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SCANNED DEC 2 2 2015

Department of the Treasury

EXTENDED TO NOVEMBER 16, 2015

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No 1545-0047 Open to Public

- Interior	iai i teve	information about F	orm 990 and its instructions	is at www	.irs.gov/iorm99	0.	inspec	,tion
A F	or the	2014 calendar year, or tax year beginning	and	l ending				
B	Check if applicable	C Name of organization			D Employ	er identifica	ition number	
	Addre chang	CHRISTIAN INFORMATION	& SERVICE CENTE	:R				
	Name					75-18	33519	
F	Initial return	Number and street (or P.0. box if mail is not de	slivered to street address)	Room/sui	te E Telepho		555±5	
F	Final	D O BOY 1611	silvered to silver address)	1100111/3uli	ie E Telebilo		624 20E	7
<u> </u>	returnب termir		1715				634-285	
г—	ated ∏Amen	City or town, state or province, country, and	I ZIP or foreign postal code		G Gross rece			<u>,267.</u>
Ļ	_ireturn	LUFKIN, IX /590Z			H(a) Is this	a group retu		
L	_Applic	F Name and address of principal officer O AL	IICE CUMMINGS		for sul	oordinates?	Yes	X No
	pendii	" 151 SUNMEADOW, LUFKIN,	TX 75904		H(b) Are all s	ubordinates incli	uded? Yes	☐ No
1.7	ax-ex	empt status X 501(c)(3) 501(c) () ◀ (insert no.) 🔲 4947(a)(1)	or 52	27 If "No,	" attach a lis	t (see instruct	tions)
JV	Vebsi	te: ► N/A			1	exemption i		·
			ssociation Other	L Yea	ar of formation:			micile: TX
	art I	Summary					Julio O. Jogur Gor	
		Briefly describe the organization's mission or mos	t elegificant activities SFF	SCHED	III.E O			
Activities & Governance	١'	bheny describe the organization's mission of mos	t significant activities DEE	SCHED	OUE O			
nar		Chapte this have been been discarded			+ 050/ -			
je/			entinued its operations or dispo	sea or ma	ore than 25% o	1 1	ets	0.0
်		Number of voting members of the governing body	•			3		20
જ	4	Number of independent voting members of the go	overning body (Part VI, line 1b)			4		<u> </u>
es	5	Total number of individuals employed in calendar	year 2014 (Part V, line 2a)			5		8
ξ	6	Total number of volunteers (estimate if necessary)	•			6		80
Ċŧ	7 a	Total unrelated business revenue from Part VIII, c	olumn (C), line 12			7a		0.
•	ь	Net unrelated business taxable income from Form	990-T, line 34			7b		0.
					Prior Ye		Current Y	
	8	Contributions and grants (Part VIII, line 1h)		<u> </u>		,493.		,267.
Revenue		- · · · · · · · · · · · · · · · · · · ·	rogram service revenue (Part VIII, line 2g)					
	l .		L	-		0.		<u> </u>
æ	ı	Investment income (Part VIII, column (A), lines 3, 4		0.		0.		
]	Other revenue (Part VIII, column (A), lines 5, 6d, 8d		0.		0.		
	12	Total revenue - add lines 8 through 11 (must equa		,493.		<u>,267.</u>		
	13	Grants and similar amounts paid (Part IX, column	(A), lines 1-3)		323	<u>,811.</u>	272	,527.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.
Ø	15	Salaries, other compensation, employee benefits	(Part IX, column (A), lines 5-10)		104	,288.	137	,345.
Expenses	16a	Professional fundraising fees (Part IX, column (A),	line 11e)		•	0.		0.
ᅙ	l	Total fundraising expenses (Part IX, column (D), lir	•	0.				
Ж				 -	87	,700.	88	,619.
	18	Other expenses (Part IX, column (A), lines 11a-11c Total expenses Add lines 13-17 (must equal Part	RECEIVED			799.		,491.
				-	212	,306.		
_ s	19	Revenue less expenses Subtract line 18 from line	NOV 3 0 2015 6					<u>,776.</u>
Net Assets or Fund Balances				<u> </u>	Beginning of Cur		End of Ye	
Sse	20	Total assets (Part X, line 16)		<u> </u>	1,342		1,372	<u>,616.</u>
E.A	21	Total liabilities (Part X, line 26)	OGDEN, UT "	<u> </u> _		<u>,931.</u>		<u>,108.</u>
		Net assets or fund balances Subtract line 2 from	Hino 20		<u>1,340</u>	<u>,732.</u>	<u>1,370</u>	,508.
	ırt II	Signature Block						
Und	er pena	lties of perjury, I declare that I have examined this return	, including accompanying schedule	es and state	ments, and to th	e best of my k	nowledge and b	elief, it is
true,	correc	t, and complete. Declaration of preparer (other than offic	er) is based on all information of w	hich prepar	er has any know	ledgę.		
		Lance Cumme	1000		1	1/16/	15	
Sign	า	Signature of officer			Date			
Her		JANICE CUMMINGS, PRESI	DENT					
He	_	Type or print name and title	DENT					
			D		Date	Chack] PTIN	
De.		Print/Type preparer's name	Preparer's signature		Date	Check L	ון ויין וי	
Paid			L		<u> </u>	self-employed		
Prep		Firm's name	m's EIN 🛌					
Use	Only	Firm's address						
					Pho	ne no.		
May	the II	RS discuss this return with the preparer shown ab	ove? (see instructions)				Yes	☐ No
	01 11-0			ions.				90 (2014)

