	and other liabilities not included on lines 17-24) Complete Part X of Schedule D Total liabilities. Add lines 17 through 25	14,457.	25 26	10.026
N E	4 0	Organizations that follow SFAS 117 (ASC 958), check here > and complete	_14,437.		19,836.
F		lines 27 through 29, and lines 33 and 34.			
Ą	27	Unrestricted net assets		27	
ASSETS	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
R	23	Organizations that do not follow SFAS 117 (ASC 958), check here ► X		23	
F.		and complete lines 30 through 34.			
F DZD	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	1,441,537.	32	1,419,210.
BALANCEの	33	Total net assets or fund balances	1,441,537.	33	1,419,210.
Š	34	Total liabilities and net assets/fund balances	1,455,994.	34	1,439,046.

Forr	n 990 (2013) CATCH THE FIRE MINISTRIES, INC. 47-	CATCH THE FIRE MINISTRIES, INC. 47-0863						
Pa	飛級 Reconciliation of Net Assets		-					
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u> .						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		63	9,48	34.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,81			
3	Revenue less expenses. Subtract line 2 from line 1	3			2,32			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,44				
5	Net unrealized gains (losses) on investments	5						
6								
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B)).	10		1,41	9 , 21	<u>.0.</u>		
_{[Fa}	元义Ⅲ Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII			<u>.</u>				
					/es	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				į			
2:	a Were the organization's financial statements compiled or reviewed by an independent accountant?		[2 a		Х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	ı						
	Separate basis Consolidated basis Both consolidated and separate basis		[
1	b Were the organization's financial statements audited by an independent accountant?		[2 b		Χ		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis		H					
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audreview, or compilation of its financial statements and selection of an independent accountant?	it, 		2 c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
	a 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?		[3 a		Х		
ı	$_{f b}$ If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	•••	3 b				
BAA	·			Form 9	90 (20)13)		

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.

► Attach to Form 990 or Form 990-EZ.

of Schools & /Sorm 000 or 000 E7) and its instruction

OMB No 1545-0047

Open to Public

Employer Identification number

Department of the Treasury Internal Revenue Service ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

CATCH THE FIRE MINISTRIES, INC. 47-0863999 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) ĥ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II C Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q No Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) A family member of a person described in (i) above? 11 a (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (Iv) Is the organization in column (i) listed in your governing document? (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in column (I) of your support? (I) Name of supported (vi) is the (vii) Amount of monetary organization in column (i) organized in the US? organization Yes Yes No Nο Yes No (A) (B) (C) (D) (E) **Total**

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not 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						
4	Total. Add lines 1 through 3						<u> </u>
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)						
6	Public support. Subtract line 5 from line 4		!				
Sec	tion B. Total Support			,			
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	
	First five years. If the Form 990 is organization, check this box and s	top here					
	tion C. Computation of Pu						
	Public support percentage for 201						
15	Public support percentage from 20	012 Schedule A, Pa	art II, line 14			<u>15</u>	<u>%</u>
16 a	a 33-1/3% support test — 2013. If and stop here. The organization of	the organization di qualifies as a public	id not check the bo cly supported orga	ox on line 13, and t nization	he line 14 is 33-1/3	% or more, check	this box
t	33-1/3% support test — 2012. If t and stop here. The organization of						
17 a	10%-facts-and-circumstances to or more, and if the organization m the organization meets the 'facts-a	eets the 'facts-and	-circumstances' te:	st, check this box a	and stop here. Exp	plain in Part IV ho	w —
	o 10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and circumstances' tes	-circumstances' test. The organization	st, check this box a n qualifies as a put	and stop here. Exp olicly supported org	plain in Part IV ho janization	w the
18	Private foundation. If the organiz	ation did not checl	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instructi	ons · · · · · ▶ ∐
RAA					Col	andula A (Farm O	90 or 990-E7\ 2013

