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SCANNED JUN 1 7 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)

OMB No. 1545-0047

2014

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

For Paperwork Reduction Act Notice, see the separate instructions.

<u> </u>	For the 2	014 calendar year, or tax year beginning January 1 , 2014, and en	ding Dece	mber 31	, 20 14	
В	Check if ap	plicable: C Name of organization Citychurch Outreach Ministry		D Employ	yer identification nu	ımber
	Address ch				90-0063224	
\Box	Name char		√suite	E Telepho	one number	····
Ħ	Initial return	a- '			(806) 371-0089	
금		0.	· 		(606) 37 1-0089	
님	Final return/					
닏	Amended r		-	G Gross r	receipts \$ 1	,727,141
U	Application	pending F Name and address of principal officer: Donnie Lane, Jr.	H(a) is this a	group return fo	r subordinates? 🔲 Yes	✓ No
		2505 S. Bolton St., Amarillo, TX 79103	H(b) Are al	l subordinate	es included? 🔲 Yes	✓ No
<u> </u>	Tax-exemp	t status:	lf "	No," attach	a list. (see instructio	ns)
J	Website:	www.citychurchamarillo.com	H(c) Grou	p exemption	n number ▶	
K	Form of org	anization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of for	mation: 2000	M State	e of legal domicile:	TX
	art I	Summary				
_		riefly describe the organization's mission or most significant activities: We	are committed	to the ori	nciple that God b	198 9
•		urpose for every child regardless of their geographical location, financial status				
Governance						
Ë		ommitted to transforming the disadvantaged neighborhoods of our city by making				hildren.
Š	1	heck this box ▶☐ if the organization discontinued its operations or dispose		1 _	rits net assets.	
Ğ						7
త	1	umber of independent voting members of the governing body (Part VI, line	1b)			4
Ę.	5 T	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		. 5		23
Activities	6 T	otal number of volunteers (estimate if necessary)		. 6		800
Ą	7a T	otal unrelated business revenue from Part VIII, column (C), line 12		. 7a		0
	l b N	et unrelated business taxable income from Form 990-T, line 34		. 7b		
			Prior \		Current Ye	ar
	8 0	ontributions and grants (Part VIII, line 1h)		1,728,461		606 501
9		<u> </u>	-		1	,696,501
Revenue	i .	· · · · · · · · · · · · · · · · · · ·	-	0		30,186
æ	•	evestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,370		454
	1	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,403	T	0
		otal revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,731,234	1	,727,141
	1	frants and similar amounts paid (Part IX, column (A), lines 1-3)		7,137	<u>'</u>	8,310
		enefits paid to or for members (Part IX, column (A), line 4)		0)	0
2	15 S	alaries, other compensation, employee benefits (Part-IX, column (A), lines 5-10)		784,614	<u> </u>	941,029
Expenses	16a F	rofessional fundraising fees (Part IX, column (A), Lline 11e),		0		0
g	b 1	otal fundraising expenses (Part IX, column (D), line 25) 90,139)			·
ũ	17 (ther expenses (Part IX, column (A), lines (12-11d, 11f-24e)		878,022		853,168
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,669,773	T	,802,507
	1	evenue less expenses. Subtract line 18 from line 12		61,461		
- S		evenue less expenses. Outract line to nont into T2	Beginning of C			<u>(75,366)</u>
88	20 7	otal acceta (Dort V. line 16)	Doginaling of C		· 	
Net Assets of	20 T	otal assets (Part X, line 16)	ļ	951,249		<u>885,315</u>
20	21 T	otal liabilities (Part X, line 26)		4,420		13,852
		let assets or fund balances. Subtract line 21 from line 20		946,829		871,463
_	art II	Signature Block				
Ųr	nder penalti	es of perjury, I declare that have examined this return, including accompanying schedules and s	tatements, and to	the best of	my knowledge and	belief, it is
tr	e, correct,	and complete. Declaration of propaga (other than officer) is based on all information of which prepagate	barer has any knov	Medge.		
	ŀ					
Sig	gn	Signature of officer	C	ate ,		
He	ere	DONNIE F. LANE Executive Director	-	511	14 15	
		Type or print name and title	· · · · · ·		113	
_		Print/Type preparer's name Preparer's signature	Date	1	C PTIN	
	aid			Check self-en	if inployed	
	eparer		 		pioyou	
U	se Only			rm's EIN ▶		
N 4 -	wathe IDC	Firm's address] Pi	none no.		<u> </u>
MIS	y we int	discuss this return with the preparer shown above? (see instructions)			∐Yes	i ∐ No

Form **990** (2014)