Form	990 (2014) CHRISTIAN INFORMATION & SERVICE CENTER 75-	1833519	Page 2
Par	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		$\overline{\mathbf{x}}$
1	Briefly describe the organization's mission TO PROVIDE NEED BASED ASSISTANCE TO AREA RESIDENTS FOR FOOD NEEDS, UTILITIES, CHILDREN'S SCHOOL NEEDS, ETC.	, MEDICA	
2	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	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the trevenue, if any, for each program service reported	otal expenses, a	
4a	(Code) (Expenses \$\frac{137,309.}{APPROXIMATELY 196,000 PEOPLE SERVED} \) (Revenue \$\frac{1}{2} \)	-)
4b	(Code) (Expenses \$ 130,831. including grants of \$ 130,831.) (Revenue \$)
	UTILITIES ASSISTANCE - APPROXIMATELY 4,500 PEOPLE SERVED		,
			·
			· · · · · · · · · · · · · · · · · · ·
4c	(Code) (Expenses \$ 2 , 884 • Including grants of \$ 2 , 884 •) (Revenue \$)
	TRANSPORTATION ASSISTANCE - APPROXIMATELY 200 PEOPLE SERVED		
4d	Other program services (Describe in Schedule O) (Expenses \$ 1,503. including grants of \$ 1,503.) (Revenue \$	1	
	Total program service expenses 272,527.		

	·		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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_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_		X
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_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	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		<u>X</u>
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, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII		Ì	37
	•	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a_		
	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	170		
	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		_X
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		<u>x</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990 (2014)

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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		<u>X</u>
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	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), 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	25a		_X_
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		<u> </u>
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		<u>X</u>
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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	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			v
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			X
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	20		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
w	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	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	33		
- 1	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	555		
_	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?			
•	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2014)

Form 990 (2014) CHRISTIAN INFORMATION & SERVICE CENTER
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V						
				Yes	No		
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming					
	(gambling) winnings to prize winners?		1c		İ		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	8				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	ns?	2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X		
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit					
	any contributions that were not tax deductible as charitable contributions?		6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts					
	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).						
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b				
С	5 , 5 , 5 , 5 , 5 , 5 , 5 , 5 , 5 , 5 ,						
	to file Form 8282?		7c		<u>X</u> _		
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d		. !			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required	⁷ 7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ition 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				
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter	1					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter	1					
a	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
40	amounts due or received from them)	11b					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	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.			\rightarrow			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	\longrightarrow			
1.	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					
	Enter the amount of reserves on hand	13c			77		
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "Ale " provide an explanation in School in the service of the	. 0	14a		<u>X</u>		
0	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	; <u>U</u>	14b	990	2014		
			Form	990 (ZU 14)		

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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

