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Form **990**

Return of Organization Exempt From Income Tax

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

20**13**

Department of the Treasury Internal Revenue Service

ler 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.

Open to Public

A	For the	2013 cale	endar year, or tax year beginning JANUARY 1 , 2013, and endin	g DECEM	ABER 31	, 20 13	
В		applicable	C Name of organization CHURCH RESPONSE	5 52021		er identification nu	mber
$\bar{\Box}$	Address	• •	Doing Business As			51-0141815	
Ħ	Name ch	•	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	ite	E Teleoho	ne number	
H	Initial ret	_	30 MAIN STREET			605-342-5360	
H	Terminat		City or town, state or province, country, and ZIP or foreign postal code			003-342-3300	
H		•			G Gross n	acountr &	
H	Amende		RAPID CITY SD 57701 F Name and address of principal officer: JAN DOWLIN	I wat at		 _	77.
ш	Applicati	on pending		1	-	subordinates? Yes	
-	T		1524 S KEPP CT, RAPID CITY SD 57701			a list. (see instruction	
÷	Vebsite	mpt status:	√ 501(c)(3)			•	113)
7			✓ Corporation ☐ Trust ☐ Association ☐ Other ► L. Year of format			number ►	
	art			ion: 1972	M State	of legal domicile:	SD
		Summ		DADY ACCI	CTANOS	FOR THE MEER	
•	1	Briefly de	escribe the organization's mission or most significant activities: TEMPC	JRARY ASSI	STANCE	FOR THE NEED	r
Activities & Governance							
Ē		Ob1. 4b			050/ -6		•
Š	1		nis box ▶☐ if the organization discontinued its operations or disposed of	or more than		its net assets.	
Ğ	3		of voting members of the governing body (Part VI, line 1a)		3		13
8			of independent voting members of the governing body (Part VI, line 1b)		4		13
₹			mber of individuals employed in calendar year 2013 (Part V, line 2a)		5		3
复			mber of volunteers (estimate if necessary)		6		38
⋖	1		related business revenue from Part VIII, column (C), line 12		7a		0
	b	Net unre	lated business taxable income from Form 990-T, line 34		7b	0	0
		0	1 d d (D- 4) (III - 1 4)	Prior Ye		Current Ye	
9	1		tions and grants (Part VIII, line 1h)		313,163		323,385
ē	1 .	_	service revenue (Part VIII, line 2g)		0		0
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d) RECEIVED		9,275		13,448
_	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) VED		27,200		41,360
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>u </u>	349,638	·	378,193
	13		, , , , , , , , , , , , , , , , , , ,	<u>8 </u>	246,017		239,153
	14		paid to or for members (Part IX, column (A), line 4)	<u>ن</u>	0		0
89	15			호	65,719		65,959
80			onal fundraising fees (Part IX, column (A), fine-11e) GUEN, UT.		0		0
Expenses			draising expenses (Part IX, column (D), line 25)	<u> </u>			
ш	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	67,239		48,778
	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		378,975		353,890
		Revenue	e less expenses. Subtract line 18 from line 12		(29,337)		24,303
ats or		_		Beginning of Cu	rrent Year	End of Yes	er
88et 38far	20		sets (Part X, line 16)		236,370		276,497
Net Asset Fund Bala	21		pilities (Part X, line 26)		883		1236
			ets or fund balances. Subtract line 21 from line 20		235,487		275,261
	art II		ture Block				
			ury, I declare that I have examined this return, including accompanying schedules and stater lete. Depleration of preparer (other than officer) is based on all information of which preparer			my knowledge and	belief, it is
		Ti Comp	nete: because of preparer (durier than officer) is based off all information of which preparer	nas any known			
C:-			and Jowlin			_ 	
Siç	_	sign	nature of officer	Da	te 4-9	9-14	
He	re	¥A	N DOWLIN, BOARD PRESIDENT				
			e or print name and title /	1.		Invest	
Pa	id	Print/Ty	/pe preparer's name Preparer's signature Da	це	Check		
Pr	epare	r			self-em	ployed	
	e Onl		name ▶	Firm	n's EIN ▶		
		Firm's a	address ▶	Pho	ne no.	<u></u>	
			s this return with the preparer shown above? (see instructions)	<u> </u>	<u> </u>	· · · Tes	
For	Paperw	vork Redu	ction Act Notice, see the separate instructions. Cat N	o 11282Y		Form 9	90 (2013)

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Form 9	90 (2013)				Page 2						
Part		ent of Program Service									
				art III	<u> U</u>						
1	=	e the organization's mission									
	TEMPURARY A	ISSISTANCE FOR THE NEED	JY								
	Did the organi	zation undertake any signi	ficant program services during the ye	ar which were not listed on the							
-	prior Form 990	or 990-EZ?			s 🗹 No						
•		ibe these new services on									
3	services?	ization cease conducting	, or make significant changes in h		s 🗹 No						
		ibe these changes on Sch									
4	expenses. Sec	ction 501(c)(3) and 501(c)(4		three largest program services, as me the amount of grants and allocations							
4a	(Code:) (Expenses \$353,890 including grants of \$) (Revenue \$378,193)										
			IBUTED 10,022 BAG OF FOOD, PROVID	ED UTILITIES, TOILETRIES, VOUCHERS F 10,066 CLIENT CONTACTS	FOR THE						
											
