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Return of Organization Exempt From Income Tax

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

For the 2014 calendar year, or tax year beginning 20 14 2014, and ending December 31 January 1 C Name of organization CHURCH RESPONSE D Employer identification number Check if applicable Address change Doing business as 51-0141815 Number and street (or P.O. box if mail is not delivered to street address) Boom/suite E Telephone number ■ Name change Initial return 605-342-5360 30 MAIN STREET City or town, state or province, country, and ZIP or foreign postal code Final return/terminate G Gross receipts \$ Amended return RAPID CTY, SD 57701 H(a) is this a group return for subordinates? Yes No F Name and address of principal officer Application pending JAN DOWLIN 1524 S KEPP CT, RAPID CITY SD 57701 H(b) Are all subordinates included? Tyes Do If "No," attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 501(c)(3) 501(c) (Tax-exempt status Website: ▶ churchresponse.nationbuilder.com H(c) Group exemption number ▶ 1972 | M State of legal domicile Form of organization
☐ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation SD Part I Summary Briefly describe the organization's mission or most significant activities: TEMPORARY ASSISTANCE FOR THE NEEDY Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 12 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 3 Total number of volunteers (estimate if necessary) 6 18 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Expenses C JUN Revenue 015 Current Year Contributions and grants (Part VIII, line 1h) . 323385 352086 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 3995 13448 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 41360 24699 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 378193 380780 Grants and similar amounts paid (Part IX, column A), Ines 153 239153 285366 Benefits paid to or for members (Part IX, column (A), line 4) O Salaries, other compensation, employee benefits (Part IX, column (A), lin 15 65959 70703 Professional fundraising fees (Part IX, commn (A) Aine 1 6) 2015 Total fundraising expenses (Part IX, column (D), line 25) ▶ ε × Other expenses (Part IX, column (A), lines 11a-11d 111 24e) 17 48778 30151 18 Total expenses. Add lines 13-17 (must equal Partix, column 353890 386220 19 Revenue less expenses. Subtract line 18 from line 12 24303 (5440)End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 276497 287318 21 Total liabilities (Part X, line 26) . 1236 1117 22 Net assets or fund balances. Subtract line 21 from line 20 275261 286201 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

	Jan Dowlin		x		$\bar{\lambda}$
Sign Here	Signature of officer TAN DOWLIN P Type or print name and title	RESIDENT		Date 4-29-2015	χ
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	
Use Only	Firm's name ►		Fi	rm's EIN ▶	
030 O.ny	Firm's address ▶	P	hone no		
May the IRS	discuss this return with the preparer s	shown above? (see instructions)		Yes No	
For Paperwo	rk Reduction Act Notice, see the separa	ite instructions.	Cat No. 11282Y	Form 990 (201	4

Form 9	90 (2014)
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TEMPORARY ASSISTANCE FOR THE NEEDY
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	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?
4	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 I expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 386220 including grants of \$) (Revenue \$ 380780)
-	DURING 2014, CHURCH RESPONSE DISTRIBUTED 9,837 BAGS OF FOOD, PROVIDED UTILITIES, TOILETRIES, VOUCHERS FOR THE PURCHASE OF TOILETRIES, AND OTHER ASSISTANCE TO FAMILIES, AND MADE 10,423 CLIENT CONTACTS.
4b	(Code: \(\sum_{\text{Expanses}} \text{\$\text{\$\text{\$}}}\)
40	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ Including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 386220

Part	IV Checklist of Required Schedules			Page
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	, white a second		***
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			√
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	12a	_	√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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		√
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> </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 (see instructions)	17		·
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		<u>·</u> ✓
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		<u> </u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>√</u>
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		, , ,	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓ ✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	1	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<i>y</i>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>·</u>
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		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		✓
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	-	•
			n 990	(2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		<u>. L</u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4	i.	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
•	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a		10	<u>. * </u>	
		3	,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	1-5	-	 ,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	l	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ļ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	*.	7.	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	نَدْدٍ رَ		
	(FBAR).			,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u></u> _
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	Ney.	
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 services provided to the payor?	20 a 2	***	, ^}
L	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		-
b	Did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
•	required to file Form 8282?	7c		/
d	If "Yes," indicate the number of Forms 8282 filed during the year	76	2521	V
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	- **	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Ť
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	*		
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12]*^	\$	>9
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_	,	
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	_	. 4	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them.)	 ` -		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	↓ , ∤		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-	\dashv	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1 l		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		- -
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			_
Sacti	Check if Schedule O contains a response or note to any line in this Part VI	-:-:	<u> </u>	. ⊻
Secu	on A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		. 3	\$. 613
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	✓ ×	**************************************
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		/ _
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	30	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. The governing body?	8a	<u>/</u>	
a b	Each committee with authority to act on behalf of the governing body?	8b	▼	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	_	√
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	3 \$	(M)	arrid
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b		✓_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13		✓
	The organization's CEO, Executive Director, or top management official	15a 15b		✓
	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		✓
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	າ 501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	,	-	/, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>	
	LYNDA MENTELE, CHURCH RESPONSE, 30 MAIN STREET, RAPID CITY SD 57701; 605-342-5360			

