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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)

OMB No 1545-0047

▶ 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 Inspection

Ã	For th	e 2013 calendar year, or tax year beginning	and	ending		
В	Check if applicab	C Name of organization			D Employer identifi	cation number
Г	Addre	SS CHRISTIAN INFORMATION	SERVICE CENTE	R		
	Name chang				75-1	833519
L	lnitial return	Number and street (or P.O. box if mail is not del	vered to street address)	Room/su	ite E Telephone numbe	er
	Termi ated	P. U. BUA 2021			(936	<u>)634-2857</u>
	Amen	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	465,493.
L	Appli	LUFKIN, IA /3902	<u>_</u>		H(a) Is this a group r	eturn
	pend	F Name and address of principal officer JAN			_ for subordinates	? Yes X No
		151 SUNMEADOW, LUFKIN,	TX 75904		H(b) Are all subordinates i	ncluded? Yes No
1	Tax-ex	empt status X 501(c)(3) 501(c) ()		or 5	27 If "No," attach a	list (see instructions)
		te: ▶ N/A			H(c) Group exemption	n number 🕨
<u>K</u>	Form o	organization: X Corporation Trust As	sociation Other >	L Ye	ar of formation: 1982 i	M State of legal domicile: TX
P	art I	Summary				
ø	1	Briefly describe the organization's mission or most	significant activities SEE	SCHEI	OULE O	
Activities & Governance					· · · · · · · · · · · · · · · · · · ·	
eru	2	Check this box if the organization discor	ore than 25% of its net a	i .		
Š	3	Number of voting members of the governing body	3	18		
ত প	4	Number of independent voting members of the government	4	9		
es	5	Total number of individuals employed in calendar y	5	8		
ΞΞ	6	Total number of volunteers (estimate if necessary)			6	50
Act.	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12		<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form	990-T, line 34		7b	0.
	}			<u> </u>	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		_	855,537.	465,493.
	9	Program service revenue (Part VIII, line 2g)			<u> </u>	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)	L	0.	0.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)	L	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		<u>855,537.</u>	465,493.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	L	282,314.	323,811.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries other compensation, employee benefits (f			102,905.	104,288.
us	16a	Professional fundraising fees (Part X, column (A), I	ine 11e)		<u> </u>	0.
Expenses	b	Total fundraising expenses (Part IX column (D), line	e 25) 🕨	0.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)	L	79,773.	87,700.
	18	Total expenses Add lines 18 17 (must equal Part II	X, column (A), line 25)	L	464,992.	515,799.
	19	Revenue less expenses Subtract line 18 from line	12		390,545 .	-50,306.
Soci				L	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		<u> </u>	<u>1,392,736.</u>	1,342,663.
₹ E	21	Total liabilities (Part X, line 26)			1,698.	1,931.
<u> </u>	22	Net assets or fund balances Subtract line 21 from	line 20	ļ	<u>1,391,038.</u>	1,340,732.
	art II	Signature Block				
		ilties of periury, I declare that I have examined this return,				ry knowledge and belief, it is
true	, corre	t, and complete Declaration of proparer (other than office	r) is based on all information of w	hich prepa		, ,
		L. L. Mun Ummys	· ,			114
Sig		Signature of officer			Date	
He	re	JANICE CUMMINGS, PRESI	DENT			
		Type or print name and title			I Data I a D	
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Pai					self-employ	red
	parer	Firm's name			Firm's EIN	
Use	Only	Firm's address				
		<u></u>			Phone no	
Ma	y the I	RS discuss this return with the preparer shown abo	ve? (see instructions)			Yes No

_	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission
	TO PROVIDE NEED BASED ASSISTANCE TO AREA RESIDENTS FOR FOOD, MEDICAL
	NEEDS, UTILITIES, CHILDREN'S SCHOOL NEEDS, ETC.
	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported
1	(Code) (Expenses \$ 166,512. including grants of \$ 166,512.) (Revenue \$ FOOD PROVIDED - APPROXIMATELY 160,000 PEOPLE SERVED
_	(Code) (Expenses \$148,530 . including grants of \$148,530 .) (Revenue \$
	UTILITIES ASSISTANCE - APPROXIMATELY 5,200 PEOPLE SERVED
	VIIII I I I I I I I I I I I I I I I I I
	(Code) (Expenses \$
	(Code) (Expenses \$ 3,479. including grants of \$ 3,479.) (Revenue \$ TRANSPORTATION ASSISTANCE - APPROXIMATELY 240 PEOPLE SERVED
	(Code) (Expenses \$3,479. including grants of \$3,479.) (Revenue \$
	(Code) (Expenses \$3,479. including grants of \$3,479.) (Revenue \$
	(Code) (Expenses \$ 3,479. including grants of \$ 3,479.) (Revenue \$ TRANSPORTATION ASSISTANCE - APPROXIMATELY 240 PEOPLE SERVED
	(Code) (Expenses \$3,479. including grants of \$3,479.) (Revenue \$
	(Code) (Expenses \$
	(Code) (Expenses \$
	(Code) (Expenses \$\frac{3,479.}{479.} including grants of \$\frac{3,479.}{240 PEOPLE SERVED}
	(Code) (Expenses \$
	(Code) (Expenses \$ 3,479. including grants of \$
<u> </u>	TRANSPORTATION ASSISTANCE - APPROXIMATELY 240 PEOPLE SERVED Other program services (Describe in Schedule O)
	TRANSPORTATION ASSISTANCE - APPROXIMATELY 240 PEOPLE SERVED