			••••••								
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)						
				·							

			•••••								
4 c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)						
											
					**						
		-4									
				•							
		·									
4d	Other program	services (Describe in Sch	edule ()	-	 						
70	(Expenses \$	including gr	· ·	\$)							
4e	Total program	service expenses	353 890	···································	·						

Form **990** (2013)

art	Checklist of nequired schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
-	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	✓	<u> </u>
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	√	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
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	11b		1
С	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	11c		1
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	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		1
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
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		1
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	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		1
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		1
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		1
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		1
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		1

Part	Checklist of Required Schedules (continued)			
~4	Did the second of the design of the design of the design of the second o		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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	1	
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		1
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		1
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		1
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		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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		1
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,			_
38	Part VI	37	1	✓
		1 30	<u> </u>	

Form **990** (2013)

Part	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 is Schedule of Contains a response of note to any line in this rait v	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1		-	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and]_	ĺ	_
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	4-		_
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			,
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	 	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	 -	
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
ь	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١.
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b	-	
'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?	7a	-	·
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Ť
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	<u> </u>	✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
	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	-	1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders] .		
a b	Gross income from members or shareholders			
_	against amounts due or received from them.)	•		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	;	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L.
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_				
C 1/12	Enter the amount of reserves on hand	14-		<u> </u>
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b	<u> </u>	
			L	

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			ions.
Secti	on A. Governing Body and Management		<u> </u>	
	on 72 doronning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	If there are material differences in voting rights among members of the governing body, or		l	
	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 . 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		_	
_	any other officer, director, trustee, or key employee?	_2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			,
4		3		/
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		7
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			-
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			ļi
a	The governing body?	8a	✓	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	✓	├
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		/
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		_
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		<u> </u>
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		✓_
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		7
b	Other officers or key employees of the organization	15b		7
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
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 take steps to safeguard the organization's exempt status with respect to such arrangements?	466		-
Secti	on C. Disclosure	16b		L
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	oolicy	, and
20	financial statements available to the public during the tax year.	of the		
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: CAROL KREUN, 1514 BRENTWOOD, RAPID CITY, SD 57701 605-342-8775	oi trie	1	
	→ ÇARUL NREUM, 1314 DREMI MOOD, NACID GH 1, 3D 37701 003*344*0773			

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Form	aan	/2N1	3

Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	, and
	Independent (Contractors							

Check if Schedule O contains a response or note to any line in this Par	rt VII .			 	 	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	or any relate	d org	aniz	atic	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.	_
(A) Name and Title	(B) Average hours per week (list any	box,	unle	Pos neck ss pe d a d	rson	e than o is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) JAN DOWLIN, PRESIDENT	3			/				0	o		0
(2) SUE MAYNARD, VICE PRESIDENT	3			1				0	o		0
(3) SHIRLEY HEHN, SECRETARY	3			1					0		0
(4) LYNDA MENTELE, DIRECTOR	40	1			1	1		39,747	0		0
(5)								39,5 33			
(6)											_
(7)							_				_
(8)											_
(9)											_
(10)											_
(11)											_
(12)											_
(13)											
(14)										· · · · · · · · · · · · · · · · · · ·	_

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees	-	nd F	lighe	st C	ompensated E	mployees	continue	ed)		
	(A) Name and title	Name and title Average both hours per off					e than o	an	(D) Reportable compensation from	(E) Reportat compensatio related	n from	Esti amo	(F) mated ount of ther	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-I	ons	comp fro orga and	ensation the nization related	n İ
(15)														
(16)													<u> </u>	
(17)						-								
(18)								-						
(19)								_						
(20)				_				<u> </u>						
(21)						_								
(22)								_						
(23)											_			
(24)														
(25)				_									-	
1b c	Sub-total	-		•	•	 	•	▶	39,747		0			0
<u>d</u>	Total number of individuals (including but				list	ed	above	> ≥) w	ho received me	ore than \$1	00,000 o	of		0
3	Did the organization list any former of employee on line 1a? If "Yes," complete to	ficer, direc							oloyee, or high	est compe	ensated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations <i>individual</i>											4	-	
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc	dividual 	5		
	on B. Independent Contractors						,,							
1	Complete this table for your five highest compensation from the organization. Repyear.													ах
	(A) Name and business add	ress	·						(B) Description of s	ervices	C	(C) compens	ation	
			_					 			-			
		·												
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