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orm	990	(2014)	

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensated	d Employees, ar	ıd
	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 organization no	or any relate	d org	aniz	atic	on c	ompe	nsa	ited any currer	t officer, director	r, or trustee.	
(A) Name and Title	(B) Average	box, office	unles	Pos neck ss pe	erson	e than o is both or/trust	n an tee)	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other	
	week (list any hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) JAN DOWLIN, PRESIDENT	5.5			√				0	0		_0
(2) SUE MAYNARD, VICE PRESIDENT ALSO SERVED AS SECRETARY	3			1				o	0		0
(3) SHIRLEY HEHN, SECRETARY	3			1				0	0		0
(4) GLENNA BOOKS, VICE PRESIDENT	3			1				0	0		_ <u>-</u>
(5) LYNDA MENTELE, DIRECTOR	40	1			√	1		41466	0		_ _
(6)						,		41400			
(7)											
(8)											
(9)										 	_
(10)											
<u>(11)</u>											_
(12)											_
(13)								!			_
(14)											—

	Section A. Officers, Directors, Trust (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, office or directo	ot ch	Pos neck s pe	tion more	e than entropy that is both or/trus employee	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportabl compensation related organizatio (W-2/1099-M	e from	Estima amoun othe compens from to organiza and relatorganiza	t of r ation ne ition tted
(15)				8			ated	 			-		
(16)													
(17)								 					
(18)													
(10)													
_				_									
(20)													
(22)													
(23)													
(24)												·····	
(25)													
1b	Sub-total	•		I	l	I	•	>	41466 0		0		0
d 	Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organi	not limited						► j e) wl	41466 no received ma	ore than \$10	0,000		0
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							mp	loyee, or high	est comper	sated	Y (No
4	For any individual listed on line 1a, is the organization and related organizations individual												
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mper omple	satı ete S	ion Sch	fron edu	n any le J f	unr		ation or indi			
Section	on B. Independent Contractors								·				
1	Complete this table for your five highest of compensation from the organization. Rep year.												s tax
	(A) Name and business address								(B) Description of se	ervices	(C) Compensation		
						_							
		-		-									
					_								
2	Total number of independent contracto received more than \$100,000 of compens							the	ose listed abo	ove) who		. (3	•

Par	t VIII	Statement of Revenue				_
	×	Check if Schedule O contains a response or note to	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, Grants Amounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c		Tevende		012-014
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations 1d Sovernment grants (contributions) 1e 5680 All other contributions, gifts, grants,	,			
Contribut and Othe	g	And similar amounts not included above 1f 346406 Noncash contributions included in lines 1a-1f. \$ 230626 Total. Add lines 1a-1f	252000	* *		·
	2a	Business Code	352086			×
Program Service Revenue	b c d		-			
Program	e f g	All other program service revenue Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest, and other similar amounts) ▶ Income from investment of tax-exempt bond proceeds ▶	3995	3995		
	5	Royalties				9 % 3
	6a b c	Gross rents Less: rental expenses Rental income or (loss)		\$ _ ^ ,	\$, · <u>,</u> ·	
	d 7a	Net rental income or (loss)	د	·	2, 1,	· 3 //
	b	Less cost or other basis and sales expenses Gain or (loss)	*		\$ 3 24 £	*
60	d	Net gain or (loss)	>		<u> </u>	***************************************
Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).	·		٨	*
Other R	_	See Part IV, line 18 a	,	,		* * * *
ō	С	Less: direct expenses b Net income or (loss) from fundraising events . ▶ Gross income from gaming activities. See Part IV, line 19 a	- Street and a second a second and a second	·	4.14.13.6	A
	С	Less: direct expenses b Net income or (loss) from gaming activities ▶ Gross sales of inventory, less				
		returns and allowances a 957228 Less: cost of goods sold b 932529 Net income or (loss) from sales of inventory ▶	24699	24699		
		Miscellaneous Revenue Business Code	24000	24000		
	11a					
	b					
	c d	All other revenue		<u>,, , </u>		
	е	Total. Add lines 11a–11d				
	12	Total revenue. See instructions	200700	20004		