Cat. No. 11282Y

١_

Part I	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	We are committed to the principle that God has a purpose for every child regardless of their geographical location,
	financial status, religious affiliation, race, or culture. We are committed to transforming the disadvantaged
	neighborhoods of our city by making a commitment to change the lives of children.
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.
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.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	and the state of t
4a	(Code:) (Expenses \$ 323,630 including grants of \$) (Revenue \$)
	CityKid Cafe: Fill a bag, feed a child. At the CityKid Cafe, volunteers prepare and deliver food to deliver to several neighborhoods
	of Amarillo. Over 2,000 lunches per day, Monday through Thursday are delivered. Volunteers and Citychurch staff prepare each
	lunch. The lunches consist of a hot item, fruit, cookies, and popcorn. The bags are loaded it trailers and delivered by van or by
	bicycle to the neighborhoods where Citychurch concentrates its ministry. The lunch is usually met with a smile and excitement
	from the child or teen who receives it. The children who receive the lunch begin to look forward to it and depend on it.
	Citychurch also host summer mission groups. Each year Citychurch hosts over 700 missionaries and volunteers who come to
	learn about ministry in the inner-city. Lunches are also fed during spring break and some school holidays. CityKid Cafe's bike
	delivery program has grown. It is a fuel saving, fun, environmentally friendly way to take children their lunch during the summer.
	CityKld Cafe also feeds the children of Citychurch Academy.
4b	(Code:) (Expenses \$
	Citychurch has a Sunday worship service for children and families. Vans pick up children for breakfast, children's classes,
	hosts the Jesus Loves You Celebration. It is a citywide crusade with preaching, music, food, and fun. Hundreds are fed and
	ministered to. Citychurch also sent workers on international mission trips to Africa & South America. The workers went to help
	facilitate a children's outreach, concentrating on meeting physical and spiritual needs of the children they came in contact
	with.
4c	(Code:) (Expenses \$ 253,247 including grants of \$) (Revenue \$)
	Citychurch has a youth program to reach junior high and high school aged children in the disadvantaged neighborhoods of
	Amarilio. Youth are picked up from the middle school and high schools once a week and brought to the church for meals, music,
	games, and Bible study. Each year, Citychurch takes the students on a summer and spring retreat to get them away from the
	pressures of the Inner-city. In 2014, Citychurch took over 20 youth to a week long camp in Como, Colorado. The camp included
	mountain biking, a summit hike, and zip lining.

4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 502,057 including grants of \$) (Revenue \$ 30,640)

Part	Checklist of Required Schedules			· ugo o
	In the approximation described in against CO4/a\(0\) on 40.47/a\(4\) /athou there a private foundation\(0\) if #\/aa #		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	۱.	,	
•	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		-	
3	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.			
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	1	
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
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
ө	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f		11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		▼
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	<u> </u>	1
20 a	The state of the s	20a		1
_	If "Ves" to line 20a did the organization attach a conv of its audited financial statements to this return?	20h	 	+

Part IV	Chacklist of Rec	quired Schedules (continuod)
Partiv	CHECKIISI OI DEI	juneu Scheuules (d	<i>Jonanuea)</i>

-			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		✓
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		√
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		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		✓
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		√
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		✓
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 A family member of 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		<u>√</u>
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	√	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	-		<u>√</u>
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		√
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		▼
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		<u>▼</u>
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		✓
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	1	
		For	. 99ñ	(2014)

Form, 99	90 (2014)		í	Page \$
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 21			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	1	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ļ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	ļ
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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		ļ
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		1
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 Accounts (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		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		·	
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
•	and services provided to the payor?	7a	ŀ	/
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	\ <u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		 	
•	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	.ٽ	<u> </u>	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	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		1
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
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		1
10	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on Part VIII, line 12	'	1	
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	{		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	ļ	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	1
_	Note. See the instructions for additional information the organization must report on Schedule O.		 	Ť
b	Enter the amount of reserves the organization is required to maintain by the states in which			

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year? .

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI			ions. . 🔽
Section	on A. Governing Body and Management	<u>···</u>		· [V]
4-	Enter the number of voting members of the governing body at the end of the tay year.		Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	1	
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
	stockholders, or persons other than the governing body?	7b		V
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		:	
а	The governing body?	8a	✓_	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		١,
04	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	/- 1	✓
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10-	Did the expenientian have lead chapters branches or affiliates?	40-	103	
10a b	Did the organization have local chapters, branches, or affiliates?	10a		-
U	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	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
. <u></u>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
_	describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
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		✓
b	Other officers or key employees of the organization	15b		1
	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		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
0	organization's exempt status with respect to such arrangements?	16b	L	L
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► none Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	C)(3)~	onh A
10	available for public inspection. Indicate how you made these available. Check all that apply.	1 501(ပ္ပ(၁)S	orny)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erect :	nalia	/ and
	financial statements available to the public during the tax year.	J. 001	P-0110	,, wit
	State the name, address, and telephone number of the person who possesses the organization's books and re-			