17571105 746848 CISC

Form 990 (2013) CHRISTIAN IN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1_	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			1
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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	_	<u>X</u>
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	_	<u>X</u> -
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		v	
_	Part VI	11a	X	
D	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	441		v
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		X
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		x
А	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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	- 21	_
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			_ -
	Schedule D, Parts XI and XII	12a		x
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	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		X
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		_X_
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		<u>X</u>
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013)

Form 990 (2013) CHRISTIAN INFORMAT
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 organization or			
•	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	X	
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, 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		X
b_	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	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		X
þ	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		X
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		X
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		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
22	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	00		v
24	•	33		_X_
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		Х
252	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		Λ
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
55	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	30		41
J.	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?	3,		-22
	Note. All Form 990 filers are required to complete Schedule O	38	x	
	Topics and the second and topics		990 (2012
		1 01111	550 (اںع

Pai	t 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				لبا
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable	1a 0			1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<u>1b</u> 0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			1
_	(gambling) winnings to prize winners?	1 1	1c		-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 8			1
	filed for the calendar year ending with or within the year covered by this return			х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returned by the sum of least 1a and 2a is greater than 250 years may be required to a file (see path interest).		2b_		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction Did the organization have unrelated business gross income of \$1,000 or more during the year?	s)	20		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	_3a - 3b-		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		- 30-		<u> </u>
44	financial account in a foreign country (such as a bank account, securities account, or other financial	-	4a		X
h	If "Yes," enter the name of the foreign country	accounty.	70		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accounts			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	1000amo	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		х
b	if "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts			
	were not tax deductible?	_	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			1
	to file Form 8282?	1	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		ļ
g	If the organization received a contribution of qualified intellectual property, did the organization file F	·	7 <u>g</u>		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			. !	
	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.				ĺ
a	Did the organization make any taxable distributions under section 4966?		9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	140-1		1 1	
a	Initiation fees and capital contributions included on Part VIII, line 12 Green receipts, included on Form 900. Part VIII, line 12 for public use of club facilities.	10a			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter	10b			
'' a	Gross income from members or shareholders	11a			
a h	Gross income from other sources (Do not net amounts due or paid to other sources against	T T T T T T T T T T T T T T T T T T T			
Ü	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	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.				
	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				1
	organization is licensed to issue qualified health plans	13b			1
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		
_			Form	990	(2013)

Form 990 (2013) CHRISTIAN INFORMATION & SERVICE CENTER 75-1833519 Page Part VI 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

	to the day say in the determination of the distributions of the distribu			
S'a a	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			1
			Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year 18			
	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 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			7.7
_	officer, director, trustee, or key employee?	2		<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		v
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v
_	more members of the governing body?	7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			17
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1	77	
	The governing body?	_8a_	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			77
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
40	Did the appropriate of the character of		Yes	No
	• • • • • • • • • • • • • • • • • • • •	10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		v
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b 40-	Describe in Schedule O the process, if any, used by the organization to review this Form 990			77
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
40	in Schedule O how this was done	12c		37
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
10a	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		<u> </u>
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			
C	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ion 🕨	·	
	CHRISTIAN INFORMATION SERVICE CTR - (936) 634-2857	<u> </u>		
	501 S. ANGELINA, LUFKIN, TX 75901			

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 Part 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 organi (A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	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) JANICE CUMMINGS	1.00									
PRESIDENT		X		X				0.	0.	0 .
(2) WILLIAM C. ROYLE	1.00	l								
TREASURER	20.00	X		X		-		0.	0.	0.
(3) LINDA SMELLEY	30.00							25 510		
EXECUTIVE DIRECTOR	1 00	X	 -		_			37,712.	0.	0.
(4) TENNY BRADEN	1.00	X						0.	_	
DIRECTOR (5) KEN JEFFREY	1.00	Δ					<u> </u>	U •	0.	0.
DIRECTOR	1.00	X						0.	0.	0,
(6) ANDY DUPRE	1.00	^			-		_	0.	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(7) JERRY SPANN	1.00									
VICE PRESIDENT		X		х				0.	0.	0.
(8) YULONDA RICHARDS	1.00									
SECRETARY		X		X				4,400.	0.	0.
(9) ROGER HIGHTOWER	1.00									
DIRECTOR		X						0.	0.	0.
(10) GLENDA HIGHTOWER	1.00									
DIRECTOR		X						0.	0.	0.
	 -					ļ				
	-	-								
		 								