rart	يسح	Check if Schedule O contains a res	nonce or note to	any line in this	Part VIII		П
		CHECK II SCHEQUIE O CONTAINS a res	porise or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
\$ \$	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
O E	С	Fundraising events 1c		ļ			į
≝a	d	Related organizations 1d					
9, E	е	Government grants (contributions) 1e	2,800				,
20.00	f	All other contributions, gifts, grants,					
the th		and similar amounts not included above 15	320,585	l			
풀진	g	Noncash contributions included in lines 1a-1f: \$	206,143				
SE	h	Total. Add lines 1a-1f		323,385			
-		Total Florida Miles 12 (1)	Business Code	323,303			
	2a					-	
%	b						-
8	_						
Ž	d						
Š	· -						
<u>.</u>	e	All other program conting rovenus					
Program Service Revenue	f	All other program service revenue .	•				
	<u>g</u> 3	Total. Add lines 2a–2f					
	,	, , , , , , , , , , , , , , , , , , , ,	>				
				14,448	14,448		
	4	Income from investment of tax-exempt by	·				
	5	Royalties	(ii) Personal				
	_		(ii) resoliai	1			
	6a	Gross rents	-				
	b	Less: rental expenses		İ			:
	С	Rental income or (loss)	l <u></u>				
	d	Net rental income or (loss)			,		·
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory	3,500				1
	Ь	Less: cost or other basis					
		and sales expenses .	4,500				
	C	Gain or (loss)	(1,000)				
	d	Net gain or (loss)	▶	(1,000)	(1,000)		
venue	8a	Gross income from fundraising events (not including \$					·
Other Reve		of contributions reported on line 1c). See Part IV, line 18 a					
Ę	ь	Less: direct expenses b					
0		Net income or (loss) from fundraising	events .				
		Gross income from garning activities.					
	ŀ	See Part IV, line 19 a					·
	_h	Less: direct expenses b					
		Net income or (loss) from gaming acti		-			
		Gross sales of inventory, less					
		returns and allowances a	1 011 500				
		•	1,011,509				
	b	•			-		
	ြင	Net income or (loss) from sales of inve Miscellaneous Revenue	Business Code	41,360	41,360		,
	44-	misseimisens neverile	DUSIIRSS CODE		. ~		
	11a					-	
	b						
	C .						
	d	All other revenue					
	е		🟲				
	12	Total revenue. See instructions	🕨	378,193	54,808		

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , 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	239,153	239,153		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	39,747	19,874	19,873	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	33,747	13,074	13,073	
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,081	19,081		
9	Other employee benefits	2,631	1,316	1,315	
10	Payroll taxes	4,500	2,980	1,520	
11	Fees for services (non-employees):				
a	Management				
b	Legal	F 200		5 200	
c d	Lobbying	5,200		5,200	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	20		20	· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion				
13	Office expenses	3,781	1,626	2,155	
14	Information technology	711		711	
15	Royalties				
16	Occupancy	11,400	9,960	1,440	
17	Travel	716	120	596	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	24,217		24,217	· · · · · · · · · · · · · · · · · · ·
23	Insurance	4,362		4,362	
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.)				
а	REIMBURSEMENTS - CREDITS	(1,740)		(1,740)	
b	LICENSES/FEES	110		110	
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	353,890	294,109	59,781	
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)				