	·
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 employees."
- 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	d orga	aniz			ompe	nsa	ted any curren	t officer, director	, or trustee.
				•	2)					
(A)	(B)	(do n	ot ch		ition more	than c	ne	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	s both	an	Reportable	Reportable	Estimated
	hours per week (list any		_			or/trust		compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Charles Davenport										
5715 Foxcroft Dr, Amarillo, TX 79109-7431		1	L	1	ļ	ļ	ļ			
(2) Donnie Lane, Jr.		İ								
2505 S. Bolton St., Amarillo, TX 79103	30	✓	<u> </u>	✓	<u> </u>	<u> </u>	_	58,884	23,650	
(3) Diana Lane										
205 S. Polk, Amarillo, TX 79101	40	1	L	✓		ļ	<u> </u>	76,546		*******
(4) Kelly Wood										
2606 Saratoga, McKinney, TX 75070-4528		✓	_	1	<u> </u>		L			
(5) Greg Lusk				l						
4511 SW 3rd, Amarillo, TX 79106	15	✓					<u> </u>	3,311		
(6) Dawnette Lusk	_									
4511 SW 3rd, Amarillo, TX 79106	30	1		L	Ļ	ļ	ļ	30,014		
(7) Tom Walters	ļ				1					
10643 Echo Rd., Clarendon, TX 79226				L.	ļ	ļ	_	.		
									j	
(9)										
(10)		<u> </u>			\vdash	-				
(11)			_		\vdash		-			
(12)		-			\vdash			 		
(13)				-			 	 		
(14)	 						T			

Form 99 Part		toos Koy E	mples				ligho	~ C	'ampanastad E	mpleyees (e	ontinuo	od)		Page 8
rait	(A) Name and title	(B) Average hours per	(do n box, office	ot ch	Pos neck ss pe	rtion more	than o	one n an	(D) Reportable compensation	(E) Reportable compensation	,	Estr	mated ount of	
		hours for related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensate employee	Former	the organization	organization (W-2/1099-MI		comp from organ and	ensation the nization related	n t
(15)							<u> </u>							
(16)			ļ	_				\vdash		,				
(17)	***************************************					-		 						
(18)				<u> </u>		_		<u> </u>	1					
(19)				 	-	 		\vdash						
(20)						-			-				 -	
(21)							<u>. </u>							
(22)			ļ	ļ 		<u> </u>								
(23)								╁╴						
(24)			_											-
(25)				<u> </u>		-		\vdash		1				
1b c	Sub-total	VII, Section	n A	·	- : :	· .	 	▶	169,055	23,	650			
d 2	Total number of individuals (including bu	t not limited	d to th				abov	▶ e) w				of		
3	Did the organization list any former of	fficer, direc	etor, o					-					Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re greater th	porta an \$	ble 150	con ,000	npe)? <i>(</i>	nsatio	on a	and other comp complete Sch	ensation fro	m the	3		/
5	Did any person listed on line 1a receive of	or accrue c	ompe	nsa	tion	fro	m an	y ur	nrelated organiz			4	<u>.</u>	/
Section		? If "Yes," (comp	lete	Scl	ned	ule J	for .	such person	· · · ·	· ·	5	<u> </u>	✓
1	Complete this table for your five highest													ax
	(A) Name and business add	dress							(B) Description of s	ervices	C			
N/A								-						
(8) Name and title (8) Name and title (8) Average wide (list and other more than on boots unless person is both an officer more than officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 1 Did the organization is tary former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 2 Did the organization and related organizations greater than \$150,0000 if Yes," complete Schedule J for such individual 3 Did the organization and related organizations greater than \$150,0000 if Yes," complete Schedule J for such individual is that of the organization from the organization from the organization from the organization from the organization for the calendary ever ending with or within the organization of compensation from the organization. Report compensation from the calendary ever ending with or within the organization of compensation from the organization. Report compensation for the calendary ever ending with or within the organization of compensation from the organization.														
								1						
2	iotal number of independent contractor	ors (includi	ng b	ut r	ot	ıımi	ted t	o t	nose listed ab	ove) who				

e Total. Add lines 11a-11d .

	VIII	Statement of Reve	enue		 			Page 3
		Check if Schedule O		ponse or note to	any line in this	Part VIII	 .	🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
캶	1a	Federated campaigns	s 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .						
S, A	C	Fundraising events .			·		ļ	
野草	d	Related organizations						
ž, ž	е	Government grants (con	,					
P. S.	f	All other contributions, g						
를 돌		and similar amounts not inc	L	1,696,501	}			
P P	g	Noncash contributions include	·	124,232				
	h	Total. Add lines 1a-1	<u> </u>	Business Code	1,696,501			
Program Service Revenue	20	Rental Income						
ě	2a	Unrealized loss on Inve		900002	300		<u> </u>	300
8	b	Insurance settlement	esternent	900099	(5,022)			(5,022
ξ	d	Sale of nominal goods		900099	33,324			33,324
Š	e	Sale of scrap metal		900099	987 597			987
gra	f	All other program ser	vice revenue	900099	38/			597
Ē	g	Total. Add lines 2a-2			30,186			
	3	Investment income	(including divid	ends. interest.	30,100		· · ·	Ť
		and other similar amo		•	454			454
	4	Income from investmen	t of tax-exempt be	ond proceeds▶				
	5	Royalties		🕨		····		
		•	(i) Real	(ii) Personal				· · · · · · · · · · · · · · · · · · ·
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)					1	
	d	Net rental income or	(loss)	▶				
	7a	Gross amount from sales of	(i) Secunties	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses .						
	С	Gain or (loss)	<u></u>	<u> </u>				
	d	Net gain or (loss) .		<u> </u>				
venue	8a	Gross income from fuevents (not including \$	undraising	<u>.</u>			:	
Other Revenue		of contributions report See Part IV, line 18 .						
둏	b	Less: direct expenses	s b)				
•		Net income or (loss) t		events . ▶				
	9a	Gross income from gasee Part IV, line 19 .						
	b	Less: direct expenses						
	C	Net income or (loss) t		ivities . >				
		Gross sales of in returns and allowance	es a	` 				
		Less: cost of goods s						
	<u>c</u>	Net income or (loss)		 				
	<u></u>	Miscellaneous F	Revenue	Business Code				
	11a							
	b	*			<u> </u>		 	
	C	All alban marra arra					ļ	
	l d	All other revenue .			, i		1	i.