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
Calen	dar year (or fiscal yr beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include				-			
	any 'unusual grants.')							
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		,					
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
6	Total. Add lines 1 through 5							
	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							
c	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support	· -						
Calen	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
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 Ins 9,10c, 11 and 12)							
14	First five years. If the Form 990 is organization, check this box and s	for the organizati	on's first, second,	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support F	Percentage					
15	Public support percentage for 2013			3, column (f))			15	ક
16	Public support percentage from 20	•					16	
	tion D. Computation of Inv						<u> </u>	<u>_</u>
17	Investment income percentage for				<u>))</u>		17	
	Investment income percentage fro	•		·	• •		18	-
18 19 a	33-1/3% support tests - 2013. If	the organization of	lid not check the b	ox on line 14, and	line 15 is more tha	n 33-1/3%, a	ind line	17
t	is not more than 33-1/3%, check the same same is not more than 33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%,	the organization of	lid not check a box	on line 14 or line	19a, and line 16 is	more than 3	3-1/3%.	and —
20	Private foundation. If the organiz		•	- ,				

Scriedule A	(Folim 990 of 990-E2) 2013 CATCH THE FIRE MINISTRIES, INC. 47-0863999 Fage 4
Part IV≸	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
- -	
	
	
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- -	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

m990. Open to Public inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

САТ	CH THE FIRE MINISTRIES, INC.		47-0863999
Pari	Organizations Maintaining Donor Advised Funds or	Other Similar Fund	
	Complete if the organization answered 'Yes' to Form 99	0, Part IV, line 6.	
	(a) Donor advi	ised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the are the organization's property, subject to the organization's exclusive legal	assets held in donor advi	ised funds
6	Did the organization inform all grantees, donors, and donor advisors in writing for charitable purposes and not for the benefit of the donor or donor advisor impermissible private benefit?	r, or for any other purpose	conferring
Par	t II Conservation Easements.		
	Complete if the organization answered 'Yes' to Form 99	00, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all t	hat apply)	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a	n historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservati	on contribution in the form	n of a conservation easement on the
	last day of the tax year		
			Held at the End of the Tax Year
	Total number of conservation easements		2 a
	Total acreage restricted by conservation easements		2 b
C	Number of conservation easements on a certified historic structure included	d in (a)	2 c
d	Number of conservation easements included in (c) acquired after 8/17/06, a structure listed in the National Register	and not on a historic	2 d
3	Number of conservation easements modified, transferred, released, extingutax year ►	uished, or terminated by th	ne organization during the
4	Number of states where property subject to conservation easement is local	ted ►	
5	Does the organization have a written policy regarding the periodic monitoring and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements of	during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cons ▶ \$	servation easements durin	g the year
8	Does each conservation easement reported on line 2(d) above satisfy the rand section 170(h)(4)(B)(ii)?	requirements of section 17	70(h)(4)(B)(ı) · · · · · · · · · Yes No
9	In Part XIII, describe how the organization reports conservation easements include, if applicable, the text of the footnote to the organization's financial	s in its revenue and expens statements that describes	se statement, and balance sheet, and the organization's accounting for
Par	till Organizations Maintaining Collections of Art, Histor Complete if the organization answered 'Yes' to Form 99	rical Treasures, or C	Other Similar Assets.
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to art, historical treasures, or other similar assets held for public exhibition, ed in Part XIII, the text of the footnote to its financial statements that describes	ducation, or research in fui	
t	o If the organization elected, as permitted under SFAS 116 (ASC 958), to rep historical treasures, or other similar assets held for public exhibition, educa following amounts relating to these items	ition, or research in further	rance of public service, provide the
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art, historical treasures, or oth amounts required to be reported under SFAS 116 (ASC 958) relating to the	er sımilar assets for financ ese ıtems:	cial gain, provide the following
á	Revenues included in Form 990, Part VIII, line 1		> \$
	Assats included in Form 990 Part Y		► ¢