Part X Balance Sheet

Check if School In O contains a response or note to any line in this Part

2 Savings and temporary cash investments			Check if Schedule O contains a response or note to any line in this Pa	rt X		
Pledges and grants receivable, net Accounts and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Accounts receivables from other disqualified persons (as defined under section 4558(f)(f)), persons described in section 4958(c)(f)(g), and contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule L Accounts receivable, net Notes and loans				. , ,		, , ,
Per celevable, net 4 Accounts receivable, net 5 Lans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule 1 0 5 5		1	Cash—non-interest-bearing	8,653	1	17,983
A Accounts receivable, net 5,366 4 8,94		2	-	76,067	2	90,16
Section		3	Pledges and grants receivable, net		3	. <u></u>
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Complete Part II of Schedule L Lans and other receivables from other disqualified persons (as defined under section 4956()(II)), persons described in section 4956((3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)		4	•	6,360	4	8,94
Complete Part II of Schedule L Loars and other receivables from other disqualified persons (as defined under section 4559(N)II), persons described in section 4559(N)II), persons described in section 4559(N)III), persons described in section 501(k)III), persons described in section 501(k)III and sports and sporssoring organizations (see instructions), Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventiones for saile or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part II of Schedule D 10b 39,249 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intragible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 31 T 123 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disquified persons. Complete Part II of Schedule D 20 Tescrow or custodial account liabilities or included on lines 17-24). Complete Part X of Schedule D 20 Total liabilities and other labilities not included on lines 17-24). Complete Part X of Schedule D 21 Total liabilities and including federal income tax, payables to related third parties, and other labilities for lincluding of the payable submeptate Income tax, payables to related third parties, and other labilities not included on lines 17-24). Complete Part X of Schedule D 22 Control liabilities and lines 33 and 34. 23 Fernamently restricted net assets Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 37 through 25 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ a		5				
4958(f)(1), persons described in section 4958(p)(3)(B), and contributing employers and sporsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L					5	
9 Prepaid expenses and deferred charges	6	6	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	O	6	
9 Prepaid expenses and deferred charges	88	7	Notes and loans receivable, net	0	7	(
10a	As	8	Inventories for sale or use	41,343	8	40,269
b Less: accumulated depreciation 10b 39,249 11,392 10c 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 0 12 1 13 Investments—program-related. See Part IV, line 11 0 13 1 14 Intrangible assets 0 14 1 15 Other assets. See Part IV, line 11 0 15 15 15 15 15 16 15 16 15 16 16 17 0 15 16 17 0 15 16 17 0 15 17 17 18 18 17 18 18 17 18 18 18 18 19 18 18 19 18 18 19 18 18 19 18 18 18 19 18 18 18 18 18 18 18 18 18 18 18 18 18		9	Prepaid expenses and deferred charges	2,479	9	3,954
b Less: accumulated depreciation 10b 39,249 17,392 10c 11 Investments — publicity traded securities 84,076 11 115,18 112 Investments — publicity traded securities 94,076 11 115,18 12 Investments — program related. See Part IV, line 11 0 13 13 14 Intrangible assets 0 14 14 Intrangible assets 0 14 15 Other assets. See Part IV, line 11 0 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 226,370 16 276,49 17 Accounts payable and accrued expenses 883 17 123 18 Grants payable 0 18 0 19 19 19 19 19 19 19		10a	-then besign Consolete Book M of Cohodule D			
11 Investments—publicity traded securities 84,076 11 115,18 12 Investments—other securities. See Part IV, line 11 0 13 14 Intangible assets 0 14 15 15 16 Total assets. See Part IV, line 11 0 15 0 15 16 16 Total assets. See Part IV, line 11 0 15 0 15 0 16 16 Total assets. See Part IV, line 11 0 15 0 15 0 16 17 18 17 18 18 18 18 19 19 19 19			. 33,243		100	
12 Investments – other securities. See Part IV, line 11 0 12 13 Investments – program-related. See Part IV, line 11 0 13 0 14 15 14 Intangible assets 0 14 15 15 15 16 15 16 16 16						115 100
13 Investments—program-related. See Part IV, line 11 0 13 14 11 11 11 11 11 11			· · · · · · · · · · · · · · · · · · ·			_
14		ŀ				
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34)			. •			
16 Total assets. Add lines 1 through 15 (must equal line 34)						
17		i	•			276.497
18 Grants payable 0 18 19 Deferred revenue 0 19 0 19 0 20 18 20 18 20 18 20 20 20 20 20 20 20 2		17			$\overline{}$	
20 Tax-exempt bond liabilities		18	· · · · · · · · · · · · · · · · · · ·	0	18	
21 Escrow or custodial account liability. Complete Part IV of Schedule D . 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		19	Deferred revenue	0	19	
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		20	Tax-exempt bond liabilities	0	20	(
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	
Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	80	22	Loans and other payables to current and former officers, directors,			
Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	Ħ					
Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	ap		•	0	22	
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	_	23	· · · · · · · · · · · · · · · · · · ·	0		
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24		0	24	
26 Total liabilities. Add lines 17 through 25		25	parties, and other liabilities not included on lines 17-24). Complete Part X	i		
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets						
Complete lines 27 through 29, and lines 33 and 34. 27 201,174 28 27 201,174 28 29 29 29 201,08 29 29 201,08 29 29 201,08 29 201,08 29 201,08	_	26			20	1230
34 Total liabilities and net assets/fund balances	800		· · · · · · · · · · · · · · · · · · ·			
34 Total liabilities and net assets/fund balances	au	27	Unrestricted net assets	137,426	27	201,174
34 Total liabilities and net assets/fund balances	Bal	28	Temporarily restricted net assets	48,061	28	24,087
34 Total liabilities and net assets/fund balances	ק	29		50,000	29	50,000
34 Total liabilities and net assets/fund balances	or Fu					
34 Total liabilities and net assets/fund balances	ts	30	Capital stock or trust principal, or current funds	o	30	
34 Total liabilities and net assets/fund balances	3Se	31		0	31	
34 Total liabilities and net assets/fund balances	Ϋ́	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	
34 Total liabilities and net assets/fund balances	Š	33	Total net assets or fund balances	235,487	33	275,26
	_	34	Total liabilities and net assets/fund balances	236,370	34	276,49

-orm	990	(2013)	

Page **12**

Par	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		3	78,193
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	53,890
3	Revenue less expenses. Subtract line 2 from line 1	3		:	24,303
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2:	35,487
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		;	39 <u>,774</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2	75 <u>,261</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	· · ·		. 🗸
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other MODIFIED CA:				!
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın in	İ		
_	Schedule O.		2a	_	
2 a					✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or			
	reviewed on a separate basis, consolidated basis, or both:				· '
	Separate basis Consolidated basis Both consolidated and separate basis			-	لــــا
D	Were the organization's financial statements audited by an independent accountant?		2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ed on a	·		;
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		-	~	
C	of the audit, review, or compilation of its financial statements and selection of an independent account				١,
	If the organization changed either its oversight process or selection process during the tax year, ex		2c		
	Schedule O.	piaiii iii	ı		
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	ŀ	-	
Ja	the Single Audit Act and OMB Circular A-133?	O G I	3a		,
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ran the		<u> </u>	 •
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	, and the state of			, QQ A	(2013)
			i on	550	(2013)