Form 990 (2014)

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	o, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
_	F	8,310	8,310		
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	189,094	97 103	01 674	10.21
6	Compensation not included above, to disqualified	109,094	87,103	91,674	10,31
Ū	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages [596,085	423,858	151,567	20,66
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	118,495	77,141	36,733	4,62
10	Payroll taxes	37,355	24,318	11,580	1,45
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O.)	12,760	4,100	8,660	
12	Advertising and promotion	616	616	3,000	····
13	Office expenses	7,743	1,650	6,093	
14	Information technology [31,685	13,164	18,426	9
15	Royalties				
16	Occupancy				
17	Travel	28,239	13,286	14,059	89
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	291	25	196	7
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	60,287	51,190	5,121	3,97
23	Insurance	55,080	55,080		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Schodule O	656,467	574,328	34,090	48,04
b		050,407	5/4,320	34,030	40,04
c					
ď					······································
е	All other expenses				·
25	Total functional expenses. Add lines 1 through 24e	1,802,507	1,334,169	378,199	90,13
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				

Form 990 (2014) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 115,644 1 70,746 2 Savings and temporary cash investments 2 1,266 1,366 3 3 4 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L...... 6 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges . 9 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 1,633,812 Less: accumulated depreciation 10b b 829,746 10c 793,975 11 Investments—publicly traded securities 11 4,593 19,228 12 Investments—other securities. See Part IV, line 11 12 Investments-program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 951.249 885,315 17 Accounts payable and accrued expenses 17 4,343 13,852 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 77 Total liabilities. Add lines 17 through 25 4,420 26 13,852 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 940,794 870,768 28 28 6,035 695 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds .

30

31

32

33

34

871,463

885,315

30

31

32

33

946,829

951.249

If the organization changed either its oversight process or selection process during the tax year, explain in

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

2c

3a

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.

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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

Employer identification number

ity	church Outreach Ministry					90-00				
Pa	rt I Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.			
he	organization is not a private founda		•	-	•	•	·			
1	22 · · · · · · · · · · · · · · · · · ·									
2										
3										
4			onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the			
5	hospital's name, city, and state An organization operated for t		college or university							
•	section 170(b)(1)(A)(iv). (Comp		college of university	owned o	operate	o by a government	ai unit described in			
6		•	mental unit described	in sectio	n 170(h)	(1)(A)(A)				
7							the general public			
	described in section 170(b)(1)			_'	J					
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)						
9		receives: (1) mo	re than 331/3% of its	support f	rom con	tributions, members	hip fees, and gross			
	receipts from activities related	to its exempt	functions—subject to	certain	exception	ns, and (2) no more	than 331/3% of its			
	support from gross investme acquired by the organization a						x) from businesses			
40					-	· ·				
10 11							out the numeros of			
••	one or more publicly supported									
	the box in lines 11a through 11c	d that describes t	the type of supporting	organizat	tion and c	complete lines 11e, 1	1f, and 11g.			
i	a Type I. A supporting organize						-			
	the supported organization(s			ct a majo	rity of the	directors or trustee	s of the supporting			
	organization. You must com	•								
	b Type II. A supporting organization									
	control or management of the organization(s). You must co			e same p	ersons tr	nat control or manag	je the supported			
	c Type III functionally integra	-		ted in cor	nection :	with and functional	v integrated with			
	its supported organization(s)						y altegrated with,			
	d Type III non-functionally int	tegrated. A supp	oorting organization o	perated i	n connec	tion with its support	ed organization(s)			
	that is not functionally integra	ated. The organi	zation generally must	satisfy a	distributi	on requirement and				
	requirement (see instructions	-			•					
•	e Check this box if the organiz						I, Type III			
	functionally integrated, or Ty f Enter the number of supported of		onany integrated supp	corting or	ganizatio	n.				
	f Enter the number of supported of supported of provide the following information		orted organization(s)	• • •			• • []			
	(i) Name of supported organization	(ii) EiN	(iii) Type of organization	,	rganization	M Amount of monetary	(vi) Amount of			
		, ,	(described on lines 1-9	listed in you	r governing nent?	support (see	other support (see			
	· ·		above or IRC section (see instructions))		· ioniti	instructions)	instructions)			
				Yes	No					
A)	1			}						
B)	!		•	1						
<u>~</u>							 -			
C)										
D)							*			
				ļ						
E)				[
							<u> </u>			
		ì	I	J .	l	1	!			