	Olivity (Octobrilla O contaction of the contaction of the Both)			77				
500	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management		Γ.,	·				
	Established who are further manifest of the common hadron the and of the terror.		Yes	No				
1а	Enter the number of voting members of the governing body at the end of the tax year [If there are material differences in viction with a many members of the governing body or if the governing body or if the governing body.							
	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 0. Enter the number of voting members included in line 1a, above, who are independent 1b 19							
ь 2	Enter the number of voting members included in line 1a, above, who are independent 19 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
2	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Λ				
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х				
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, stockholders, or other persons who had the power to elect or appoint one or	6		X				
, -	more members of the governing body?	7a		х				
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		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
_	The governing body?	8a	х					
b	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							
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	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							
	ın Schedule O how this was done	12c						
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?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	_16b						
Sec	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 Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	fınan	cıal					
	statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	CHRISTIAN INFORMATION SERVICE CTR - (936) 634-2857							
	501 S. ANGELINA, LUFKIN, TX 75901		000					
432006	3 11-07-14	Form	990	(2014)				

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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
,	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JANICE CUMMINGS	1.00							_		_
PRESIDENT		X		Х				0.	<u> </u>	0.
(2) WILLIAM C. ROYLE	1.00								_	_
TREASURER		Х		X				0.	0.	0.
(3) LINDA SMELLEY	30.00	х						17,969.	0.	0.
(4) JERRY SPANN	1.00	Λ						11,303.	- 0.	<u> </u>
VICE PRESIDENT		x		х				0.	0.	0.
(5) YULONDA RICHARDS	40.00									
EXECUTIVE DIRECTOR		X						28,412.	0.	0.
(6) ROGER HIGHTOWER	1.00									
DIRECTOR		X						0.	0.	0.
(7) KITTY DAVIS	1.00									
SECRETARY		X		X				0.	0.	0.
(8) DAVID FRANSEN	1.00		ļ							
DIRECTOR		X						0.	0.	0.
										
							<u> </u>			
	- 	\vdash			_		<u> </u>			
										
	 	-		\dashv		-				
							l			

Form **990** (2014)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2014) CHRISTI
Part VIII Statement of Revenue

		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII			
		GIIGONII GGIIGGG C COII	anis a response	or moto to arry in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
S, E	c	: Fundraising events	1c					
a #	d	Related organizations	1d					
s, C		Government grants (contribut	tions) 1e					
ÖŠ	f	All other contributions, gifts, gran	its, and					
돌		similar amounts not included abo	ve 1f	528,267.				
d d	g	Noncash contributions included in lines	s 1a-1f \$					
<u>ට දි</u>	<u>_h</u>	Total. Add lines 1a-1f			528,267.			
				Business Code				
မွ	2 a	ı						
e Ķ	þ	·						
Program Service Revenue	С							
rantev	d	l						
og F	е							
P.	f	All other program service reve	enue					
	g	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	oroceeds 🕨				
	5	Royalties						
			(ı) Real	(II) Personal				
	6 a							
	b	Less rental expenses						
		: Rental income or (loss)	L					ł
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
		Gain or (loss)	L	L				
		Net gain or (loss)		D				
a l	8 a	Gross income from fundraisin	•					
Other Revenu		including \$	of					
æ		contributions reported on line	•					
je		Part IV, line 18	а					
٥		Less direct expenses	b dravava avvanta					
		 Net income or (loss) from fund Gross income from gaming ad 	=			····		
	<i>3</i> a	Part IV, line 19						
	h	Less direct expenses	a b					
		Net income or (loss) from garr		•				
		Gross sales of inventory, less						
	.0 0	and allowances	а					
	b	Less cost of goods sold	b					
		Net income or (loss) from sale	_					
		Miscellaneous Revenu		Business Code				
	11 a			240000 0040				
	u					-		
	c							
	d							
	_	Total, Add lines 11a-11d					 	
	12	Total revenue See instructions.		•	528,267.	0.	0.	0.
43200 11-07	9							Form 990 (2014)