Schedule D (Form 990) 2013 CATCE Park Organizations Mainta	I THE FIR Inina Colle	E_MINISTRIES, ctions of Art. Histo	INC. prical Treasures, o	47-086 r Other Similar Ass		Page 2
Using the organization's acquisition items (check all that apply).			-			
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other				
c Preservation for future generat	ions					
4 Provide a description of the organize Part XIII.		ions and explain how the	ey further the organization	n's exempt purpose in		
5 Duning the year, did the organization to be sold to raise funds rather than	n solicit or red to be mainta	ceive donations of art, his ined as part of the organ	storical treasures, or othe	er simitar assets	Yes	□No
Parit M Escrow and Custodia line 9, or reported an a	Arrangen	nents. Complete if t	he organization ans			rt IV,
1 a Is the organization an agent, truste on Form 990, Part X?	e, custodian, o	or other intermediary for	contributions or other ass	sets not included	Yes	∏No
b If 'Yes,' explain the arrangement in						
bit tes, explain the arrangement in	i ait Aili ailu	complete the following to	ivie.		Amount	
c Beginning balance					Amount	
d Additions during the year						
e Distributions during the year						
f Ending balance						
2 a Did the organization include an am				<u> </u>	Yes	No
b If 'Yes,' explain the arrangement in						H'''
on roof orphanical analysis and a						· Ш
Part V Endowment Funds. C	ompiete if t	ne organization ans	wered Yes to Form	990, Part IV, line 1	0.	
	(a) Current					years back
1 a Beginning of year balance					1	
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships	l					
e Other expenditures for facilities and programs		1				
f Administrative expenses						
g End of year balance					1	
2 Provide the estimated percentage	of the current	year end balance (line 1	g, column (a)) held as:			
a Board designated or quasi-endown	nent -	8				
b Permanent endowment ►	8					
c Temporarily restricted endowment	>	olo Olo				
The percentages in lines 2a, 2b, ar	nd 2c should e	qual 100%				
3 a Are there endowment funds not in organization by.	the possession	n of the organization that	t are held and administer	ed for the	T	es No
(i) unrelated organizations					. 3a(i)	
(ii) related organizations					. 3a(ii)	
b If 'Yes' to 3a(II), are the related org					. 3b	
4 Describe in Part XIII the intended u	ises of the org	anization's endowment f	unds.			
Part VI Land, Buildings, and				· ·		
Complete if the organiz			990, Part IV, line 11a	a. See Form 990, Pa	art X, line	: 10.
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Boo	ok value
1 a Land		724,177.				724,177.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	724,177.			724,177.
b Buildings	705,167.		28,340.	676,827.
c Leasehold improvements				
d Equipment	41,933.		32,489.	9,444.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal	al Form 990, Part X, colur	mn (B), line 10(c).)		1,410,448.

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Schedule D (Form 990) 2013

Page 3

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
A)		
В)		
C)		
D)		
(E)		
(F)		
G)		
H)		
(I)		
Total (Column (b) must equal Form 990, Part X, column (B) line 12) .▶		
Part VIII Investments – Program Related.		
Complete if the organization answered		Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
_\/.		
(9)		
(9)		
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) . ▶		
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) . ► Part IX Other Assets.	Voc' to Form 000 I	Part IV line 11d See Form 900 Part V line 15
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) .▶ Part IX Other Assets. Complete if the organization answered "		Part IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) . ► Part IX Other Assets. Complete if the organization answered " (a) De	Yes' to Form 990, I	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) . ► Part IX Other Assets. Complete if the organization answered " (a) De		
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) . > Part IX Other Assets. Complete if the organization answered " (a) De (1) (2)		
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) . ► Part IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3)		
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) . > Part IX Other Assets. Complete if the organization answered " (a) De (1) (2)		
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) . ► Part IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3) (4)		
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) .▶ Part IX Other Assets.		
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) . ► Part IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6) (7) (8)		
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) .▶ Part IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)		
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) .▶ Part IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	scription	(b) Book value
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) .▶ Part IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), I	scription	(b) Book value
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) . Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.	scription	(b) Book value
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F	line 15.) orm 990, Part IV, line 1	(b) Book value 1e or 11f. See Form 990, Part X, line 25
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) . Part IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	scription	(b) Book value 1e or 11f. See Form 990, Part X, line 25
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) .> Part IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes	line 15.) orm 990, Part IV, line 1	(b) Book value 1e or 11f. See Form 990, Part X, line 25
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2)	line 15.) orm 990, Part IV, line 1	(b) Book value 1e or 11f. See Form 990, Part X, line 25
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) . Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), I are the organization answered (Yes' to F (a) Description of liability (1) Federal income taxes (2) (3)	line 15.) orm 990, Part IV, line 1	(b) Book value 1e or 11f. See Form 990, Part X, line 25
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) . Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), I Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4)	line 15.) orm 990, Part IV, line 1	(b) Book value 1e or 11f. See Form 990, Part X, line 25
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) . Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), I Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	line 15.) orm 990, Part IV, line 1	(b) Book value 1e or 11f. See Form 990, Part X, line 25
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	line 15.) orm 990, Part IV, line 1	(b) Book value 1e or 11f. See Form 990, Part X, line 25
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	line 15.) orm 990, Part IV, line 1	(b) Book value 1e or 11f. See Form 990, Part X, line 25
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	line 15.) orm 990, Part IV, line 1	(b) Book value 1e or 11f. See Form 990, Part X, line 25
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	line 15.) orm 990, Part IV, line 1	(b) Book value 1e or 11f. See Form 990, Part X, line 25
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	line 15.) orm 990, Part IV, line 1	(b) Book value 1e or 11f. See Form 990, Part X, line 25
(9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	line 15.)	(b) Book value 1e or 11f. See Form 990, Part X, line 25