18

Schean	18 A (Form 990 or 990-EZ) 2014						Page 2
Part							
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support						
	dar 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.")	1,617,057	1,500,809	1,580,209	1,728,461	1,696,501	8,123,037
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge					ļ	
4	Total. Add lines 1 through 3	1,617,057	1,500,809	1,580,209	1,728,461	1,696,501	8,123,037
5	The portion of total contributions by					1	
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·					0
6 Socti	Public support. Subtract line 5 from line 4. ion B. Total Support	<u> </u>	L	<u>. </u>		L.,L	8,123,037
	idar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(0) 2014	49 Total
7	Amounts from line 4		1,500,809			(e) 2014	(f) Total
8	Gross income from interest, dividends,	1,617,057	1,500,609	1,580,209	1,728,461	1,696,501	8,123,037
0	payments received on securities loans,						
	rents, royalties and income from similar			·			
	sources	87	29	1,257	1 270	454	0.407
9	Net income from unrelated business	- 07		1,237	1,370	454	3,197
•	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.)	113	17,031	651	1,403	30,186	49,384
11	Total support. Add lines 7 through 10	113	17,001	051	1,403	30,100	8,175,618
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	2.205
13	First five years. If the Form 990 is for the	•	•	d, third, fourth	or fifth tax ve		
	organization, check this box and stop he				_		
Secti	ion C. Computation of Public Suppor	rt Percentag	e				
14	Public support percentage for 2014 (line	6, column (f) di	vided by line 1	1, column (f))		14	99 %
15	Public support percentage from 2013 Sci	hedule A, Part	II, line 14 .			15	99 %
16a	331/3% support test-2014. If the organi						neck this
	box and stop here. The organization qua	ılifies as a publ	icly supported	organization			. ▶ ☑
b	331/3% support test-2013. If the organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 331/3%	or more,
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	anization .		. ▶ 🖂
17a	10%-facts-and-circumstances test-2	014. If the orga	anization did no	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, che	ck this box ar	nd stop here. E	xplain in
	Part VI how the organization meets the "I	facts-and-circu	ımstances" tes	t. The organiza	ation qualifies	as a publicly su	pported
	organization						. ▶ 🗆
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organiza	tion meets the	facts-and-ci	rcumstances"	test, check th	nis box and sto	op here.
	Explain in Part VI how the organization m						
	supported organization						. ▶ □

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and 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.)

Secti	on A. Public Support						
Calen	dar 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.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						ļ
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5					'	
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		į į				
	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.)		<u> </u>				
	on B. Total Support					-	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	·····				 	<u> </u>
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
_	royalties and income from similar sources .					· /	
D	Unrelated business taxable income (less						•
	section 511 taxes) from businesses acquired after June 30, 1975						}
	·						
_	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						
14.	loss from the sale of capital assets						
	(Explain in Part VI.)		:				
13	Total support. (Add lines 9, 10c, 11,	 	 	<u> </u>		· ·	
	and 12.)		1		ĺ		
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d. third. fourth	or fifth tax ve	ar as a sec	tion 501(c)(3)
	organization, check this box and stop he						• • • • • • • • • • • • • • • • • • • •
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line			3, column (f))		15	%
16	Public support percentage from 2013 Sci		•	. ,,,,		16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2014 (line 10c, colur	nn (f) divided b	y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests-2014. If the organ						3%, and line
	17 is not more than 331/3%, check this box		-			_	
b	331/3% support tests - 2013. If the organiz	zation did not o	heck a box on	line 14 or line 1	19a, and line 16	is more than	331/3%, and
	line 18 is not more than 331/3%, check this	box and stop t	nere. The organ	zation qualifies	as a publicly s	upported org	anization 🕨 🔲

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.)

S	ec	tion	A	All	Supp	orting	Organ	izations
---	----	------	---	-----	------	--------	-------	----------

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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.
- C Did the organization support any foreign supported organization that does not have an IRS determination 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.
- 5a 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).
- b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- B 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).
- 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 in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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.
- c 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.
- 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.
 - 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.)

		\	
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Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ĺ		
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		
h	A family member of a person described in (a) above?	11b	 	 -
	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	 	
	on B. Type I Supporting Organizations		<u></u>	
			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	1		
	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	İ		
	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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	ļ		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
C Al-		2		
Je cti(on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1 98	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	Ì		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. Ali Type III Supporting Organizations			
	Did the secretaries assisted as each of the supported associations by the lead do not the fifth association		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			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	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			
	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 significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
	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	nstru	ction:	s):
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			7 -
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 (s	see in:	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ļ		
	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			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	 20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Schedule A		