		1								
								-		
										_
									-	

		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a		-			
G of	b	Membership dues	1b					
An An	c	: Fundraising events	1c					}
真	d	•	1d					
Sig.		Government grants (contribut						
e E	f	All other contributions, gifts, gran	[]	465 400				
들		similar amounts not included abo		465,493.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines	s 1a-1 <u>f</u> \$		465 403	-		-
0 8	n	Total, Add lines 1a-1f	.	Business Code	465,493.			
a	2 a			Business Code				1
Ş K	b						·- ·-	-
Program Service Revenue	c							
e an	d				• •			
P. G.	е							
۳	f	All other program service reve	enue					
		Total. Add lines 2a-2f		>			· · · · · · · · · · · · · · · · · · ·	
	3	Investment income (including	dividends, intere	est, and]		
		other similar amounts)		▶				
	4	Income from investment of ta	x-exempt bond p	proceeds 🕨				
	5	Royalties		•				
		_	(ı) Real	(II) Personal				
	6 a		-					
		Less rental expenses						
		Rental income or (loss) Net rental income or (loss)		l				
		Gross amount from sales of	(i) Securities	(II) Other			·	<u> </u>
	, a	assets other than inventory	(I) Gecumes	(ii) Other				
	b	Less cost or other basis						
	_	and sales expenses		ļ				
	С	Gain or (loss)						
[d	Net gain or (loss)						
a)	8 a	Gross income from fundraisin	g events (not					
eun		ıncludıng \$	of					
3e		contributions reported on line	1c) See					
Other Revenu		Part IV, line 18	а					
		Less direct expenses	b					
		Net income or (loss) from fund	•					
	9 a	Gross income from gaming ac		ĺ				
	L	Part IV, line 19	а					
		 Less direct expenses Net income or (loss) from gam 	b nna activities	—				
1		Gross sales of inventory, less	-		· · · · · · · · · · · · · · · · · · ·			
	10 a	and allowances	а					
	b	Less cost of goods sold	b		,			
		Net income or (loss) from sale	-	•	l			
Ì		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶				
332009	12	Total revenue. See instructions.			465,493.	0.	0.	0.
10-29-	13							Form 990 (2013)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b. Program service Fundraising Managèment and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 323,811. 323,811 the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 42,112 42,112. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 54,576 54,576 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 7,600. 7,600. Payroll taxes 10 Fees for services (non-employees) a Management **b** Legal Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 4,180 4,180. Office expenses 13 14 Information technology Royalties 15 Occupancy 16 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates 38,941 38,941 22 Depreciation, depletion, and amortization Insurance 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 0.) 20,243 20,243 a UTILITIES 9,258 9,258 INSURANCE c REPAIRS & MAINTENANCE 4,170 4,170. 3,558 3,558 d AUTO MILEAGE REIMBURSEM 7,350 7,350 e All other expenses 515,799 323,811 0. Total functional expenses Add lines 1 through 24e 191,988 25 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 ıf following SOP 98-2 (ASC 958-720)

CHRISTIAN INFORMATION & SERVICE CENTER 75-1833519 Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 317,054. 122,708. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 instr) Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 1,549,422 basis Complete Part VI of Schedule D 10a 329,467 925,682. 1,219,955. 10c b Less accumulated depreciation 10b 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 14 150,000 0. 15 Other assets See Part IV, line 11 15 ,392,736. Total assets. Add lines 1 through 15 (must equal line 34) 342,663. 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of <u>1,9</u>31. Schedule D 1,698. 25 1,698. 1.931. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 28,190. 20,862. 27 Unrestricted net assets 27 101,846. 288,863. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30

> 1,342,663. Form 990 (2013)

> 1,340,732.

31

32

33

1,391,038.

1,392,736.

31

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8	<u>Form</u>	990 (2013) CHRISTIAN INFORMATION & SERVICE CENTER	75-1	833519	Page 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 -50, 306. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1, 391, 038. 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0, Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	Pa				
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Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (8)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No	8	Prior period adjustments	8		
Column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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 Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b Text Text	9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
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Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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 If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_	
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 Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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 If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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 If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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 If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
b Were the organization's financial statements audited by an independent accountant? 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 If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		separate basis, consolidated basis, or both			
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consolidated basis, or both 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	b	Were the organization's financial statements audited by an independent accountant?		2b	X
Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		consolidated basis, or both		li	
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		Separate basis Consolidated basis Both consolidated and separate basis			
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Act and OMB Circular A·133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit	:	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		Act and OMB Circular A-133?	-	3a	X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		
Form 990 (2013		or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			<u> </u>	Form	990 (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.