Schedule D (Form 990) 2013 CATCH THE FIRE MINISTRIES, INC.	47-0863999	Page 4
Part:XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	73 4	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4.0	
		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	<u> </u>	
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	175	
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)	AMPA	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII Supplemental Information.		
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 ne 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ac	ditional information.	
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Schedule **D** (Form 990) 2013

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Part XIII	Supplemental Inf	ormation (continued)				
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	. 					
					- -	
					- -	
	 					
		· 	_	 		
	- 					
- 						

Schedule F (Form 990).

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.
 ► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CAT	CH THE FIRE MINIS	TRIES, INC.			47-08639	99
		ion on Activiti		e United States. Complet	e if the organization	answered 'Yes'
1	For grantmakers. Does the the grantees' eligibility for the	organization main e grants or assista	tain records to sub nce, and the selec	estantiate the amount of its grantition criteria used to award the gr	s and other assistance, ants or assistance?	Yes No
2	For grantmakers. Describe United States.	ın Part V the orgaı	nızatıon's procedur	res for monitoring the use of its g	rants and other assistand	ce outside the
3	Activities per Region (The fo	ollowing Part I, line	3 table can be du	plicated if additional space is nee	eded)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)	333333					
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
	a Sub-total			<u> </u>		
ļ	b Total from continuation sheets to Part I					
	C Totals (add lines 3a and 3b) .					

47-0863999

Schedule F (Form 990) 2013

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Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(5)			Sub-Saharan Africa BUILDING	BUILDING	5,001.	WESTERN UNION	0.	N/A	CASH
(2)				-					
(3)									
.									
(2)									
9									
6									
(8)									
6)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
	Enter total number of recipient organizations listed above that are recognithe grantee or counsel has provided a section 501(c)(3) equivalency lette	ions listed above that a	are recognized as chalency letter	anties by the fore	ign country, recugn	ized as tax-exempt	ized as chanties by the foreign country, recognized as tax-exempt by the IRS, or for which		1
3 En	Enter total number of other organizations or entities	s or entitles						Schedule F	Schedule F (Form 990) 2013

Page 3

47-0863999

CATCH THE FIRE MINISTRIES, INC.

Partill Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2013

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2013 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance BA (38) (10) (11) (12) (14) € 3 3 € 9 9 3 8 6 (13) (15) (16) (11)

TEEA3503 06/26/13

<u> </u>	TEEA3505 06/26/43	Schedule E (Eorn	n <u>990) 2013</u>
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	-	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	XNo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
Par	Foreign Forms		

47-0863999

Page 4

Schedule F (Form 990) 2013 CATCH THE FIRE MINISTRIES, INC.

Schedule F	(Form 990) 2013	CATCH T	THE FIRE N	MINISTRIES,	INC.	47-	0863999	Page 5
Part V	Supplemental			<u> </u>				
,	Provide the info (accounting me method); Part I applicable. Also	ormation rethod; amo II (accoun o complete	equired by Founts of inve ting method this part to	Part I, line 2 (m estments vs ex); and Part III, provide any a	onitoring of fur penditures per column (c) (es dditional inforr	nds); Part I, line 3, co region); Part II, line timated number of re nation (see instruction	lumn (f) I (accounting cipients), as ns).	
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BAA		· · · · - · ·		TEEA3504 06/26/13			Schedule F (Form 9	90) 2013

SCHEDULE I (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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OMB No 1545-0047

Open to Public Inspection

Employer Identification number 47-0863999 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. CATCH THE FIRE MINISTRIES, INC.