Form 990 (2014) Page 10 Part IX Statement of Functional Expenses									
Section	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
<u>Do m</u>	Check if Schedule O contains a respons			· · · · · · · · · · · · · · · · · · ·					
8b, 9l	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			٠, ٠					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	285366	285366		*				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	41466	20733	20733					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7 8	Other salaries and wages	21091	21091						
9	Other employee benefits	3211	1606	1605					
10	Payroll taxes	4935	3299	1636					
11	Fees for services (non-employees):			·					
а	Management								
b	Legal								
C	Accounting	5200		5200					
ď	Lobbying	-	W - 1 - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	*'/* 2 7 9 3	~ ~				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees)	* * * *					
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)								
12	Advertising and promotion								
13	Office expenses	3917	2273	1644					
14	Information technology	909		909					
15	Royalties			_					
16	Occupancy	11400	9960	1440	 -				
17 18	Payments of travel or entertainment expenses	797	65	732					
10	for any federal, state, or local public officials								
19 20	Conferences, conventions, and meetings . Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .	2240		2240					
23	Insurance	5337		5337					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If		****	,	· ** ** ·				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		÷		>, <a>, <a>, <a>, <a>, <a>, <a>, <a>, <a< td=""></a<>				
а	EQUIPMENT REPAIR	140	140						
b	BANK STAMP	23	140	23					
C	DUES/SUBSCRIPTIONS	188		188					
d					· · · · · · · · · · · · · · · · · · ·				
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	386220	344533	41687					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here								

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash-non-interest-bearing Savings and temporary cash investments . . . Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L O Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . Notes and loans receivable, net . . Inventones for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments—publicly traded securities Investments—other securities. See Part IV, line 11 . Investments—program-related. See Part IV, line 11. ol Intangible assets ol Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) . Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties . . . o Unsecured notes and loans payable to unrelated third parties . . . ol Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X ល Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . Temporarily restricted net assets . Permanently restricted net assets. 50000 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and 3, complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund . . . ol Retained earnings, endowment, accumulated income, or other funds . 276497 34 Total liabilities and net assets/fund balances

Form 9	990 (2014)			Pag	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				V
1	Total revenue (must equal Part VIII, column (A), line 12)	1		38	80780
2	Total expenses (must equal Part IX, column (A), line 25)	2		38	36220
3	Revenue less expenses. Subtract line 2 from line 1	3		(!	5440)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			75261
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1	0940
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		28	36 <u>2</u> 01
Par	t XII Financial Statements and Reporting		•		
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>	:	V
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other MODIFIED CAST		1.5		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın in	\$ E		, O. m.
	Schedule O.		133 Y	<u> </u>	4 Prá 1
2a	The state of the s		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1.1		. Š Ž
b	The state of the s		2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	1, 3, 7,	Z	4:3
	separate basis, consolidated basis, or both:		19.77		
	Separate basis Consolidated basis Both consolidated and separate basis		-	الم المستحداد	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or			. 1	
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		✓_
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın	å, , ,		
	Schedule O.				34
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		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		

Form **990** (2014)

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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization						Employer identification	n number
	RCH RESPONSE			<u>-</u>			141815
	rt I Reason for Public Cha						ons.
	organization is not a private found						
1 2	A school described in section			ribed in s	ection 17	70(b)(1)(A)(i).	
3	A school described in section			.	- 470/hV	4\/A\/:::\	
4	☐ A hospital or a cooperative ho ☐ A medical research organizati hospital's name, city, and sta	on operated in c					(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	or operat	ed by a governmen	tal unit described in
6 7	☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1	receives a subs	stantial part of its sup				n the general public
8	☐ A community trust described	ın section 170(b)(1)(A)(vi). (Complete	Part II)			
9	☐ An organization that normally receipts from activities relate support from gross investme acquired by the organization a	receives: (1) mo d to its exempt ent income and after June 30, 19	ore than 331/3% of its functions—subject to unrelated business 175 See section 509(support o certain taxable a)(2). (Co	exception excome (mplete P	ns, and (2) no more less section 511 ta art III.)	e than 331/3% of its
10 11	 ☐ An organization organized and ☐ An organization organized and one or more publicly supporte the box in lines 11a through 11 	operated exclus d organizations of	ively for the benefit of described in section 5	, to perfoi 09(a)(1) c	rm the fur or sectior	nctions of, or to carry 1 509(a)(2). See sect	ion 509(a)(3). Check
а		zation operated, s) the power to re	supervised, or contro egularly appoint or ele	lled by its	s support	ed organization(s), ty	pically by giving
b	Type II. A supporting organic control or management of the organization(s). You must control to the organization organization organization organization.	ne supporting org	ganization vested in th				
С	Type III functionally integrated its supported organization(s)	ated. A supportion (see instruction	ng organization opera s). You must comple	ted in co	nnection V, Sectio	with, and functionall	y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organ	zation generally must	satisfy a	distribut	on requirement and	
е		ation received a	written determination	from the	RS that	it is a Type I, Type I	I, Type III
f	Enter the number of supported				3		
g							· · <u></u> _
		1 '.' .' .	(vi) Amount of other support (see instructions)				
			(See mos senono))	Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total		-					