► Attach to Form 990 or Form 990-EZ.

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.

Open to Public Inspection

OMB No 1545-0047

Name of t	the organizat	ion				-		E	mployer	ıdentıficatı	on nur	nber
		CHRISTI	AN INFORMATI	ON &	SERVI	CE CE	NTER		7	5-1833	519	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	t) See inst	tructions				
The organ	ization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	ox)					
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2 🗔	A school des	cribed in section 17	'0(b)(1)(A)(II). (Attach Sc	hedule E)								
з 🗀	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).					
4 🔲	A medical re	search organization (operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(i	iii). Enter	the hospital	i's name	e,
	city, and stat	te							_		-	
5- 🗔	An organizat	ion operated for the	benefit of a college or ui	niversity o	wned or or	perated by	a governi	mental un	nt describ	ed in		
	section 170	(b)(1)(A)(ıv). (Comple	ete Part II)									
6	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(I)(A)(v).					
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	e general	public desc	ribed in	n
	section 170	(b)(1)(A)(vi). (Comple	te Part II)									
8 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗌	An organizat	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembersh	ıp fees, a	nd gross re	ceipts f	from
	activities rela	ited to its exempt fur	nctions - subject to certa	ın exceptı	ons, and (2	2) no more	than 33 1	1/3% of it	s support	from gross	investr	ment
	income and i	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the org	anızatıon	after June 3	30, 197	5
	See section	509(a)(2). (Complete	Part III)									
10 🔲	An organizat	ion organized and op	perated exclusively to te	st for publ	lic safety S	See sectio	n 509(a)(4	4) .				
11 🗔	An organizat	ion organized and op	perated exclusively for the	ne benefit	of, to perfo	orm the fui	nctions of,	or to car	ry out the	purposes o	of one o	or
	more publicly	y supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2) See see	ction 509	(a)(3). Ch	eck the box	that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h						
	a Type	! b	ype II c T	ype III - Fu	nctionally	ıntegrated	C	ı 🔲 Tyı	oe III - No	n-functional	ly integ	rated
е 📖	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more dis	squalified	persons oth	ner thar	n
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or	section 509	}(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				_
	supporting o	rganization, check th	nis box									
g	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing pei	rsons?			
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	jether with	persons o	lescribed	ın (ıı) and	(III) below	,	Yes	No
	the gov	erning body of the si	upported organization?							11g(i)	\longrightarrow	
	(ii) A family	member of a persor	n described in (i) above?	1						11g(ii)	1	
	• •	•								11g(iii)	$\perp \perp$	
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)							
		T	T		_			1				
(i) Name	of supported	(ii) EIN	till i spe of organization					l (vi) l	s the	(vii) Amoun	t of mon	ietary
orga	anızatıon							(i) organi	zed in the	sup	port	
					1		ī	 				
			, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No			
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	<u>.</u>											
								 	-			
								1				
		By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than oundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) if the organization received a written determination from the IRS that it is a Type II, Type III, 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? ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? iii) A family member of a person described in (i) above? iiii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization (s) (iv) Is the organization in col. (vii) Amount of monetary organization in col. (viii) Amount of monetary organization in col.										
Tata!								[
Total	Panerwork Pa	duction Act Notice	see the Instructions 5	or .		<u> </u>	L	Schody	le A (Ec-	m 990 or 0		2012
CIP FUI F	SPEI MOIK LIG	auction ACL NUICE	, 366 いた いちばなしいがち	U				JULIEUU	15 M (FUI)	ハーフラン ひに めき	70"LL	-UIJ

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013 CHRISTIAN INFORMATION & SERVICE CENTER 75-1833519 Page 2

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)

Sè	ction A. Public Support					<u> </u>	
Cale	ndar 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 ")	287,723.	267,479.	301,427.	266,499.	315,493.	1438621.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					:	
	or expended on its behalf			<u> </u>			
3	The value of services or facilities						
	furnished by a governmental unit to					-	
	the organization without charge	005 500	0.65 450	201 105	0.5.5 400	245 402	1122601
_	Total. Add lines 1 through 3	287,723.	267,479.	301,427.	266,499.	315,493.	1438621.
5	,						
	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.	ļ					
	column (f)						0 046
_	• • • • • • • • • • • • • • • • • • • •					/ /	8,846. 1429775.
	Public support. Subtract line 5 from line 4 ction B. Total Support				<u> </u>		1449775.
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	287,723.	267,479.	301,427.	266,499.	315,493.	1438621.
8	Gross income from interest,	10.,.10.	20,72,30		20071331	010,1500	1100011
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		189.				189.
9	Net income from unrelated business						1051
-	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				· · · · ·		1438810.
	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a sectio		
	organization, check this box and stor	p here			•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.37 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	97.54 %
16a	33 1/3% support test - 2013. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		ū				$\triangleright [X]$
b	33 1/3% support test - 2012. If the o	-			line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual		•				
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac			•	•	t IV how the organ	lization
	meets the "facts and circumstances"	_	•		•		لــا 🔻
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				•		,
40	organization meets the "facts-and-circ		-	•	• • • •		· ►
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 160, 1/a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990 EZ) 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