Part | General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

ž ×∃ Part II Grants and Other Assistance to Governments and Organizations in the United Status. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CATCH THE FIRE FAYETTEVIL 1216 BOSCOBEL WAY	46-3411333		7,917.				CHURCH START U
	33-0648658		.6,025			ļ	CONFERENCE
ITED_STA	46-1670043		11,383.				NIGER TRUCK DO
[4]							
<u>(6)</u>							
(7)							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	and government organ	izations listed in the	line 1 table				
BAA For Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instructions	for Form 990.		TEEA3901 07/12/13	7/12/13	Schedu	Schedule I (Form 990) (2013)

Page 2

Schedule I (Form 990) (2013) CATCH THE FIRE MINISTRIES, INC.

Parill Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

raff III can be duplicated II additional space is needed.	liai space is lieede	ċ			
(a) Type of grant or assistance	(b) Number of reapients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ALBUM RECORDING	2	5,151.			
2 RETURN TO EUROPE	1	6,238.			
3					
4					
52					
9					
7					
Partily Supplemental Information. Provide the information		required in Part I, line	ne 2, Part III, column (b),	ın (b), and any other ad	and any other additional information.
		1			
			; ; ; ; ; ; ; ; ;		
ВАА					Schedule I (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2013

epon to Public Inspection

Employer identification number

CATCH THE FIRE MINISTRIES, INC.	47-0863999
Pt VI, Line 19 THE CHURCHE'S ARTICLES OF INCORPORATION, BYLAWS, CONFLICTS OF INTEREST POLICY, WHISTLEBLOWER POLICY	
Pt VI, Line 11b A COPY OF THIS RETURN WAS REVIEWED BY THE BOARD	BEFORE FINALIZATION
Pt_VI, Line 18 COPY OF RETURN IS AVAILABLE UPON REQUEST	.
	
	

Identification of Related Tax-Exempt Organizations Complete if the organization answared 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Employer identification number (f)
Direct controlling
entity 47-0863999 (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► See separate instructions. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section (c) Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) (b) Primary activity NO ACTIVITY IN 2013 (b) Primary activity CLASSES (a) Name, address, and EIN (if applicable) of disregarded entity 1) CATCH THE FIRE SCHOOL OF REVIVAL, INC. - 9225 LEESVILLE RD. (a) Name, address, and EIN of related organization CATCH THE FIRE MINISTRIES, INC _RALEIGH, NE 27613_ 45-2595056 Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) Part II 1 1111 1 ଫ୍ର Ξ ල 2 3

(g) Sec 512(b)(13) controlled entity?

(f)
Direct controlling
entity

Open to Public

Inspection

OMB No 1545-0047

2013

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Yes

Schedule R (Form 990) 2013

TEEA 3001 06/26/13

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

47-0863999

Schedule R (Form 990) 2013 CATCH THE FIRE MINISTRIES, INC.

(i) Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2013 (k)
Percentage
ownership å Yes **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (j) General or managing partner? (h) Percentage ownership Yes (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportonate
allocations? ž Yes (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp., S corp,
or trust) (f) Share of total income (d)
Direct
controlling
entity TEEA5002 06/27/13 Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign
country) **e** (d)
Direct
controlling
entity (b) Primary activity (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization (b) Pnmary activity (a)
Name, address, and EIN of related organization ١ Per | | | | Perit IV l BAA 2 E 3 <u>ල</u> | $\mathbf{\Xi}_{\mathbf{i}}^{\mathbf{i}}$ **⊗**¦

Schedule R (Form 990) 2013 CATCH THE FIRE MINISTRIES, INC.