Sched	ule A (Form 990 or 990-EZ) 2014						Page 2
Par	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	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and		1				
	membership fees received. (Do not						
	include any "unusual grants.")	392275	355861	313163	323385	352086	1736770
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the		İ				
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	392275	355861	313163	323385	352086	1736770
5	The portion of total contributions by				\$		
	each person (other than a			12 1 1 1 4			
	governmental unit or publicly			3.		· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			** * *		, , , ,	
6	**	, % ~	\$ \$00 A	* '' * *	* > , 30, 3	* . ** 0	0
6 Sect	Public support. Subtract line 5 from line 4. ion B. Total Support		<u> </u>		***	<u> </u>	1736770
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	392275	355861	313163	323385	352086	1736770
8	Gross income from interest, dividends,	392213	355601	313103	323363	352000	1/36//0
o	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	2923	1628	9275	13448	3995	31269
9	Net income from unrelated business		1020	3273	10440	3333	31203
	activities, whether or not the business						
	is regularly carried on	0	o	o	0	o	0
10	Other income Do not include gain or				· · · · · · · · · · · · · · · · · · ·		<u>_</u>
	loss from the sale of capital assets						
	(Explain in Part VI.)	32034	20288	27200	41360	24699	145581
11	Total support. Add lines 7 through 10		* .	* * * * * * * * * * * * * * * * * * * *			1913620
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for the			d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop her	re					🕨 🔲
Secti	ion C. Computation of Public Suppor						
14	Public support percentage for 2014 (line 6		-			14	90.76 %
15	Public support percentage from 2013 Sch					15	91.02 %
16a	331/3% support test—2014. If the organiz						
	box and stop here. The organization qualifies as a publicly supported organization						
b	b 331/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test - 20						
	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa	acts-and-circu	ımstances" tes	t. The organiza	ation qualifies	as a publicly su	pported
	organization						. 🕨 🗀
b	10%-facts-and-circumstances test - 20						
	15 is 10% or more, and if the organizat						
	Explain in Part VI how the organization m				he organizatio	n qualifies as a	publicly
	supported organization						. 🕨 🔲
18	Private foundation. If the organization did	d not check a	box on line 13	16a 16b 17a	or 17h, chec	k this hox and e	see

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

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

Sect	ion A. Public Support				<u> </u>		
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	L					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities			-			
	furnished in any activity that is related to the				l		
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid	İ					
	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	ļ					
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b			<u> </u>			
8	Public support (Subtract line 7c from	N. 52 2 35 28	.(87 × 161 :		· * *******	\$*\$\$.2.2a3.4; 4.	
•	line 6.)						
Secti	on B. Total Support	x x 1	Comparation of the comparation o	1 24 2 46 5 30 AM	1 , , , , , , , , , , , , , , , , , , ,	99 99 3 B	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6		- '	` '			(,
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	į į					
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI)			;			
13	Total support. (Add lines 9, 10c, 11,						
.5	and 12)				!		
14	First five years. If the Form 990 is for the	ne organization	's first_secon	d third fourth	or fifth tax ve	ear as a section	501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line 8					15	%
16	Public support percentage from 2013 Sch	<u>ıedule A, Part I</u>	III, line 15 .		<u> </u>	16	%
	on D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2014 (17	%
18	Investment income percentage from 2013 Schedule A, Part III, line 17						
19a	331/3% support tests—2014. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39	6, and line
_	17 is not more than 33½%, check this box						
b	331/3% support tests—2013. If the organiz	ation did not ch	heck a box on l	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	line 18 is not more than 33½%, check this is Private foundation. If the organization di						
	- correct representation in the Charles and Charles (Charles and Charles and C	a martinetik 21 f		THAT DIE IMPLE	HER HUS DOY	AUGUSCOO INCIPILA	ctions 🕨 🗀

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and F. If you checked 11d of Part I. complete Sections A and D. and complete Part V.)