Section A. Public Support	ow, picase com	pictor art ir j				
Calendar 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 ")						
2 Gross receipts from admissions,					· · · · · · · · · · · · · · · · · · ·	
merchandise sold or services per-						
formed, or facilities furnished in					1	
any activity that is related to the						
organization's tax-exempt purpose	ч		 		<u> </u>	
3 Gross receipts from activities that		_		_	_	
- are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-				İ		
ızatıon's benefit and either paid to						
or expended on its behalf				,		
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5				· · · · · · · · · · · · · · · · · · ·		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b			<u> </u>			
8 Public support (Subtract line 7c from line 6)		<u> </u>				
Section B. Total Support						
alendar year (or fiscal year beginning in) ► 🔼	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6					1.	
Oa Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources					1	
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975					1	
· · · · · · · · · · · · · · · · · · ·					 	
c Add lines 10a and 10b					-	
1 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 lines 9, 10c, 11, and 12)						
4 First five years. If the Form 990 is for the	ne organization'	s first, second, thi	rd. fourth. or fifth ta	ax vear as a section	on 501(c)(3) organiz	ation.
check this box and stop here	J	,		,		
Section C. Computation of Public	Support Pe	rcentage	•		<u>.</u>	
5 Public support percentage for 2013 (line			column (fi)		15	
6 Public support percentage from 2012 S		•	(1)		16	
ection D. Computation of Invest					<u> </u>	
				<u>. </u>	47	
7 Investment income percentage for 2013			15, COIGITITI (I))		17	
8 Investment income percentage from 20		•	h 44 : 11	46	18	7
19a 33 1/3% support tests - 2013. If the or	-					/ is not
more than 33 1/3%, check this box and	•	•	•	• • •		▶∟
b 33 1/3% support tests - 2012. If the or	rganization did r	not check a box or	i line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, check	this box and s	top here. The org	anization qualifies	as a publicly supp	orted organization	▶□
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	▶

art IV	Supplemental	Information. P	rovide the	explanations	s required by	Part II, line	10, Part	11, line 17a	or 17b, and	Part III, line	12
	Also complete this	part for any addition	onal informa	ation (See in	nstructions)						
		<u></u>		1000	,	-					
											
											
		-									
							-		-		
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	•										
											
							_	_			_

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.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Nam	e of the organization		Employer identification number
D-	CHRISTIAN INFORMAT	TION & SERVICE CENTER	75-1833519
Pa			or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iir		0.55
		(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)	ļ	
4	Aggregate value at end of year	<u></u>	
5	Did the organization inform all donors and donor advisors in		· · · · · · · · · · · · · · · · · · ·
	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor	•	•
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	
Pai	impermissible private benefit? t II Conservation Easements. Complete if the or	reanization answered "Ves" to Form 990. Bad	Yes No
1	Purpose(s) of conservation easements held by the organiza		117, 1116 7.
•	Preservation of land for public use (e.g., recreation or	· —	rically important land area
	Protection of natural habitat	Preservation of a certifie	• •
	Preservation of open space	Treservation of a certifie	a mistoric structure
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of	a conseniation easement on the last
_	day of the tax year	med conservation contribution in the form of	a conservation easement on the last
	day of the tax your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic st	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired	• •	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	
	year >		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements durir	ng the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	e year ▶ \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)((4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	e organization's accounting for
Day	conservation easements	(4) 11: 1 : 1 T	<u> </u>
Par	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" to Form		
ıa	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		e of public service, provide, in Part XIII,
L	the text of the footnote to its financial statements that describe accompation elected, as permitted under SEAS 116 (A		and the leaves at the section of the section of
ь	If the organization elected, as permitted under SFAS 116 (A treasures, or other similar assets held for public exhibition, e		·
	relating to these items	ducation, or research in furtherance of public	service, provide the following amounts
			▶ ¢
			► \$ ► \$
2	(ii) Assets included in Form 990, Part X	ageuroe, or other similar assets for fine and as	
2	If the organization received or held works of art, historical tre	_	ani, provide
_	the following amounts required to be reported under SFAS a	i to (ASC 936) relating to these items	•
a	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		• •
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2013