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	tru mpl	st on Nov. 20, 1970. Sec ete Sections A through E	instructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
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		
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		
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-functional instructions).	ly-in	tegrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)						
Secti	Section D - Distributions								
1	Amounts paid to supported organizations to accomplish								
2	Amounts paid to perform activity that directly furthers exe								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations						
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 organization 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								
Se	ection E - Distribution Allocations (see instructions)	(ī) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable 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:			- · · · · · · · · · · · · · · · · · · ·					
a									
b				<u> </u>					
<u> </u>			~						
<u>d</u>									
<u>e</u>	From 2013								
f	Total of lines 3a through e		···						
<u> 9</u>	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2014 distributable amount			·····					
<u>i</u> _	Carryover from 2009 not applied (see instructions)								
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2014 from Section								
	D, line 7: \$								
<u>a</u>	Applied to underdistributions of prior years								
<u> </u>	Applied to 2014 distributable amount								
<u> </u>	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:								
a									
b									
c									
<u>d</u>	Excess from 2013								
е	Excess from 2014								

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
The amoun	t on Part II, line 10 (b), other income for 2011, \$17,031, is a surplus on a insurance settlement for roof repair.
The other fo	or 2010 and 2012 on Part II, line 10 (a) was vending income. The amount on line 10 (b) is \$53 vending
ncome and	\$598 other business income. The amount on line 10 (d) is \$43 vending income and \$1,360 sale of old bus for scrap metal.
The amoun	t on line 10 (e) is \$300 rental income, \$5,022 unrealized loss on inv., \$33,324 insurance settlement, \$987 sale of nominal goods,
and \$597 sa	ale of scrap metal.
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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

Name of the organization Employer identification number Citychurch Outreach Ministry 90-0063224 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 2a Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII. describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

Part							
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and other re	cords, che	ck any of the	followi	ing that are a sig	gnificant use of its
а	☐ Public exhibition		I 🗌 Loar	or exchange	progra	ams	
b	☐ Scholarly research		Othe	er			
C	☐ Preservation for future generations						
4	Provide a description of the organizat XIII.						
5	During the year, did the organization assets to be sold to raise funds rather						
Part							
	Complete if the organization	answered "Yes" to F	orm 990, F	Part IV, line 9	, or re	eported an amo	ount on Form
	990, Part X, line 21.	·····					
1a	Is the organization an agent, trustee,						
	included on Form 990, Part X?						☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and complete the	tollowing 1	table:		Λπ	nount
	5				1	All	
C	Beginning balance				1c		<del></del>
d	Additions during the year				1d 1e	<del> </del>	<del></del>
e	Distributions during the year				1f	<del> </del>	<del></del>
f 2a	Ending balance					account liability	Ves No
	If "Yes," explain the arrangement in Pa						
Pari		at Am. Officer field if the	CAPICITATIO	on nas been p	Ovide	<u> </u>	<u>· · ·                                  </u>
T GIT	Complete if the organization	answered "Yes" to F	orm 990. I	Part IV. line 1	10.		
			Prior year	(c) Two years		(d) Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions						·
c	Net investment earnings, gains, and losses		<del> </del>				
d	Grants or scholarships		· · · · · · · · · · · · · · · · · · ·	1			
	Other expenditures for facilities and	······································		1		h	
	programs				İ		
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of t	he current year end bal	ance (line 1	g, column (a))	held a	s:	
а	Board designated or quasi-endowmer	nt ▶%					
b	Permanent endowment ▶	%					
C	Temporarily restricted endowment ▶	<u></u> %					
	The percentages in lines 2a, 2b, and 2						
3a	Are there endowment funds not in the	e possession of the org	anization th	nat are held a	nd adn	ninistered for the	•
	organization by:						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
þ	If "Yes" to 3a(ii), are the related organi						3b
4	Describe in Part XIII the intended uses	<del></del>	ndowment	tunds.			
Part			000	Dark N. I lima i	11- 0	F 000 f	Dank V. Sima 40
	Complete if the organization	<del></del>	· · · · · · · · · · · · · · · · · · ·	· ·			
<u> </u>	Description of property	(a) Cost or other bas (investment)		or other basis (other)		occumulated preciation	(d) Book value
1a	Land	. 98,	71				98,071
b	Buildings	. 574,	251			(161,534)	412,717
C	Leasehold improvements	·					
d	Equipment	. 500,				(456,998)	43,429
<u>e</u>	Other					(221,305)	239,758
Total	Add lines 1a through 1e (Column (d) n	nust equal Form 990-P.	nt X colum	nn (R). line 10c	: 1	<b>▶</b> 1	702 075

