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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization: HOLISTIC RESOURCE CRISIS

Employer identification number: 45-3777378

Part I **Reason for Public Charity Status** (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11 check only one box)

1 [ ] A church convention of churches or association of churches described in section 170(b)(1)(A)(i)

2 [ ] A school described in section 170(b)(1)(A)(ii) (Attach Schedule E (Form 990 or 990-EZ))

3 [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)

4 [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name city and state

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) (Complete Part II)

6 [ ] A federal state or local government or governmental unit described in section 170(b)(1)(A)(v)

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)

8 [ ] A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

9 [ ] An organization that normally receives (1) more than 33 1/3 % of its support from contributions membership fees and gross receipts from activities related to its exempt functions - subject to certain exceptions and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 1975 See section 509(a)(2) (Complete Part III)

10 [ ] An organization organized and operated exclusively to test for public safety See section 509(a)(4)

11 [ ] An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3) Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f and 11g

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a [ ] Type I A supporting organization operated supervised or controlled by its supported organization(s) typically by giving the supported organizations the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV Sections A and B

b [ ] Type II A supporting organization supervised or controlled in connection with its supported organization(s) by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C

c [ ] Type III functionally integrated A supporting organization operated in connection with and functionally integrated with its supported organization(s) (see instructions) You must complete Part IV Sections A D and E

d [ ] Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I Type II Type III functionally integrated or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990 EZ

Schedule A (Form 990 or 990-EZ) 2015

BCA

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Schedule A (Form 990 or 990-EZ) 2015 HOLISTIC RESOURCE CRISIS 45-3777378 Page 2

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")					40063.	40063.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total** Add lines 1 through 3					40063.	40063.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support** Subtract line 5 from line 4						40063.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4					40063.	40063.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support** Add lines 7 through 10						40063.

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐

Section C Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	100.00 %

16a **33 1/3% support test - 2015** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2014** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2015** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2014** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