	Section A. A.	All Supporting	Organizations
--	---------------	----------------	---------------

Sect	ion A. All Supporting Organizations		·	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			١.
	documents? If "No," describe in Part VI how the supported organizations are designated. If designate class or purpose, describe the designation. If historic and continuing relationship, explain.		ļ	
2	Did the organization have any supported organization that does not have an IRS determination of status	1	 	
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2	 	-
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			1
	(b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			ž,
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		٤	1 1
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	12.5	\$ '%.	, ¹
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	3c	3.	
74	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	- <u>`</u> -	ļ
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	: %	2× 1/	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	; 1 9.	S. C.	3
	despite being controlled or supervised by or in connection with its supported organizations.	4b	1 -(
С	Did the organization support any foreign supported organization that does not have an IRS determination	\$ t.	٤, ۾	** ;
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	\$ · ()	* *	\$'s
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		<u> </u>	3.
5a	·	4c	Ng .	
70	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN	1 °√ °		× 65
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		\$ 4 \$\$ 5>	
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	4, 2,	· .	21 1
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	~	Ĭ	~a3, %
	designated in the organization's organizing document?	5b		<u> </u>
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			· 3,
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also		2-	Î.
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		*	' '
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial	`		-
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			,
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			<u>.</u>
•	If "Yes," complete Part I of Schedule L (Form 990).	8		<u> </u>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described	wig r		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	00		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	9a		
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a		1

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Ochede	7.0 7.1 GTM 050 GT 550 EE) 2014			Page C
Part	IV Supporting Organizations (continued)			
4.4	Lies the experience accorded a left accorded by the first of the first	r	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	18	r	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
.	below, the governing body of a supported organization?	11a		-
b	A family member of a person described in (a) above?	11b		_
Sort	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations	11c		<u> </u>
Secti	ion b. Type i Supporting Organizations		V	N-
1	Did the diverters twisters as manharship of one or many supported association by	$\overline{}$	Yes	No
'	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		1 3
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		ŝ	
	controlled the organization's activities. If the organization had more than one supported organization,		á	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		, A	. "
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		<u>*</u>	
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	h		* * * * * * * * * * * * * * * * * * *
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	1,200	2 N	
	supervised, or controlled the supporting organization.	2		*****
Secti	ion C. Type II Supporting Organizations			<u> </u>
3601	on o. Type if Supporting Organizations		V	NI.
1	Word a majority of the organization's directors of thicken durant the tay year also a majority of the directors	, , ,	Yes	No
•	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			٠, ١
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).		- 48" /	
Secti	ion D. All Type III Supporting Organizations			
3000	on b. All Type III Supporting Organizations		V	Ma
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax) # d	*`. ·	1,23
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	* * * * * * * * * * * * * * * * * * * *	ų v	· 💉
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	. (** \%)		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	3.0	p~()	.
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		- 35	
	significant voice in the organization's investment policies and in directing the use of the organization's	١ .]	^ y	ا ، ن
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	- 1	4-3 3 4	•
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i		diame	
		nstruc	LIONS	<i>i)</i> .
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee insi	ructio	ons).
2	Activities Test. Answer (a) and (b) below.	Γ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		·	
	the supported organization(s) to which the organization was responsive? If "Yes, " then in Part VI identify		<i>'</i> .	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	хж	2/1	.
	how the organization was responsive to those supported organizations, and how the organization determined		`,}	
	that these activities constituted substantially all of its activities.	2a	^- -	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		," _e	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	7.30	. *	`
	reasons for the organization's position that its supported organization(s) would have engaged in these		``, **,	-
	activities but for the organization's involvement.	2b	المقدم	ئـــــــــــــــــــــــــــــــــــــ
3	Parent of Supported Organizations. Answer (a) and (b) below.			,]
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	~ ?.	જે, વ	-
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	• • • • • • • • • • • • • • • • • • •	<u> </u>	
~	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	nizations	
1			nstructions. All
other Type III non-functionally integrated supporting organizations must co	mp	lete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	1	x
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		·
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	, , , , , , , , , , , , , , , , , , ,	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	,	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-in	tegrated Type III supporting	organization (see