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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of t	he organization						•	imployer id	lentificatio	n number
CHU	RCH	RESPONSE									41815
Par	t I	Reason f	or Public Chai	rity Status (All orga	nization	s must c	omplete	this par	t.) See i	nstruction	ons.
The o	orga	anization is not	a private founda	tion because it is: (Fo	r lines 1	through 1	1, check	only one	box.)		
1		A church, con-	vention of churcl	nes, or association of	churches	s describe	ed in sec	tion 170(b)(1)(A)(ī).	
2		A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)					
3		A hospital or a	cooperative hos	spital service organiza	ation desc	cribed in s	section 1	170(b)(1)(A)(iii).		
4				on operated in conjunc	ction with	n a hospit	al descri	bed in se	ction 170	D(b)(1)(A)	(iii). Enter the
		-	ne, city, and state								
5		section 170(b)(1)(A)(īv). (Com	•	_	-				vemmen	tal unit described in
6 7	- <u> </u>										
8		A community t	trust described in	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	urt II.)				
9		receipts from support from	activities related gross investme	receives: (1) more that to its exempt function in the income and unrelater June 30, 1975. See	ions-sul lated bus	bject to d siness tax	certain ex xable inc	ceptions	s, and (2) ss section	no more	e than 331/3% of its
10		An organizatio	n organized and	operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)(4).	
11		purposes of o	ne or more pub	d operated exclusive licly supported organ describes the type of	nizations	described	d in sect	ion 509(a	1)(1) or se	ection 50	9(a)(2). See section
		a ☐ Type I	b ☐ Type	II c ☐ Type III	I–Functio	nally inte	grated	d 🗆	Type III-N	Non-func	tionally integrated
е			ndation manage	that the organization	is not co	ntrolled d	- lirectly or				
f				wntten determination	on from	the IRS t	hat it is	a Type	I Type I	II. or Tvr	ne III supportina
•		organization, o									· · · · · [
g		•	17, 2006, has ti	ne organization accep	pted any	gift or co	ontributio	n from a	ny of the	•	
		(i) A person v	who directly or i	ndirectly controls, eithody of the supported o					describe	din (ii) a	nd Yes No
		(ii) A family m	ember of a person	on described in (i) abo	ove?						11g(ii)
				a person described in							11g(iii)
h		• •	_	on about the support							
(i)		ne of supported rganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) la	organization sted in your document?	the organ	ou notify nization in of your port?	(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
					Yes	No	Yes	No	Yes	No	1.
(A)											
(B)											
(C)											
(D)											
(E)											
			I		1	1	l		I	I	1

Total

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.) **Section A. Public Support**

Calen	dar year (or fiscal year beginning 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.")	435,682	392,275	355,861	313,163	323,385	1,820,366
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	435,682	392,275	355,861	313,163	323,385	1,820,366
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)						0
6	Public support. Subtract line 5 from line 4.						1,820,366
	on B. Total Support		·	<u>.</u>		ļ. <u>,</u>	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	435,682	392,275	355,861	313,163	323,385	1,820,366
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar			·			
_	sources	1,510	2,923	1,628	9,275	13,448	28,784
9	Net income from unrelated business					ļ	
	activities, whether or not the business						
	is regularly carried on	. 0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
44	· ·	_29,968	32,034	20,288	27,200	41,360	150,850
11	Total support. Add lines 7 through 10	(aaa iaata atia			············	40	2,000,000
12	Gross receipts from related activities, etc.					12	- F01/-)/0\
13	First five years. If the Form 990 is for the	-					
Cart	organization, check this box and stop her			· · · · · ·	· · · · ·		· · - <u>-</u> <u>-</u>
	on C. Computation of Public Suppor			4			
14	Public support percentage for 2013 (line 6		-			14	91.02 %
15	Public support percentage from 2012 Sch					15	92.30 %
16a							
	· · · · · · · · · · · · · · · · · · ·	•		-			. ► 🕢
b	33¹/₂% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/₂% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	tion meets the leets the "facts	facts-and-ci -and-circumst	rcumstances" tances" test. T	test, check the	is box and sto	op here.
18	Private foundation. If the organization di					k this box and	
10	instructions						. ▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only i	if you checked the box of	on line 9 of Part I or if the organization failed to qualify under Pa	art II.
If the organization	on fails to qualify under t	the tests listed below, please complete Part II.)	