		AN INFORMA							33519	
Pai	t III Organizations Maintaining C									
3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of the	following the	at are a s	significant	use of its	collection i	tems
	(check all that apply)									
а	Public exhibition	•			change progr					
b	Scholarly research	•	• 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	•		•	•			ose in Par	t XIII	
5	During the year, did the organization solicit of					ner sımıla	r assets		_	
Das	to be sold to raise funds rather than to be m								_ Yes	<u> </u>
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organization	on answered	"Yes" to	Form 990), Part IV,	line 9, or	
			-l				l d d			
па	Is the organization an agent, trustee, custod on Form 990, Part X?	ian or other interme	diary for	contributio	ns or other a	ssets no	ıncıuaea		٦٧	
_	·	and complete the fo			-	-	-	<u>_</u>	∐ Yes	L No
Đ	If "Yes," explain the arrangement in Part XIII	and complete the it	ollowing	table					A	
_	Beginning balance						4-	-	Amount	
	Additions during the year						1c 1d	<u> </u>		·
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990 Part X line	212						Yes	☐ No
	If "Yes," explain the arrangement in Part XIII			on has beer	n provided in	Part XIII			03	
Par							10			
		(a) Current year	_	Prior year				years back	(e) Four ye	ears back
1a	Beginning of year balance			_				•		
b	Contributions	:								
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%								
3а	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administ	ered for t	the organi	zation	_	
	by									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
	If "Yes" to 3a(ii), are the related organization:	•							_3b	
4 Da	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	funds						
I ai	Complete if the organization answere) Part IV	/ line 11a S	Soo Form 900) Dort Y	lino 10			
	Description of property	(a) Cost or o		<u> </u>	t or other	i i		- I	(d) Doole	<u> </u>
	Description of property	basis (investi		, , ,	(other)	, , ,	ccumulate preciation		(d) Book v	value
	Land	2433 (1146311			20,532.	"	production	+	120	,532.
					28,432.		243,9	52	1,084	
	Buildings Leasehold improvements			1,32	.0,434.	-	443,3	J4 •	1,004	<u>, 400 •</u>
	Equipment					 				
	Other		<u>-</u>	1 (0,458.		85,5	15.	14	,943.
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colur			·	55,5	<u> </u>		$\frac{1955}{1955}$
			,		1-77					<u></u>

Schedule D (Form 990) 2013

332053 09-25-13

20

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

17571105 746848 CISC

Schedule D (Form 990) 2013

	dule D (Form 990) 2013 CHRISTIAN INFORMATION & S	ERVICE CENTER	75-1833519 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue pe	r Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	?a	
1	Total revenue, gains, and other support per audited financial statements		1
Ž	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	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	
b	Other (Describe in Part XIII)	4b	→
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
Pai	t XII Reconciliation of Expenses per Audited Financial State	-	ber Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	a.	
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	1 - 1	
а	Donated services and use of facilities	2a	-
b	Prior year adjustments	2b	
С.	Other losses	2c	<u> </u>
d	Other (Describe in Part XIII)	_2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1		3
4		40	
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4a	
b	Add lines 4a and 4b	4b	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		4c 5
_	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ad		

332054 09-25-13

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2013

Open to Public

Inspection

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

▶ Attach to Form 990.

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

Employer identification number 75-1833519			X Yes No		orm 990, Part IV, line 21, for any	(g) Description of (h) Purpose of grant non-cash assistance or assistance				A A	Schedule I (Form 990) (2013)
		le grants or assistance, the grantees' eligibility for the grants or assistance, and the selection			nization answered "Yes" to F	(f) Method of valuation (book, PMV, appraisal, other)					
~		e grantees' eligibility		ed States	Complete if the orga	(e) Amount of non-cash assistance					i.
SERVICE CENTER		s or assistance, the	:	of grant funds in the United States	ne United States. ((d) Amount of cash grant				he line 1 table	
ત્ર		amount of the grant	,	oring the use of gran	d Organizations in the	(c) IRC section if applicable				ganizations listed in t	ions for Form 990.
CHRISTIAN INFORMATION	ind Assistance	to substantiate the	stance?	ocedures for monit	Governments and \$5 000 Part II can	(b) EIN				nd government or s listed in the line	, see the Instruct
Name of the organization CHRISTIAN	Part I General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of th		》	Fart II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any received more than \$5,000. Part II can be duplicated if additional space is needed.	1 (a) Name and address of organization or government				 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 	ا ہـ ا

Schedule I (Form 990) (2013)

Page 2

75-1833519

(Form 990) (2013) CHRISTIAN INFORMATION & SERVICE CENTER

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

Part III

(f) Description of non-cash assistance (book, FMV, appraisal, other) _ Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance 0 0 o 0. 3.479. 148,530, 166,512, 5,290 (c) Amount of cash grant (b) Number of recipients 5200 240 500 160000 (a) Type of grant or assistance VARIOUS MISCELLANEOUS ASSISTANCE GAS / TRANSPORTATION ASSISTANCE ASSISTANCE WITH UTILITY BILLS PROVISION OF FOOD

Schedule I (Form 990) (2013)

23

332102 10-29-13

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.