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Page 3

47-0863999

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	janizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		×
b Gift, grant, or capital contribution to related organization(s)			. 1b		×
c Gift, grant, or capital contribution from related organization(s)			. 1c		×
d Loans or loan guarantees to or for related organization(s)			- 19	-	×
e Loans or loan guarantees by related organization(s)			16		×
f Dividends from related organization(s)			14		×
g Sale of assets to related organization(s)			1g		×
h Purchase of assets from related organization(s)			1 h		×
i Exchange of assets with related organization(s)			=		×
J Lease of facilities, equipment, or other assets to related organization(s)			=		×
k Lease of facilities, equipment, or other assets from related organization(s)			4		×
l Performance of services or membership or fundraising solicitations for related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)			1m		×
n Sharng of facilities, equipment, mailing lists, or other assets with related organization(s)			. 1n	×	
o Sharing of paid employees with related organization(s)			. 10	×	
p Reimbursement paid to related organization(s) for expenses			1p		×
q Reimbursement paid by related organization(s) for expenses.			19		×
				1	
r Other transfer of cash or property to related organization(s)					×
S			. 1s		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	luding covered relationships and tra	insaction thresholds.			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	1) etermin	Bu _{ll}
	type (a-s)		amonnti	nvolved	
(3)					
(2)	-				
(4)					
(5)			:		
(9)					
BAA TEEA5003 06/27/13		Schedu	Schedule R (Form 990) 2013	n 990) 2	2013

47-0863999

CATCH THE FIRE MINISTRIES, INC. Schedule R (Form 990) 2013 Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Dispropor-	_	(j) General or	(k) Percentage
			(related, unrelated, excluded from tax under	section 501(c)(3) organizations?		end-oi-year assets		20 of Schedule K-1 Form (1065)	partner?	diusisimo
			section 512-514)	Yes No			Yes No	,	Yes No	
<u>(1)</u>										
								_		
(2)										
(3)										
				-						
(4)										
(5)										
-				-						<u></u>
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ВАА			TEE	TEEA5004 06/27/13	3			Schedu	Schedule R (Form 990) 2013	90) 2013

Scriedule K	(Form 990) 2013 CATCH THE FIRE MINISTRIES, INC.	4/-0003999	raye 5
PartWU.	Supplemental Information Provide additional information for responses to questions on Schedule R (see instru	uctions).	
		· -	
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(Rev January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return ►File a separate application for each return.

OMB No 1545-1709

Internal Revenu			istructions is at www.irs.gov/formeeod				
•	re filing for an Automatic 3-Month Extension, o	-			▶ 🗓		
-	re filing for an Additional (Not Automatic) 3-Mo						
	nplete Part II unless you have already been gra		• •				
corporation request an e Associated	filing (e-file). You can electronically file Form 86 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ling of this form, visit www irs gov/efile and click	ot automatic) 3-m Part I or Part II v must be sent to tl	onth extension of time. You can electroni vith the exception of Form 8870, Informat he IRS in paper format (see instructions).	cally file Form 8868 ion Return for Trans	fers		
Part I	Automatic 3-Month Extension of T	ime. Only sub	omit original (no copies needed).				
A comoration	on required to file Form 990-T and requesting an			lete Part I only	▶ □		
•	rporations (including 1120-C filers), partnerships						
income tax		, ALIMOS, and a					
<u>-</u>	Name of exempt organization or other filer, see instructions		Enter filer's iden	tifying number, see Employer identification			
Type or	Name of exempt organization of other mer, see instructions			Ciripioyer identification	Thumber (Ent) of		
print	ON THE THE MANAGEDIES	TNO		47 0063000			
Eda budha	CATCH THE FIRE MINISTRIES, Number, street, and room or suite number if a P O box, se			47-0863999 Social security numbe	r (SSN)		
File by the due date for	ue date for 9225 LEESVILLE RD.						
return See	City, town or post office, state, and ZIP code For a foreign address, see instructions						
instructions							
Enter the R	eturn code for the return that this application is f	or (file a separate	application for each return)		01		
			1				
Application Is For	1	Return Code	Application Is For		Return Code		
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)		07		
Form 990-B	BL .	02	Form 1041-A		08		
Form 4720	(ındıvıdual)	03	Form 4720 (other than individual)		09		
Form 990-P	PF	04	Form 5227		10		
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11		
Form 990-T	(trust other than above)	06	Form 8870		12		
Telepho If the or If this is check to the external interpolation in the external interpolation	one No \(\) \((919) \) \(848 - 3063 \) Inganization does not have an office or place of bits for a Group Return, enter the organization's four his box \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(ir digit Group Exe o, check this box. ration required to organization retur, and endin	emption Number (GEN) and attach a list with the nail of file Form 990-T) extension of time of the organization named above.	If this is for the who	e group,		
3 a If this	application is for Forms 990-BL, 990-PF, 990-T			. 3a\$	0.		
	application is for Forms 990-PF, 990-T, 4720, с ayments made. Include any рпог year overpaym			. 3 b \$	0.		
	nce due. Subtract line 3b from line 3a. Include y PS (Electronic Federal Tax Payment System). Se			. 3c \$	0.		
Caution. If payment in:	you are going to make an electronic funds witho structions.	Irawal (direct deb	it) with this Form 8868, see Form 8453-E	O and Form 8879-E	O for		