Part VII	Investments — Other Securiti Complete if the organization a		m 990. Part IV. line	11b. See Form 9	90. Part X line 12
<del>- , , , </del>	(a) Description of security or cate (including name of security)	<del></del>	(b) Book value	(c) Metho	od of valuation: if-year market value
(1) Financial	derivatives				
	neld equity interests			<del></del>	
(3) Other	N/A				
(A)				<del> </del>	······································
(B)					
(C)					·
(D) (E)					
(F)					
(G)				<del></del>	<del></del>
(H)				· · · · · · · · · · · · · · · · · · ·	
	b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>			
Part VIII	Investments - Program Rela		<u> </u>	<del></del>	<del></del>
	Complete if the organization a		m 990, Part IV, line	11c. See Form 9	90, Part X, line 13.
	(a) Description of investment	t and the second	(b) Book value		od of valuation: if-year market value
(1)					
(2)	<del></del>				
(3)					<del></del>
(4)					
(5)		· · · · · · · · · · · · · · · · · · ·			
(6)					
(8)		<del> </del>		······································	
(9)		<del></del>		<del>4</del>	
Total. (Column (	(b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>			· · · · · · · · · · · · · · · · · · ·
Part IX	Other Assets. Complete if the organization a	<del></del>	m 990, Part IV, line	11d. See Form 9	
		(a) Description			(b) Book value
_(1)					
(2)					
(3)					
(4)			<del>.</del>		
(5)				· · · · · · · · · · · · · · · · · · ·	
<u>(6)</u> <u>(7)</u>			· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	
(8)		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
(9)	<del></del>				
Total. (Colu	ımn (b) must equal Form 990, Part >	(, col. (B) line 15.)	· · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Part X	Other Liabilities.	<del></del>	t t		
	Complete if the organization a line 25.	answered "Yes" to For	m 990, Part IV, line	11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value		· · · · · · · · · · · · · · · · · · ·	
(1) Federal is	ncome taxes				
(2)	•				
(3)					
(4)					
(5)					
(6)					
(7)	· · · · · · · · · · · · · · · · · · ·				
(8)					
(9)	61 15 000 D- 1 V - 1 D1 - 001				
	(b) must equal Form 990, Part X, col. (B) line 25.)			Ja Canadal at the	An Ahna wa4 - 41
2. Liability fo	or uncertain tax positions. In Part XIII, p	rovide the text of the footi	iote to the organization	ı's tinancial statemer	its that reports the

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.
	Complete if the organization answered "Yes" to Form 990, F	art 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	<u> </u>
b	Donated services and use of facilities	2b	]
C	Recoveries of prior year grants	2c ′	1 1
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	1
b	Other (Describe in Part XIII.)	4b	4 1
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 Return.
	Complete if the organization answered "Yes" to Form 990, F		T . 1
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	4 1
b	Prior year adjustments	2b	4
C	Other losses	2c	4
d	Other (Describe in Part XIII.)	2d	0-
e	Add lines 2a through 2d		2e 3
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
a b	Other (Describe in Part XIII.)	4b	- 1
	Add lines 4a and 4b	L	140
С 5			4c   5
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5; Part V, line 4; Part X, line

Schedule D (Foi	m 990) 2014	Page 5
Part XIII	Supplemental Information (continued)	
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# HEDULE orm 990)

artment of the Treasury mal Revenue Service ne of the organization

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

Open to Public Inspection

OMB No. 1545-0047

**Employer Identification number** 

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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 90-0063224 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? · Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (a) (a) Name and address of organization church Outreach Ministry or government ≸

edule I (Form 990) (2014)

edule I (Fc	iedule I (Form 990) (2014)		مطه قا مغمامسمي ماء		"Voc" to Form 000	Zage 1
	Grants and Order Assistance to Domestic Individuals. Complete in the organization answered the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	space is needed	ais. Complete in the	organization answe	350, 350, 350, 350, 350, 350, 350, 350,	alt IV, III 0 66.
	(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 Assist	1 Assisted family with car repairs or payment	2	401			
2 Pald u	2 Paid utility bill for families	2	1,197			
3 Paid se	3 Paid school tuition for youth.	1	1,438			
1 Assist	4 Assisted with rent or mortgage payment.	3	948			
5 Bough	5 Bought fuel for family.	2	354			
3 Assist	3 Assisted with medical bills for family.	80	1,923			
7 Bough	7 Bought grocery gift cards for families.		652			
۲۲ اک	Supplemental Information. Provide the information		required in Part I, line	le 2, Part III, column (b),	i (b), and any otner additional information.	onal information.
		, , , , , , , , , , , , , , , , , , ,				
						Schedule I (Form 990) (2014)

edule | (Form 990) (2014)

(f) Description of non-cash assistance Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 451 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients က (a) Type of grant or assistance I Paid hotel for translent family. art III

101

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2 Bought work clothes/shoes for individual.

3 Assistance to families moving.

200

8

450

173

2

N

3 Paid misc. fees for individuals

art IV

5 School supplies for family.

1 BGCT fund.

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Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I (Form 990) (2014)

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ 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.