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** CHRISTIAN INFORMATION & SERVICE CENTER 75-1833519 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO PROVIDE NEED BASED ASSISTANCE TO AREA RESIDENTS FOR FOOD, MEDICAL NEEDS, UTILITIES, CHILDREN'S SCHOOL NEEDS, ETC. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: MISC. ASSISTANCE - APPROXIMATELY 500 PEOPLE SERVED EXPENSES \$ 5,290. INCLUDING GRANTS OF \$ 5,290. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: FORM 990 IS REVIEWED BY THE ORGANIZATION'S PRESIDENT PRIOR TO FILING. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

4562 Form

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property) See separate instructions.

▶ Attach to your tax return.

990

OMB No 1545-0172

Name(s) shown on return Business or activity to which this form relates Identifying number CHRISTIAN INFORMATION & SERVICE CENTER FORM 990 PAGE 10 75-1833519 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 3 000.000. 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 1,195. the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III | MACRS Depreciation (Do not include listed property) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2013 30,239 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period (a) Classification of property (husiness/investment use (e) Convention (f) Method (g) Depreciation deduction only - see instructions) 3-year property 19a b 5-year property 7-year property 1,194. 7 YRS. $_{
m SL}$ 85. c 10-year property d 15-year property е f 20-year property 25-year property 25 yrs S/L g 27 5 yrs MM S/L h Residential rental property ММ S/L 27 5 yrs 02/13 330,824 7,422 MM S/L 39 vrs i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System Class life 20a S/L b 12-year 12 yrs S/L 40-year 40 yrs MM S/L Part IV Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 38,941. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 22 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

316251 12-19-13 LHA For Paperwork Reduction Act Notice, see separate instructions.

23

Form 4562 (2013)