Pala		3) Suppor	ting Organ	izations (c	continued)			
	ion D - Distributions	<u> </u>				Current Year		
1	Amounts paid to supported organizations to accomplish							
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt pur	poses of su	pported orga	ınızatıons				
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required							
6_	Other distributions (describe in Part VI). See instructions	•						
	Total annual distributions. Add lines 1 through 6.	_		-				
8	Distributions to attentive supported organizations to which	ch the organ	nization is res	ponsive				
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2014 from Section C, line 6	•						
10	Line 8 amount divided by Line 9 amount							
S:	ection E - Distribution Allocations (see instructions)		(i) istributions	Underdis	ii) tributions 2014	(iii) Distributable Amount for 2014		
1	Distributable amount for 2014 from Section C, line 6		٠ ،					
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)		`			* * * * * * * * * * * * * * * * * * * *		
3	Excess distributions carryover, if any, to 2014:		````	*	-			
а		Х ,				1		
b	\$ 1 × 1 × 1 × 1 × 1 × 1	* * * * *		ç	v 3	* * * *		
С			. > % %.		•	Y		
d		Ř :	8 % Yesk X			* * * * * * * * * * * * * * * * * * * *		
e	From 2013	*	- 51 67 3	,	# %* <u>}</u>			
f	Total of lines 3a through e			8,5	, 452	. 24.3		
g	Applied to underdistributions of prior years	*	1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
<u>h</u>	Applied to 2014 distributable amount	\$ ** ** *;	``, *\$.* \\$,	1 /	¥ -2			
<u>i</u> _	Carryover from 2009 not applied (see instructions)		9 ×¥ 1	-				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				, , ,	l, \$ \$, \$		
4	Distributions for 2014 from Section D, line 7 \$	\$ 7, 1	* * *		i by mes (recogn) in			
a	Applied to underdistributions of prior years	,	à .			4 Spiles		
b	Applied to 2014 distributable amount	\ \ \ \ \		,				
c	Remainder. Subtract lines 4a and 4b from 4.			*				
5	Remaining underdistributions for years prior to 2014, if	ب بد ـ <u>ن</u> ـ م	. 22 %			* , .		
	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)	*				* **		
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).	, ,	54		*			
7	Excess distributions carryover to 2015. Add lines 3 _j and 4c.			7 7 7		/ \$ Y 4 3		
8	Breakdown of line 7 ⁻	`			,			
a			-			· , ,		
b								
C								
d	Excess from 2013					, ; x		
e	Excess from 2014					 		
			-					

2011	orm 990 or 990-EZ) 2014
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b Part III, line 12. Also complete this part for any additional information. (See instructions.)
THER INC	OME: PART II, LINE 10 DESCRIPTION: NET AMOUNT EARNED FROM FOOD CERTIFICATES PURCHASES AND SALES.
10 3203	4
11 2028	В
12 2720	<u>D</u>
13 4136	0
14 2469	9
•••	
••••••	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization		Employer identification number
CHUR	CH RESPONSE		51-0141815
Pa			ds or Accounts.
	Complete if the organization answered '	'Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benef	it of the donor or donor advisor, or fo	or any other purpose
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	· · · · ·
Par	t II Conservation Easements.		
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recreat		• •
	Protection of natural habitat	☐ Preservation of	a certified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified h		
d	Number of conservation easements included in (I I
_			
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	ninated by the organization during the
4	tax year >		
4 5	Number of states where property subject to conser		
5	Does the organization have a written policy reg violations, and enforcement of the conservation eas		_
6			
U	Staff and volunteer hours devoted to monitoring, in:	specting, and emorcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspect	ting and anforming appearation appear	monto durino the vices
•	►\$	ung, and emorcing conservation easer	ments during the year
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of	section 170/h)(/)(R)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · Yes · No
9	In Part XIII, describe how the organization reports c		
3	balance sheet, and include, if applicable, the text of	the footnote to the organization's final	and expense statement, and
	organization's accounting for conservation easemen		andar statements that describes the
Part			Other Similar Assets
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SFA		revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the fo		
b	If the organization elected, as permitted under SF	AS 116 (ASC 958), to report in its re	evenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide the following amounts relatir	ng to these items [,]	
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art,		
	following amounts required to be reported under SF	AS 116 (ASC 958) relating to these ite	ems.
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990. Part X		> \$