	ii the organization lans to quality	under the te	SIS listed Del	JW, piease G	ompiete i ait	11.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees		1				
_	received. (Do not include any "unusual grants.")						<u> </u>
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						<u> </u>
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the		}	}			
	organization's benefit and either paid]			
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the				1	1	
_	organization without charge						-
6	Total. Add lines 1 through 5			ļ	ļ	<u> </u>	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					1	
_	· · ·				 	 	
b	Amounts included on lines 2 and 3				1	}	
	received from other than disqualified]	1	1	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				1	1	
_	Add lines 7a and 7b				 	 	+
8	Public support (Subtract line 7c from		 		<u> </u>		
Ū	line 6.)						
Sacti	on B. Total Support	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(4) 2005	(5) 2010	(0) 2011	(4) 2012	(6) 2010	(1) 10111
10a	Gross income from interest, dividends,						+
	payments received on securities loans, rents,					1	
	royalties and income from similar sources .					ļ.	
ь	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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			l			
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>	<u></u>	<u> </u>		
14	First five years. If the Form 990 is for the	_	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a secti	on 501(c)(3)
	organization, check this box and stop he		<u> </u>	<u> </u>	<u> </u>		· · · • [
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line		-				%
16	Public support percentage from 2012 Sci			<u> </u>	<u> </u>	16	9
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2013 (-			9
18	Investment income percentage from 2012						9
19a	331/3% support tests—2013. If the organ						
	17 is not more than 331/3%, check this box		_				-
þ	331/3% support tests—2012. If the organization 10 and the second tests—2012 if the organization 10 and the second tests—2012 if the organization 10 and the second tests—2012 if the organization 10 and the second tests—2012 if the organization 10 and the second tests—2012 if the organization 10 and the second tests—2012 if the organization 10 and the second tests—2012 if the organization 10 and the second tests—2012 if the organization 10 and the second tests—2012 if the organization 10 and the second tests—2012 if the organization 10 and the second tests—2012 if the organization 10 and the second tests—2012 if the organization 10 and the second tests—2012 if the organization 10 and the second tests—2012 if the organization 10 and the second tests—2012 if the organization 10 and the second tests—2012 if the organization 10 and the second tests—2012 if the seco						
	line 18 is not more than 331/3%, check this		-				_
20	Private foundation If the organization di	d not check a	hox on line 14	. 19a or 19h	cneck this box	and see instr	uctions 🕨 🖺

Daga	4
Page	-

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).
OTHER INC	OME: PART II, LINE 10 DESCRIPTION: NET AMOUNT EARNED FROM FOOD CERTIFICATES PURCHASES AND SALES
2009 29	968
2010 32,	
2011 20,	288
2012 27	200
2013 41,	360
	······································

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

CHUR	CH RESPONSE		51-0141815
Par		or Advised Funds or Other Similar Fu	
	Complete if the organization ansv	vered "Yes" to Form 990, Part IV, line 6	5.
		(a) Donor advised 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		
	funds are the organization's property, subjectively	•	
6	Did the organization inform all grantees, do		
	only for charitable purposes and not for the conferring impermissible private benefit?	•	· · · · <u>-</u> -
Par		 	· · · · · · · · · Yes 🗌 No
Fai		vered "Yes" to Form 990, Part IV, line 7	,
1	Purpose(s) of conservation easements held		•
•			of on historically managers to be a sure
	☐ Preservation of land for public use (e.g., ☐ Protection of natural habitat		of a certified historic structure
	Preservation of open space	☐ Preservation	or a certified historic structure
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribut	tion in the form of a concentation
-	easement on the last day of the tax year.	mon neid a quamed conservation continu	Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation eas		
c	Number of conservation easements on a ce		
d	Number of conservation easements include	· · · · · · · · · · · · · · · · · · ·	
_	historic structure listed in the National Regis		· · 2d
3	Number of conservation easements modifie		
	tax year ▶	-,,,,	minutes by the organization during the
4	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written pol		nspection, handling of
	violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservation	·
	▶ .	J. 1 J. 2	•
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ear	sements during the year
	▶\$	•	• •
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	<i></i> .	· · · · · · 🗌 Yes 🖺 No
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the		financial statements that describes the
	organization's accounting for conservation e		
Part	Organizations Maintaining Colle	ections of Art, Historical Treasures, o	or Other Similar Assets.
		vered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted une	der SFAS 116 (ASC 958), not to report in i	ts revenue statement and balance sheet
	works of art, historical treasures, or other		
	public service, provide, in Part XIII, the text of		
b	If the organization elected, as permitted un	nder SFAS 116 (ASC 958), to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other	similar assets held for public exhibition, e	education, or research in furtherance of
	public service, provide the following amount		
	(i) Revenues included in Form 990, Part VIII	, iine 1	> \$
_	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works following amounts required to be reported up		
_	following amounts required to be reported u		
a	Revenues included in Form 990, Part VIII, lin	le	• 5
D	Assets included in Form 990, Part X		- 4