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon	ise or note to any line in (A)		(C)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	<u>272,527.</u>	272,527.		· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	·			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	46,381.		46,381.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			22-22	
7	Other salaries and wages	80,922.		80,922.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	10,042.		10,042.	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				·
12	Advertising and promotion				
13	Office expenses	3,772.		3,772.	
14	Information technology				 -
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	25 222	,	27 222	<u> </u>
22	Depreciation, depletion, and amortization	37,832.		37,832.	
23	Insurance				
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.)				
а	TIMET THE DO	21,022.		21,022.	
b	INSURANCE	9,012.		9,012.	
С	REPAIRS & MAINTENANCE	6,864.	· · · · · · · · · · · · · · · · · · ·	6,864.	
d	AUTO MILEAGE REIMBURSEM	2,955.		2,955.	
e	All other expenses	7,162.		7,162.	
25	Total functional expenses. Add lines 1 through 24e	498,491.	272,527.	225,964.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2014)
Part X Balance Sheet

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
	_			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		122,708.	1	174,284
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for	ormer officers, directors,		İ	
		trustees, key employees, and highest compens				
		Part II of Schedule L		5		
	6	Loans and other receivables from other disqual	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use		·	8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 1,549,422. 10b 367,299.			
	b	Less accumulated depreciation	10b 367,299.	1,219,955.	10c	1,182,123
	11	Investments - publicly traded securities			11	<u></u>
	12	Investments - other securities See Part IV, line	11		12	- ·
	13	Investments - program-related See Part IV, line		13	····	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	16,209 1,372,616
_	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	1,342,663.	16	<u>1,372,616</u>
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18	1.000	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	<u> </u>		20	
	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
es	22	Loans and other payables to current and forme	r officers, directors, trustees,			
		key employees, highest compensated employee	es, and disqualified persons			
Liabilities		Complete Part II of Schedule L	_		22	
-	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	 _
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24) Complete Part X of			
		Schedule D	<u> </u>	1,931.	25	2,108
	26	Total liabilities. Add lines 17 through 25		1,931.	26	2,108
		Organizations that follow SFAS 117 (ASC 958	1			
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 ar	d 34.			
<u>a</u>	27	Unrestricted net assets	-	20,862.	_27	29,818
g Rai	28	Temporarily restricted net assets	-	101,846.	28	144,466
	29	Permanently restricted net assets	}		29	
2		Organizations that do not follow SFAS 117 (A	SC 958), check here			
õ		and complete lines 30 through 34.				
Set	30	Capital stock or trust principal, or current funds			30	
AS	31	Paid-in or capital surplus, or land, building, or ed	· ·		31	
l et	32	Retained earnings, endowment, accumulated in	come, or other funds	1 242 522	32	4 252 555
-	33	Total net assets or fund balances	<u> </u>	1,340,732.	33	1,370,508
1	34	Total liabilities and net assets/fund balances		1,342,663.	34	1,372,616 Form 990 (2014

Form **990** (2014)

Form	990 (2014)	CHRISTIAN	INFORMATION 8	SERVICE CENTER	75-18	33519	Pa	ge 12
Pa	rt XI Reconciliation	n of Net Assets						
	Check if Schedule	O contains a respon	ise or note to any line in thi	s Part XI				
1	Total revenue (must equ	ıal Part VIII, column (A	A), line 12)		1	52	8,2	67.
2	Total expenses (must ed	qual Part IX, column (/	A), line 25)		2	49	8,4	91.
3	Revenue less expenses	Subtract line 2 from	line 1		3	2:	9,7	76.
4	Net assets or fund balar	nces at beginning of y	ear (must equal Part X, line	e 33, column (A))	4	1,34	0,7	32.
5	Net unrealized gains (los	sses) on investments			5			
6	Donated services and u	se of facilities			6			
7	Investment expenses				7			
8	Prior period adjustments	\$			8			
9	Other changes in net as	sets or fund balances	s (explain in Schedule O)		9			0.
10	Net assets or fund balar	nces at end of year C	Combine lines 3 through 9 (must equal Part X, line 33,		,		
	column (B))				10	1,37	0,5	08.
Pai	t XII Financial Stat	ements and Rep	porting					
	Check if Schedule	O contains a respons	se or note to any line in thi	s Part XII				
			_ ` _				Yes	No
1	Accounting method use			Accrual Other	··· ·	.		
				r checked "Other," explain in Sched	ule O			
2a	Were the organization's	financial statements of	compiled or reviewed by ar	n independent accountant?		2a		X
	If "Yes," check a box be	low to indicate wheth	er the financial statements	for the year were compiled or review	ved on a			
	separate basis, consolid	ated basis, or both						
	Separate basis	Consolidated	I basis Both con	solidated and separate basis				
b			audited by an independent			2b		_X_
	If "Yes," check a box be	low to indicate wheth	er the financial statements	for the year were audited on a sepa	rate basis,			
	consolidated basis, or b	oth						
	Separate basis	Consolidated		solidated and separate basis				
С	If "Yes" to line 2a or 2b,	does the organization	n have a committee that as	sumes responsibility for oversight of	the audit,			
			nts and selection of an inde	•		2c		
	If the organization change	jed either its oversigh	nt process or selection prod	cess during the tax year, explain in S	chedule O			
3a	As a result of a federal a	ward, was the organiz	zation required to undergo	an audit or audits as set forth in the	Single Audit			
	Act and OMB Circular A					3a		_X_
b	If "Yes," did the organiza	ation undergo the requ	uired audit or audits? If the	organization did not undergo the re	quired audit			
	or audits, explain why in	Schedule O and desc	cribe any stens taken to ur	ndergo euch audite		26		