Part								
3	Using the organization's acquisition, collection items (check all that apply):		her records, chec	k any of the follo	wing that are a si	gnificant use of its		
а	☐ Public exhibition		d 🗌 Loan	or exchange pro-	grams			
b	☐ Scholarly research		e 🗌 Othe	r				
С	☐ Preservation for future generation:							
4	Provide a description of the organiza XIII.	tion's collections a	and explain how t	hey further the or	ganızation's exem	pt purpose in Part		
5	During the year, did the organization	solicit or receive	donations of art,	historical treasur	es, or other simila	r		
	assets to be sold to raise funds rather	r than to be mainta	ined as part of the	e organization's c	ollection?	☐ Yes ☐ No		
Part	IV Escrow and Custodial Arra	angements.						
	Complete if the organization 990, Part X, line 21.							
1a	Is the organization an agent, trustee included on Form 990, Part X?					t ☐ Yes ☐ No		
b	o If "Yes," explain the arrangement in Part XIII and complete the following table:							
					An	nount		
С	Beginning balance			<u> 1</u>	С	· · · · · · · · · · · · · · · · · · ·		
d	Additions during the year				d	· · · · · · · · · · · · · · · · · · ·		
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amou							
	If "Yes," explain the arrangement in P	art XIII. Check here	if the explanation	n has been provid	led in Part XIII .	<u> 🛮 </u>		
Par								
	Complete if the organization				T	T		
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back		
1a	Beginning of year balance	115186	84076	74967	78045	70469		
b	Contributions	0	19980	C	0	0		
C	Net investment earnings, gains, and							
	losses	1506	11130	9110	(3438)	7936		
d	Grants or scholarships	0	0	O	0	0		
е	Other expenditures for facilities and							
	programs	0	0	0	i e			
f	Administrative expenses	0	0	0	0	0		
g	End of year balance	116692	115186	84076		78405		
2	Provide the estimated percentage of t	•	d balance (line 1g	, column (a)) held	as:			
а	Board designated or quasi-endowment		%					
b	Permanent endowment >	43%						
C	Temporarily restricted endowment ▶							
_	The percentages in lines 2a, 2b, and 2	•						
3a	Are there endowment funds not in the	e possession of th	e organization tha	at are held and a	dministered for the			
	organization by:					Yes No		
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
b	If "Yes" to 3a(II), are the related organi					3b		
4	Describe in Part XIII the intended uses		n's endowment tu	inds.	 			
Part					0.5			
	Complete if the organization							
	Description of property	(a) Cost or oth (investme	1 ' '	1 1	Accumulated lepreciation	(d) Book value		
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment			19199	19199			
е	Other			21625	21625			
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0. Part X. column			0		

Part VII	Investments – Other Securitie Complete if the organization and		rm 990. Part IV. line	e 11b. See Forn	n 990 Part X. line 12
	(a) Description of security or catego (including name of security)		(b) Book value	(c) M	ethod of valuation d-of-year market value
(1) Financial	denvatives				
	ield equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)	***************************************				
(G)			 	· · · · · · · · · · · · · · · · · · ·	
(H)					
	n) must equal Form 990, Part X, col (B) line 12)	4	L	<u></u>	
Part VIII	Investments—Program Relate		000 Dt IV I	44- O F	000 D-4V I' 40
	Complete if the organization ans	swered "Yes" to For			
	(a) Description of investment		(b) Book value		ethod of valuation d-of-year market value
(1)					
(2)		·			···
(3)					-
(4)					
(5)					.
(6)			<u> </u>		
<u>(7)</u>					
<u>(8)</u> (9)					
) must equal Form 990, Part X, col (B) line 13)			* * \$ \$, , ,
Part IX	Other Assets.		L	·····	<u> </u>
	Complete if the organization ans	wered "Yes" to For	m 990, Part IV, line	11d. See Form	990, Part X, line 15.
		a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)		<u>.</u>			
(6)					
_(7)	· · · · · · · · · · · · · · · · · · ·				
(8)					
(9)	nn (b) must equal Form 990, Part X, c	ol /D\lune 15\			
Part X	Other Liabilities.	OI. (B) IIINE 15.)		<u> ▶</u>	
Part A	Complete if the organization ans	wered "Yes" to Form	m 990, Part IV, line	11e or 11f. See	Form 990, Part X,
1.	line 25.	1 4 5			
(1) Federal inc	(a) Description of liability	(b) Book value			
(2)	come taxes				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		 			
	must equal Form 990, Part X, col (B) line 25) ▶	 -			
	uncertain tax positions. In Part XIII, provi	ide the text of the footor	ote to the organization's	s financial stateme	ents that reports the
organization's	liability for uncertain tax positions under	FIN 48 (ASC 740). Che	ck here if the text of the	e footnote has bee	n provided in Part XIII

Par				Retu	m.
	Complete if the organization answered "Yes" to Form 990,	Part IV	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b		1	
С	Recovenes of prior year grants	2c		1	
d	Other (Describe in Part XIII.)			1 1	
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			5	
Part				er Ret	urn.
	Complete if the organization answered "Yes" to Form 990,	Part IV	, line 12a.	γ	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
Ь	Prior year adjustments	2b			
C	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	i		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		4-	
5	Add lines 4a and 4b			4c	
	XIII Supplemental Information.			<u> </u>	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Pa	rt IV. lines 1b and 2b	. Part '	V. line 4: Part X. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
	V, LINE 4: TEMPORARY ASSISTANCE FOR THE NEEDY (FOOD, UTIITIES, AN	•	-		
5-12-12-		H.Y			
2					
50000000					
_					