Part						
3	Using the organization's acquisition, collection items (check all that apply):		her records, chec	k any of the foll	owing that are a s	ignificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange pro	grams	
b	☐ Scholarly research		e 🗌 Othe	r	-	
С	☐ Preservation for future generations	5				
4	Provide a description of the organizat		and explain how t	hev further the o	rganization's exen	not purpose in Part
	XIII.		•	•	·	• • •
5	During the year, did the organization	solicit or receive	donations of art	historical treasu	res or other simil:	ar
•	assets to be sold to raise funds rather					
Part				· g · · · · · · ·		
ı aı ı	Complete if the organization		" to Form 990 F	Part IV line 9 o	r reported an am	ount on Form
	990, Part X, line 21.	anowored res	10 1 01111 000, 1	urt iv, inic o, o	reported arrain	Odin On Form
12	Is the organization an agent, trustee,	custodian or oth	er intermedian/ fo	or contributions	or other assets or	nt
,,,	included on Form 990, Part X?					
						☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following to	able:		mount
				_		nount
С	Beginning balance				lc	
d	Additions during the year				ld	
е	Distributions during the year				te	· · · · · · · · · · · · · · · · · · ·
f	Ending balance				1f	
2a	Did the organization include an amoun	nt on Form 990, Pa	art X, line 21? .			☐ Yes ☐ No
<u>b</u>	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the explanatio	n has been provi	ded in Part XIII .	<u></u> 🗆
Par	Endowment Funds.					
	Complete if the organization	answered "Yes"	' to Form 990, F	Part IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	84,076	74,967	78,04	5 70,46	9 58,456
b	Contributions	19,980	0		··	0 0
C	Net investment earnings, gains, and	19,000			<u> </u>	
	losses	11,130	9,110	(3,438	7,930	6 12,013
d	Grants or scholarships	11,130	9,110		<u> </u>	
e	Other expenditures for facilities and		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	0
•	programs	ا				
f	Administrative expenses	0	0			0
			0			0 0
g	,	115,186				5 70,469
2	Provide the estimated percentage of t	-		, column (a)) nei	as:	
a	Board designated or quasi-endowmer		%			
þ	Permanent endowment ▶	43%				
С	Temporarily restricted endowment	57%				
_	The percentages in lines 2a, 2b, and 2					
3a	Are there endowment funds not in the	e possession of th	e organization tha	at are held and a	dministered for th	e
	organization by:					Yes No
	(i) unrelated organizations		. .			3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" to 3a(ii), are the related organi					3b
4	Describe in Part XIII the intended uses		n's endowment fi	unds.		
Part	VI Land, Buildings, and Equip	ment.				
	Complete if the organization	answered "Yes"	' to Form 990, P	art IV, line 11a.	See Form 990,	Part X. line 10.
	Description of property	(a) Cost or ot			Accumulated	(d) Book value
		(investme		ther)	depreciation	
1a	Land					
b	Buildings	·	····			
c	Leasehold improvements	-				
ď	Equipment	·		17 624	47.024	
e	Other	•		17,624	17,624	
		·	O Port V salves	21,625	21,625	0
i otal.	Add lines 1a through 1e. (Column (d) n	iust equal rorm 99	τυ, raπ X, column	(B), IINE 10(C).)	▶	0

Part VII	Investments—Other Securities. Complete if the organization answered "	Ves" to Form 9	On Part IV line	11h See Form	000 Part Y line 12
	(a) Description of security or category		(b) Book value	(c) Met	hod of valuation:
	(including name of security)			Cost or end	of-year market value
(1) Financial					
• •	eld equity interests				
(3) Other		-			·· ·· · · · · · · · · · · · · · · · ·
(A) (B)			· · · · · · · · · · · · · · · · · · ·		<u> </u>
(C)					
(D)				· · · · · · · · · · · · · · · · ·	<u></u>
(E)					· · · · · · · · · · · · · · · · · · ·
(F)					····
(G)					
(H)					
Total. (Column (l	b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments—Program Related.				
	Complete if the organization answered "	Yes" to Form 99	90, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment	1	(b) Book value	• •	thod of valuation -of-year market value
(1)					
(2)					
(3)					
(4)					· · · · · · · · · · · · · · · · · · ·
(5)					
(6)					
(7)					
(8)					
(9) Total (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		-		
Part IX	Other Assets.			····	
I dit ix	Complete if the organization answered "	Yes" to Form 99	00. Part IV. line	11d. See Form	990. Part X. line 15.
	(a) Description				(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	mn (b) must equal Form 990, Part X, col. (B) line	0.1E \			
	Other Liabilities.	e 15.)	· · · · ·	<u> ▶</u>	<u> </u>
Part X	Complete if the organization answered "line 25.	Yes" to Form 99	90, Part IV, line	11e or 11f. See	Form 990, Part X,
1.	· · · · · · · · · · · · · · · · · · ·	b) Book value			
(1) Federal in	ncome taxes				
(2)					
(3)			_		
(4)			_		
(5)			_		
(6)			_		
(7)			4		
(8)		,	4		
(9)	h) must equal Form 000. Part V and (D) Fine 05 1 h	 			
	b) must equal Form 990, Part X, col. (B) line 25.)		<u> </u>		