Form **990** (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

Mairie	, OI L	ne organization					Employ	er identilication number		
		CHRI	STIAN INFO	RMATION & SE	RVICE	CENT	ER	75-1833519		
Par	ťΙ	Reason for Public	Charity Status (All organizations must c	omplete th	ns part) Se	ee instructions			
The o	rgani	ization is not a private found	dation because it is.	(For lines 1 through 11, o	check only	one box)	-			
1 [A church, convention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(1)(A)(i).			
2 [A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
з [A hospital or a cooperative	hospital service org	anization described in s	ection 170	D(b)(1)(A)(i	ii).			
4 [A medical research organiz					-	er the hospital's name,		
		city, and state						•		
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit desc	ribed in		
		section 170(b)(1)(A)(iv). (0	Complete Part II)							
6 [A federal, state, or local go		mental unit described in	section 1	70(b)(1)(A)	(v).			
7	X	An organization that norma						al public described in		
_		section 170(b)(1)(A)(vi). (C			J-1		g	- passes assessed in		
8 [A community trust describe		(1)(A)(vi). (Complete Par	t 11)					
9 [_	An organization that norma				contributi	ons, membershin fees	and gross receipts from		
-		activities related to its exen								
		income and unrelated busin						-		
		See section 509(a)(2). (Cor		(<i>,</i>						
10		An organization organized	•	ively to test for public sa	fetv See	section 50)9(a)(4).			
11		An organization organized	·		-			he purposes of one or		
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g									
а		Type I. A supporting orga				-		by giving		
_		the supported organization		•	•			. • •		
		organization You must o			- ···-,-···,			o o p p o · · · · · g		
b		Type II. A supporting org			tion with if	ts support	ed organization(s), by I	naving		
_		control or management of					- ,	· ·		
		organization(s) You mus			amo poroc	ono mar oc	orni or or manago are s	арропоч		
С		Type III functionally inte			in connec	tion with a	and functionally integra	ated with		
·		its supported organizatio	-				, ,	2.00 111.1,		
d		Type III non-functionally						nization(s)		
-		that is not functionally int						, ,		
		requirement (see instruct	-		•		•	TRIVE 11633		
е	_	Check this box if the orga	·	•				III		
·		functionally integrated, or					r type i, type ii, type i			
f	Ente	r the number of supported of	- ·	many intograted support	ing organi	Lation				
		ide the following information	-	ed organization(s)						
	(1) Name of supported	(ii) EIN	(III) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of		
		organization		(described on lines 1-9		in your document?	support (see	other support (see		
				above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)		
		·· <u>·····</u>		1000 110110 110110						
		•						-		
		···								
			-	***						
			· -							
Total										