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

545-0047	
OMBINO	•

2014 Open to Public Inspection

Employer identification number

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

Schedule I (Form 990) (2014) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, **%** □ (h) Purpose of grant or assistance □ Yes 51-0141815 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and • • • • • • • (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed . . . (f) Method of valuation (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (a) 1 (a) Name and address of organization or government CHURCH RESPONSE Part I Part II € œ 6 (12) Ξ <u>Q</u> ල 2 (9) E 5

Schedule I (Form 990) (2014) Part III Grants and Other Assistance to Domostic Individuals Complete if the commissation encounted "You" to Form 600 Bod 17 Jing 60	moetic Individu	odt ji stolomo ji tho	Suppose acitation of the suppose	000 mind to Compose	Page
Part III can be duplicated if additional space is needed.	space is needed	als. Complete in the	organization answe	ered "Yes" to Form 990,	Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FOOD DISTRIBUTED	19524	0	246050	246050 \$1.53/LB	FOOD BAGS
2 ОТІЦПЕЅ	142		,	ACTUAL	UTILITY PAYMENTS
3 TOILETRIES DISTRIBUTED	914	0	438	438 \$1.53/LB	TOILETRIES
4 BIRTH CERTIFICATES/PICTURE IDS	57			ACTUAL	BIRTH CERTIFICATES/PICTI IRE IDS
5 MISCELLANEOUS	348	0	0	0 ACTUAL	INFORMATION/REFERRALS
6 TOILETRY VOUCHERS	271			ACTUAL	VOUCHER PAYMENTS/TOIL ETRIES

PART 1. LINE 2: INDIVIDUALS ARE SCREENED FOR INCOME GUIDELINES AND AWARDED BENEFITS SET BY CONTRIBUTOR. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART 1, INE 2: AMOUNTS DISTRIBUTED ARE TRACKED AND REPORTED TO THE RESPECTIVE CONTRIBUTOR.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

CHURCH RESPONSE

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

► Attach to Form 990.

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

Name of the organization Employer identification number

Inspection

51-0141815

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor			
1	Art — Works of art							
2	Art — Historical treasures				-			
3	Art—Fractional interests							
4	Books and publications		· . *	-				
5	Clothing and household							
	goods							
6	Cars and other vehicles		<u> </u>					
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded			t. t.,				
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous			*				
13	Qualified conservation	-						
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate - Residential							
16	Real estate—Commercial							
17	Real estate—Other		-					
18	Collectibles							
19	Food inventory	/	150222	220220	\$1.53/LB			
20	Drugs and medical supplies		130222	229839	\$1.53/LB			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (TOILETRIES)	1	544	700	#4 F2# D			
26	Other ► (TOLETRIES)	-	514		\$1.53/LB			
27	Other ► ()							
28	Other (
20 29	Number of Forms 8283 received	by the ord	anization during the tax v	year for contributions for	1			
	which the organization completed				29			
			, ,	-goment	25		Yes	No
30-2	During the year, did the organizat	ion rocciuo	by contribution only propo	who reported in Bort I lines	1 through	-	.03	
JUA	28, that it must hold for at least th							
	to be used for exempt purposes f					20-		
b			cholding period:			30a		<u> </u>
о 31	If "Yes," describe the arrangement		topoo policii that recultar	a the remain of any on	n otondord			*
J 1	Does the organization have a							
20-	contributions?					31		√
32a	Does the organization hire or use							
_	contributions?		• • • • • • • •			32a		✓
	If "Yes," describe in Part II.						ļ	
33	If the organization did not report ar describe in Part II.	n amount in	column (c) for a type of pro	perty for which column (a)	s checked,			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

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

Name of the organization

Employer identification number

CHURCH RESPONSE 51-0141815 PART VI-A, LINE 8a: MONTHLY MEETINGS ARE HELD WITH MINUTES TAKEN. PART VI-A, LINE 8d: MONTHLY MEETINGS ARE HELD WITH MINUTES TAKEN PART VI-B, LINE 11a: ALL OFFICERS CAN BE REACHED BY MAIL AT THE ORGANIZATION'S ADDRESS. PART VI-C, LINE 19: ALL DOCUMENTS ARE OPEN TO THE PUBLIC UPON REQUEST TO THE ORGANIZATION PART XI, LINE 9: OTHER CHANGES IN ASSETS ON FUND BALANCES TOTAL: 10,940 INCREASED CASH/SAVINGS 7617 INCREASED INVESTMENT EARNINGS 1506 INCREASED INVENTORIES 7475 DECREASED RECEIVABLES (3423) DECREASE IN PREPAID INSURANCE (2354) DECREASE IN ACCOUNTS PAYABLE 119 PART XII, LINE 1: MODIFIED CASH, INCLUDES INVENTORY AND CASH RECEIVABLES