	Rev 1-2014) CATCH THE FIRE MINIS			47-0863999	Page 2
	re filing for an Additional (Not Automatic) 3-Month E				· · ► X
	y complete Part II if you have already been granted an			led Form 8868	
	are filing for an Automatic 3-Month Extension, comp				
Partill	Additional (Not Automatic) 3-Month Ex	xtension	of Time. Only file the original	ıl (no copies needed).	
			Enter filer'	s identifying number, see	
	Name of exempt organization or other filer, see instructions			Employer identification number (E	ilN) or
Type or					
print	CATCH THE FIRE MINISTRIES, INC.			47-0863999	
Cilo bu tho	Number, street, and room or suite number. If a P O box, see instruct	ions		Social security number (SSN)	
File by the extended due date for					
filing your return See	9225 LEESVILLE RD.				
instructions	City, town or post office, state, and ZIP code. For a foreign address, s	see instructions			
	RALEIGH	NC 27	7613-7513		
Enter the f	Return code for the return that this application is for (fil	e a separate	e application for each return)		· 01
		, -			
Application Is For	on	Return Code	Application Is For		Return Code
			<u> </u>	SANCACHE ACCEPTANT AND AND AND ADDRESS.	
	or Form 990-EZ	01	Form 1041-A		0.0
Form 990-		02	 		08
Form 990-	(individual)	03	Form 4720 (other than individual) Form 5227		10
	T (section 401(a) or 408(a) trust)	05	Form 6069	-	11
	T (trust other than above)	06	Form 8870		12
1 01111 330-	(lidat other than above)	1 00	1 0111 0070		1
If this i whole grou	one No. \(\) \((919) \) \(848 - 3063 \) organization does not have an office or place of busine is for a Group Return, enter the organization's four digitable, check this box \(\) \	t Group Exe	emption Number (GEN)		is for the
THE HIDE S	the exterision is for				
4 I req	uest an additional 3-month extension of time until	Nov 17	, 20 <u>14</u> .		
5 For a	calendar year 2013 , or other tax year beginning			, 20 _	<u></u> ·
6 If the	e tax year entered in line 5 is for less than 12 months,	check reaso	·	Final return	
	Change in accounting penod		-		
7 State	e in detail why you need the extension · · · ACCOU	NTANT H	AS NOT COMPLETED		
	E NECESSARY PAPERWORK NEEDED TO				
	s application is for Forms 990-BL, 990-PF, 990-T, 472 refundable credits. See instructions				0.
tax p	s application is for Forms 990-PF, 990-T, 4720, or 606 payments made. Include any prior year overpayment a lously with Form 8868	llowed as a	credit and any amount paid	8 b \$	0.
c Bala EFTI	ince due. Subtract line 8b from line 8a. Include your p PS (Electronic Federal Tax Payment System). See ins	ayment with	this form, if required, by using	8 c \$	0.
			st be completed for Part II		
Under penaltic correct, and or Signature	es of penjury, I declare that I have examined this form, including accomposible, and that I am authorized to prepare this form Title	anying schedule	es and statements, and to the best of my knowle	edge and belief, it is true,	4/14
BAA	The same of the sa	FIFZ0502	12/31/13	Form 8868 (F	Rev 1-2014)

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