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990 EZ) 2014 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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	267,479.	301,427.	266,499.	315,493.	273,266.	1424164.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf			•			
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	267,479.	301,427.	266,499.	315,493.	273,266.	1424164.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	•					
	amount shown on line 11,	i					
	column (f)						
	Public support. Subtract line 5 from line 4			·			1424164.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	267,479.	301,427.	266,499.	315,493.	273,266.	1424164.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	189.				1.	<u> 190.</u>
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
	Total support. Add lines 7 through 10					<u></u>	1424354.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	_	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
<u> </u>	organization, check this box and stor	here	roontogo	-	 -		
	ction C. Computation of Publ						00 00
	Public support percentage for 2014 (I		•	olumn (t))		14	99.99 %
	Public support percentage from 2013	,	•	- h	14 - 00 1 004 -	15	99.37 %
168	33 1/3% support test - 2014. If the content have The organization qualifies	•		,	14 IS 33 1/3% OF M	iore, cneck this bo	
L	stop here. The organization qualifies		•		lino 1E io 22 4/00/	or more sheet the	▶ X
О	33 1/3% support test - 2013. If the c				ime 15 is 33 1/3%	or more, check th	IIS DOX
17~	and stop here. The organization qual		•		12 162 2 164 3	and line 14 is 100/	or more
17 a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fact			· · · · · · · · · · · · · · · · · · ·		t vi now the organ	iization
L	meets the "facts-and-circumstances"					7a and line 45 :-	10% or
0	10% -facts-and-circumstances tes						
	more, and if the organization meets the				•		·
10	organization meets the "facts-and-circ						
10	Private foundation. If the organization	in did flot check a l	oox on line 13, 16	a, 100, 1/a, 0f 1/C			
					ocne	dule A (Form 990	UI 99U-EZ) 2U14

Schedule A (Form 990 or 990-EZ) 2014 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, places complete Dort II.)	

Section A. Public Support	ow, picase com	ipiete i ait ii				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and					1.7	
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						_
merchandise sold or services per-				1		
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose				-		
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
· · ·			<u> </u>			
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						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
alendar year (or fiscal year beginning in) ► 🔃	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
Oa 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						
acquired after June 30, 1975						
· · · · · · · · · · · · · · · · · · ·						
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						
2 Other income Do not include gain						
or loss from the sale of capital assets (Explain in Part VI)						
3 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, third	d, fourth, or fifth ta	ax vear as a section	on 501(c)(3) organiz	ation.
check this box and stop here	3		,	_ , ,	(-)(-) 9	▶ .
ection C. Computation of Public	Support Pe	rcentage				
5 Public support percentage for 2014 (line	≥ 8, column (f) d	livided by line 13, c	olumn (f))		15	
6 Public support percentage from 2013 S	chedule A. Part	: III. line 15	\ <i></i> ''		16	
ection D. Computation of Invest					1.01	
7 Investment income percentage for 2014			e 13. column (f))	 -	17	(
8 Investment income percentage from 20		-	0 .0, 00.0 (1,)		18	
9a 33 1/3% support tests - 2014. If the or		·	n line 14 and line	15 is more than		
	-		·		•	, 19 HOL
more than 33 1/3%, check this box and	•	-				▶ ∟
b 33 1/3% support tests - 2013. If the or	_				•	ınıa 🛌
line 18 is not more than 33 1/3%, check					-	₽ ⊨
O Private foundation. If the organization	JIO NOT CHECK A	box on line 14, 19a	<u>ı, or 190, check th</u>	ns box and see in	structions	▶∟

Schedule A (Form 990 or 990-EZ) 2014 CHRISTIAN INFORMATION & SERVICE CENTER 75-1833519 Page 4

Part IV | 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 E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

_	_								
C	2	~tic	n I	Δ	ш	Sunna	rtina	Ora	anizations
_			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~ . /	\ II	OUDDL	,, ,,,,,,	VI 4	iai iizatioi is

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1 1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	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		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3ь		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
Ŭ	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	!	
42	Was any supported organization not organized in the United States ("foreign supported organization")? If	30		
-	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	<u> 4a</u>		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4.		
_	Did the organization support any foreign supported organization that does not have an IRS determination	4b		
C				
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
-	purposes	4c		
ъа	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			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	_		
	was accomplished (such as by amendment to the organizing document)	5a		
D	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	
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			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
_	Part VI.	6		
′	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?			
_	If "Yes," complete Part I of Schedule L (Form 990)	8		_
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	1		
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	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.	9c		
l0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1		

determine whether the organization had excess business holdings)