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	er Retum.	
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	. 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	
Part		per Return.	-
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
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:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
đ	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	I	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and	0. 5	
2; Parl	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additiona	I information.	
I AIXI	v, clier 4. Telli dicact addication the needs (1000, other less, and other addication)		*
	·		
		•••••••••••••••••••••••••••••••••••••••	
			

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

OMB No. 1545-0047	2013	Open to Public Inspection	Hilcation number
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Employer Identification number 51-0141815

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

CHUR	HRE							51-0141815	
Part	General Information on Grants and Assistan	on Grants and	Assistance						
₩.	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	in records to subsineard the grants of	stantiate the amou or assistance?	int of the grants or	assistance, the g	rantees' eligibility for	or the grants or assi	× ×	2
2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring	the use of grant fur	nds in the United	States.			2
Part	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	sistance to Go	vernments and received more the	Organizations i	in the United St	ates. Complete in ated if additional	f the organization space is needed.	ts and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, nore than \$5,000. Part II can be duplicated if additional space is needed.	n 990,
1 (a	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	
(£)									
(2)									
6									
(4)									
(2)									
(9)									
ε									
(8)									
(6)									
(10)									
(11)									
(12)									
ი ი	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov yanizations listed	emment organizat in the line 1 table	ions listed in the li	ne 1 table			A A	
For Pa	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instructions	s for Form 990.		Ca	Cat. No. 50055P		Schedule I (Form 990) (2013)	0) (2013)

Schedule I (Form 990) (2013)

BIRTH CERTIFICATES/PICTURE ID'S **VOUCHER PAYMENTS/TOILETRIES** (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. INFORMATION/REFERRALS **UTILITY PAYMENTS** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. **FOOD BAGS** TOILETRIES (e) Method of valuation (book, FMV, appraisal, other) ACTUAL 1155 ACTUAL ACTUAL 213276 1.53/lb 1435 1.53/lb PART 1, LINE 2: INDIVIDUALS ARE SCREENED FOR INCOME GUIDELINES AND AWARDED BENEFITS SET BY CONTRIBUTOR. (d) Amount of non-cash assistance PART 1, LINE 2: AMOUNTS DISTRIBUTED ARE TRACKED AND REPORTED TO THE RESPECTIVE CONTRIBUTOR. 0 (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients 19438 489 332 133 165 72 4 BIRTH CERTIFICTAES/PICTURE ID'S (a) Type of grant or assistance 3 TOILETRIES DISTRIBUTED 6 TOILETRY VOUCHERS 1 FOOD DISTRIBUTED 5 MISCELLANEOUS 2 UTILITIES Part III Part IV

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No. 1545-0047

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization CHURCH RESPONSE

Employer identification number

51-0141815

rau	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1a	Method o			
1 2 3 4 5	Art – Works of art			ronn 990, Fart VIII, line 1g				
6 7 8 9 10 11	Cars and other vehicles Boats and planes Intellectual property Securities—Publicly traded Securities—Closely held stock . Securities—Partnership, LLC, or trust interests							
12 13	Securities – Miscellaneous							
15 16 17 18	Real estate – Residential Real estate – Commercial							
19 20 21 22 23	Food inventory	√	134605	205945	1.53/lb			
24 25 26 27 28	Archeological artifacts Other ▶ (TOILETRIES) Other ▶ () Other ▶ () Other ▶ ()	4	306	467	1.53/lb			
29	Number of Forms 8283 received which the organization completed				29	-	Yes	No
30a	During the year, did the organizati it must hold for at least three year used for exempt purposes for the	rs from the	date of the initial contribu		uired to be	30a		<u>,</u>
ь 31		gift accep				31		Į,
32a			les or related organizations		II noncash	32a		✓
33	If "Yes," describe in Part II. If the organization did not report ar describe in Part II.	n amount in	column (c) for a type of pro	perty for which column (a) i	s checked,			_

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization		Employer identification number				
CHURCH RESPONSE		51-0141815				
PART VI-A, LINE 8a: MONTHLY MEETINGS ARE HELD WITH MINU	ITES TAKEN.					
PART VI-A, LINE 8d: MONTHLY MEETINGS ARE HELD WITH MINUTES TAKEN.						
PART VI-B, LINE 11a: ALL OFFICERS CAN BE REACHED BY MAIL AT THE ORGANIZATION'S ADDRESS.						
PART VI-C, LINE 19: ALL DOCUMENTS ARE OPEN TO THE PUBL						
PART XI, LINE 9: OTHER CHANGES IN ASSETS OR FUND BALAN						
Increased Cash/Savings \$ 23,424						
Contributions to Investment Funds \$ 19,980						
Investment earnings increase \$ 11,130						
Increased Receivables \$ 2,584						
Decrease in inventories (prepaid) (\$ 1,074)						
Increase in accounts payable (\$ 353)	l	······································				
All fixed assets fully depreciated (\$17,392)						
PART XII LINE 1: MODIFIED CASH, INCLUDES INVENTORY AND O	CASH RECEIVABLES.					
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