Employer identification number

	urch Outreach Ministry	·				90-00632	24		
Part	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	orted on	Method on noncash con			
1	Art – Works of art								
2	Art - Historical treasures	ł							
3	Art-Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods								
6	Cars and other vehicles				<del></del>				
7	Boats and planes				·				
8	Intellectual property								
9	Securities-Publicly traded	/	800 shares FFIN		32,919	FMV			
10	Securities—Closely held stock .								
11	Securities - Partnership, LLC,	1							
	or trust interests					<u> </u>			
12	Securities - Miscellaneous								
13	Qualified conservation					į			
	contribution—Historic					ŀ			
	structures						· · · · · · · · · · · · · · · · · · ·		
14	Qualified conservation					]			
	contribution-Other		<u> </u>						
15	Real estate—Residential	ļ							
16	Real estate—Commercial			<u> </u>					
17	Real estate—Other								
18	Collectibles								
19	Food inventory	<b>✓</b>	community service		91,313	store receip	ts		
20	Drugs and medical supplies	<u></u>		! 		<b> </b>			
21	Taxidermy					<del></del>			<u>.</u>
22	Historical artifacts			· · · · · · · · · · · · · · · · · · ·					
23	Scientific specimens								
24	Archeological artifacts				···				
25	Other ► ()								
26	Other ► ()			<u></u>					
27	Other ► ()								
<u>28</u> 29	Other ► (	   bthe ar			N	l - r		-	
29	Number of Forms 8283 received which the organization completed	•	•						
	winch the organization completed	11 OHH 020	5, Fait IV, Dollee Acknowle	agement		29	т	Yes	No
00-	Divine the way did the average		. h		Dart I Care	. 4		162	NO
30a	During the year, did the organiza 28, that it must hold for at least the								
	to be used for exempt purposes						00-		,
			re notaling period:				30a		/
	If "Yes," describe the arrangemen		stance policy that receive	as the resident	of any ==	n otond			1
31	Does the organization have a contributions?	giit accep	plance policy that require	s uie review	or any no	n-standard			
20-		 				 M none	31		<b>-</b>
32a	Does the organization hire or us contributions?	•	•	• •	cess, or se	en noncash			
							32a		<b>/</b>
aa D	If "Yes," describe in Part II.	n amai t	a aaluma (a) far a +	anachi faccitict	oolum= /-\	io obsalisad			ł
33	If the organization did not report a describe in Part II.	u arnount (f	i column (c) for a type of pro	operty for which	column (a)	is 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.

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

Citychurch Outreach Ministry

Part IX Line #24a Other Expenses:

Part IX Line #24a Other Expenses:				
	(A) Total	(B) Program	(C)Mgmt	(D)Fund
Contract Labor/Janitoral Labor	<b>\$</b> 52,550	46,630	220	5,700
Repair and Maintenance	48,237	39,673	8,200	364
[elephone	17,159	15,028	2,131	
Utilities	48,838	48,838		
Auto-Rep, Ins, Reg	11,684	11,474		210
Equipment Rental	12,284	12,115	169	
Postage and Delivery	22,225		5,556	16,669
Printing and Reproduction	25,273	320	366	24,587
Television airtime	67,650	67,650		
Bank Service Charges	3,995		3,995	
Licenses and Permits	906	866	40	
Supplies: Food	151,059	151,059		
Teaching Supplies	11,360	11,360		
Music Supplies	13,978	13,978		
Other Ministry Supplies	54,895	54,895		
Ministry Supplies: Fuel	22,284	22,284	·	
Activities	45,508	45,508		
Equipment-minor	21,707	11,749	9,439	519
Security	5,481	5,481		
Mission Support	12,477	12,477		
Misc.	6,917	2,943	3,974	
TOTAL	656,467	574,328	34,090	48,049

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer Identification number
Citychurch Outreach Ministry	90-0063224
Part VI Line 2	
Two employees that are directors listed on Part VII who are related to each other through family are moti	ner and son Diana Lane and
Donnie Lane, Jr. The two directors Greg and Dawnette Lusk are husband and wife.	
Part VI Line 19:	
The organization has governing documents, conflict of interest policy, and financial statements in its off	ice, and they are available
for public view upon request.	
Part III 4d	
(Code ) (Expenses \$ 222,072) (Revenue \$ 0 )	
	a shap a tuition from
Citychurch Academy is an early education center committed to a strong Biblical education. Students an	E given a tuition nee
Christian education. At Citychurch Academy, students receive a broad spectrum of fun and educational	opportunities
Including music, art, physical education, and field trips. Citychurch Academy will give young minds a ju	mp start to reading and
continuing their educational journey.	
(Code ) (Expenses \$ 145,202) (Revenue \$ 30,640)	
Citychurch has many ministries to children. During the fall and spring semesters, Citychurch has a wee	kly afterschool club. Children are
met at or near their school. The program begins with a coloring page and ends with sack dinner to take	home, and in between are activities,
crafts, and games. During the summer months, children are brought to our park for Bible lessons, game	es, lunch, snacks ,and crafts.
Each week of the summer, different neighborhoods are targeted for the week long Bible club. Citychurc	h also fills the visible needs
of the children that we minister to, including back to school needs. Citychurch also delivers custom page	ked Christmas boxes to all
children and youth involved in our ministry. The boxes include a blanket, toys, hygiene items, socks, ur	nderwear, and candy. This year
Citychurch facilitated the Camp Hope ministry, a free summer camp for children involved with Citychurch	ch, and a free camp for pre-teens.
(Code ) (Expenses \$ 134,783) (Revenue \$ 0 )	·
The goal of the television and internet ministry is to inspire others to reach out to the hungry and lost ch	nildren of their own city. The
documentary style programming offered on television program and streaming on the internet shows how	w to help others in need.
The message of the show is an outreach to people who cannot attend Citychurch because of geographic	c location, financial situation,

or disability.