	dule A (Form 990 or 990-EZ) 2014 CHRISTIAN INFORMATION & SERVICE CENTER 75-18	<u> 3351</u>	9 Pa	age 5
Pa	rt IV Supporting Organizations (continued)		,	т
	•	· · · · · · · · · · · · · · · · · · ·	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		ļ
	A family member of a person described in (a) above?	11b		ļ
	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.	11c		
Sec	tion B. Type I Supporting Organizations			T
	Delable describes to the second such as for a secon		Yes	No
1	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			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			1
2	Did the organization operate for the benefit of any supported organization other than the supported	1		-
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations	2		
	/1 V - V - V		Yes	No
1	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			
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	the supported organization(s)	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			1
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			1
	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			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	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			ĺ
	significant voice in the organization's investment policies and in directing the use of the organization's			ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ĺ
	supported organizations played in this regard	3		
	tion 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 instructions):			
a	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			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst	ructions, أ		
2	Activities Test <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	the supported organization(s) to which the organization was responsive? If res, then in Part Violentity those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			l
	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	<u></u>		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			l
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		ĺ
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			ĺ
_	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		ĺ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		L

	edule A (Form 990 or 990-EZ) 2014 CHRISTIAN INFORMATION & rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			75-1833519 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
•	other Type III non-functionally integrated supporting organizations must co			ictions. All
Sect	ion A - Adjusted Net Income	Jinpiete C	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	.	(optional)
2	Recoveries 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		
Sect	ion 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)			
а	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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
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		
Sect	ion 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-functional	ly·integra	ted Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2014

	dule A (Form 990 or 990 EZ) 2014 CHRISTIAN INF			75-1833519 Page 7
	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
<u>Sect</u>	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
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			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(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		· · · · · · · · · · · · · · · · · · ·	
		(1)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	B.11.11		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		-	
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3_	Excess distributions carryover, if any, to 2014			
<u>a</u>		· · · · · · · · · · · · · · · · · · ·		
<u>b</u>	· · · · · · · · · · · · · · · · · · ·			
<u>C</u>	The second of th			
<u>d</u>	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years Applied to 2014 distributable amount	-100-E00-		
''- i				
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D.			
~	line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount		W	
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
-	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)			
7	Excess distributions carryover to 2015. Add lines 3j			_
	and 4c			
8	Breakdown of line 7		-2	
а				
b				
С				
d	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

rt VI	Subbiementai	Information. Pro	ovide the explan	ations required	oy Part II, IIIIe II	u, Part II, line I	ra or 17b; and F	Part III, line 12
	Also complete this	part for any addition	nal information (See instructions				
		···	<u> </u>					
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

Employer identification number Name of the organization CHRISTIAN INFORMATION & SERVICE CENTER 75-1833519

Pa			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) zana zanas nanas	(b) range and enter deseante
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
_	for charitable purposes and not for the benefit of the donor o	* *	•
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , ,	Yes No
Pai		anization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
đ	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	J	
	violations, and enforcement of the conservation easements it		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		<u> </u>
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIII, describe how the organization reports conservation	•	·
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
Par	conservation easements t III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets
	Complete if the organization answered "Yes" to Form		ther Onlinar Assets.
12	If the organization elected, as permitted under SFAS 116 (AS	——————————————————————————————————————	nent and halance sheet works of art
	historical treasures, or other similar assets held for public exh	· ·	•
	the text of the footnote to its financial statements that describ	•	nee of public service, provide, in rail XIII,
b	If the organization elected, as permitted under SFAS 116 (AS		and halance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, ed		•
	relating to these items	acation, or resource in fatherance of par	sile service, provide the following amounts
	(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, historical trea	sures, or other similar assets for financial	
-	the following amounts required to be reported under SFAS 1	•	· · · · · · · · · · · · · · · · · · ·
а	Revenue included in Form 990, Part VIII, line 1	, ,	> \$
b	Assets included in Form 990, Part X		► \$ ► \$
	<u> </u>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