<u>P</u>	m 4562 (2013)								CE CE						Page 2
	Listed Proper amusement)	rty (Include a	utomobiles, ce	ertain oth	er vehic	les, cert	ain com	puters,	, and prop	erty us	ed for er	ntertainm	nent, rec	reation,	Or
	Note: For any	vehicle for wi	hich you are u	sing the	standaro	l mileage	e rate or	deduc	ting lease	expens	se, comp	lete onl y	/ 24a, 24	1b, colur	nns (a)
-	through (c) of														
_			on and Other			$\overline{}$	$\overline{}$	7 7						٦., ٦	<u></u>
242	Do you have evidence to	(b)	(c)	nt use cia	imea	<u> </u>		_ No	24b lf "Y	_				_ Yes ∟	<u> No</u>
	(a) Type of property	Date	Business/		(d)	Bas	(e) s for depre	ciation	(f) Recovery		(g) thod/	1 '	h) ciation		(ı) cted
	(list vehicles first)	placed in service	investment use percentag	l oti	Cost or ner basis	(bus	iness/inve	stment	period		vention		iction	section	n 179
_	0				-11									CC	ost
5	Special depreciation all			property	placed	ın servic	e durino	the ta	x year an	đ					
_	used more than 50% in Property used more that			200 1100					_		25	l		<u> </u>	-
20	Property used more tha	1 30% 11 a c	1			1		$\overline{}$				1			
	<u></u>	 		6							-				
_		-		6								 			
	Property used 50% or I	lece in a quali				L						<u> </u>			
.,	Tioperty used 50% of 1	ess iii a quaii		6						S/L		Ι			
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00	Add amounts in column	/h) lines 25			and on	line 21	page 1			3/L ·	20	ļ	_		
	Add amounts in column		=				page				28		29		
9	Add amounts in column	1 (1), 11110 20 E		ection E			on Uco	of Vob					29		
۰,	nplete this section for ve	objeles used	_							r rolato	d noroon	. If vou	roudod	واميطميرا	_
	our employees, first ans			-							•				>
υ,	our employees, mst ans	swer trie ques	stions in Section	on C to s	ee ii yot	i ineet a	ii excep	uon to	completi	ig triis s	section it	oi tiiose	verlicles		
				(a	,	0)		(c)	,	d)	1		(1	<u> </u>
พ	Total business/investment	miles driven d	uring the	Veh		-	ıcle	ł	ehicle		hicle	1	ncle	Veh	
~	year (do not include com		aring the	***	1010	V 011	1010	- **	, more	¥ C1	IIOIC	V C1	iloic	VOII	1010
1	Total commuting miles		the vear												
	Total other personal (no	•	•									 			
	driven	mooning	, mes												
33	Total miles driven during	a the year													
~	Add lines 30 through 32														
24	Was the vehicle availab		aluse	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
_	during off-duty hours?	no non ponocin	u. 000	100	-110	103	110_	103	110	103	110	103	110	163	
35	Was the vehicle used p	rimarily by a	more						1						
-	than 5% owner or relate														
36	is another vehicle availa	•	onal						-						
	To distance versions divasie			l .		i									
	use?	p													
	use?	·		or Empl	overs W	ho Prov	ude Vet	icles f	or Use h	/ Their	Employe	205			
		Section C	- Questions f										re not m	ore than	5%
	wer these questions to	Section C	- Questions f										e not m	ore than	5%
w	wer these questions to ners or related persons	Section C	- Questions f you meet an e	xception	to comp	oleting S	Section (3 for ve	hicles us	ed by e	mployee	s who ar	e not m	1	<u> </u>
w	wer these questions to ners or related persons Do you maintain a writte	Section C	- Questions f you meet an e	xception	to comp	oleting S	Section (3 for ve	hicles us	ed by e	mployee	s who ar	re not m	ore than	5% No
37	wer these questions to ners or related persons Do you maintain a writte employees?	Section C determine if y	- Questions f you meet an e	xception ohibits a	to comp	oleting S nal use o	Section (3 for ve	thicles us	ed by ei	mployee , by you	s who ar	e not m	1	1
37	wer these questions to ners or related persons Do you maintain a writte employees? Do you maintain a writte	Section C determine if y en policy state	- Questions f you meet an e tement that protection	ohibits p	to comp	oleting S nal use o use of v	Section (3 for vees, inclu	thicles us uding con	ed by ei	mployee , by you	s who ar	e not m	1	1
37 38	wer these questions to ners or related persons Do you maintain a writte employees? Do you maintain a writte employees? See the ins	Section C determine if y en policy state en policy state structions for	- Questions f you meet an e dement that protected that prove the control of the c	ohibits a	to comp Il persor ersonal orate off	oleting S nal use o use of v	Section (3 for vees, inclu	thicles us uding con	ed by ei	mployee , by you	s who ar	e not m	1	<u> </u>
37 38 39	wer these questions to hers or related persons Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v	Section C determine if y en policy state en policy state structions for vehicles by er	- Questions f you meet an e tement that pro- tement that pro- vehicles used imployees as p	ohibits a ohibits p by corp	to comp Il person ersonal orate off use?	oleting S nal use of use of vi	Section for the section for the section for the sections, in the sections, in the section for	es, inclues except or 1%	commut or more o	nmuting	mployee , by you	s who ar	re not m	1	<u> </u>
37 38 39	wer these questions to hers or related persons. Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more th	Section C determine if y en policy state en policy state structions for vehicles by er an five vehic	- Questions f you meet an e tement that pro- tement that pro- vehicles used imployees as p les to your em	ohibits a ohibits p by corp ersonal u ployees,	to comp Il person ersonal orate off use? obtain i	oleting S nal use of use of vi	Section for the section for the section for the sections, in the sections, in the section for	es, inclues except or 1%	commut or more o	ng, by y	mployee , by you	s who ar	e not m	1	<u> </u>
37 38 39	wer these questions to hers or related persons. Do you maintain a writte employees? Do you maintain a writte employees? See the instance to you treat all use of voo you provide more that he use of the vehicles,	Section C determine if y en policy state en policy state structions for yehicles by er an five vehic and retain th	- Questions f you meet an e tement that pro- tement that pro- vehicles used imployees as p les to your em the information	ohibits a ohibits p by corp ersonal u ployees,	to comp ll person ersonal orate off use? obtain i	use of voticers, di	f vehicles, rectors,	es, incluexcept or 1%	commut or more o	ng, by y	mployee , by you	s who ar	e not m	1	<u> </u>
37 38 39	wer these questions to hers or related persons. Do you maintain a writte employees? Do you maintain a writte employees? See the instance of you treat all use of you pou provide more that he use of the vehicles, Do you meet the require	Section C determine if yen policy state structions for yehicles by erian five vehicles and retain the ments concerning.	- Questions f you meet an e tement that provenicles used imployees as peles to your em the information terning qualifier	ohibits a ohibits p by corp ersonal t ployees, received	to comp Il person ersonal orate ofi use? obtain i	poleting S all use of visit of the control of the	f vehicles, irectors, on from	es, incluexcept or 1% your e	chicles us uding con commut or more o	nmuting ng, by yowners	mployee , by you	s who ar	e not m	1	,
37 38 39 40	wer these questions to hers or related persons. Do you maintain a writte employees? Do you maintain a writte employees? See the instance of you treat all use of you provide more that he use of the vehicles, Do you meet the require Note: If your answer to	Section C determine if yen policy state structions for yehicles by erian five vehicles and retain the ments concerning.	- Questions f you meet an e tement that provenicles used imployees as peles to your em the information terning qualifier	ohibits a ohibits p by corp ersonal t ployees, received	to comp Il person ersonal orate ofi use? obtain i	poleting S all use of visit of the control of the	f vehicles, irectors, on from	es, incluexcept or 1% your e	chicles us uding con commut or more o	nmuting ng, by yowners	mployee , by you	s who ar	e not m	1	<u> </u>
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