		AN INFORMA								Page 2
Pa	rt III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other record	ds, chec	ck any of th	ne following th	nat are a s	significant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	C	, <u> </u>	Loan or e	xchange prog	rams				
b	Scholarly research	•	• 📖	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c							ose in Pai	rt XIII	
5	During the year, did the organization solicit of					her sımıla	ır assets		_	
	to be sold to raise funds rather than to be m								Yes	No_
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organiza	tion answered	! "Yes" to	Form 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	lan or other intermed	diary for	contributi	ons or other a	ssets no	t included			
	on Form 990, Part X?		u.u., .o.	0011111111111			· iiiolaaca		Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table					_ 163	140
_	roof oxplain the analigement in all this	and complete the te	,ow.ing	table					Amount	
С	Beginning balance						1c		7 tillouit	
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990. Part X. line	21. for	escrow or	custodial acc	ount liab			Yes	□ No
	If "Yes," explain the arrangement in Part XIII						•			
Pai										
		(a) Current year		Prior year	(c) Two ye		(d) Three y	rears back	(e) Four	vears back
1a	Beginning of year balance		(-,-		197		1-7	, , , , , , , , , , , , , , , , , , , ,	10,7.55	,
b	Contributions								 	
c	Net investment earnings, gains, and losses				_					
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs					İ				
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	la, column	(a)) held as					
а	Board designated or quasi-endowment	•	%	U ,	` ''					
b	Permanent endowment	%	_							
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posse	ession of the organiza	ation th	at are held	and administ	ered for t	he organiz	zation		
	by								[Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the		wment	funds	****					
Pai	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" to Form 990	, Part IV	/, line 11a	See Form 99	0, Part X,	line 10			
	Description of property	(a) Cost or o		(b) Co	st or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investr	nent)		s (other)	4	preciation			
1a	Land				20,532.					,532.
b	Buildings			1,3	28,432.		278,0	15.	1,050	,417.
С	Leasehold improvements									
d	Equipment									
	Other				00,458.		89,2	84.		,174.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	mn (B), line	10c)				1,182	,123.

Schedule D (Form 990) 2014

432053 10-01-14

Sche	dule D (Form 990) 2014 CHRISTIAN INFORMATION &		75-1833519 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenue p	er Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	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	
С	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		per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	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 IX, line 25, but not on line 1	1 . 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)		
	Add lines 4a and 4b		4c
Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information.		5
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV lines 1b and 2b Dart V	has 4 Dart V line 0 Dart VI
	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any		, iiile 4, Fait A, iiile 2, Fait Ai,
	and the part to provide any	additional information.	
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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.

Open to Public OMB No 1545-0047

Employer identification number Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www./rs.gov/form990.

Name of th	Name of the organization CHRISTIAN INFORMATION	TNFORMAT	ય	RRVICE CENTER				Employer identification number 75_1833510
Part I	General Information on Grants and Assistance	nd Assistance	3					CTCCCTC
1 Does	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the select	tion
crite	criteria used to award the grants or assistance?	tance?						X Yes No
2 Desc	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monit	toring the use of grant	funds in the United	d States			
PartII	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Domestic Organi:	zations and Domestic	c Governments. C	complete if the orga	anization answered "\	res" to Form 990, Part	IV, line 21, for any
	recipient that received more than \$5,000. Part II can be duplicated	5,000 Part II can	be duplicated if additi	l if additional space is needed	ded			
1 (a) N	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							1.	
2 Enter	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	nd government org	ganizations listed in the	e line 1 table				
_ ر [For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instructi	ions for Form 990.					Schedule I (Form 990) (2014)

CHRISTIAN INFORMATION & SERVICE CENTER Schedule I (Form 990) (2014)

Page 2

75-1833519

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

Part

(f) Description of non-cash assistance (e) Method of valuation (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 Ö 1,503, 2,884, 137,309, 130,831, (c) Amount of cash grant (b) Number of recipients 196000 4500 150 200 (a) Type of grant or assistance VARIOUS MISCELLANEOUS ASSISTANCE GAS / TRANSPORTATION ASSISTANCE ASSISTANCE WITH UTILITY BILLS PROVISION OF FOOD

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

CHRISTIAN INFORMATION & SERVICE CENTER

Employer identification number 75-1833519

CIRCIDITAN INFORMATION & SERVICE CENTER 73-1633319
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 150 PEOPLE SERVED
EXPENSES \$ 1,503. INCLUDING GRANTS OF \$ 1,503. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11:
FORM 990 IS REVIEWED BY THE ORGANIZATION'S PRESIDENT PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE MADE AVAILABLE TO THE PUBLIC ON REQUEST.