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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

2016

▶ 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.

Open to Public Inspection

	or the	2016 calendar year, or tax year beginning JANUARY 1, 2016, and endir	g DEC	EMBER 31	
В	Check if	applicable: C Name of organization CHURCH RESPONSE		D Emplo	yer identification nu
	Address	· · · · · · · · · · · · · · · · · · ·		4	51-0141815
<u></u> ı	Name ch	ange Number and street (or P.O. box if mail is not delivered to street address) Room/su	nte	E Teleph	ione number
<u> </u>	nıtial ret			 _	605-342-5360
] 1	Final retu	n/terminated. City or town, state or province, country, and ZIP or foreign postal code		1	
	Amende	والمراهب والم والمراهب والمراهب والمراهب والمراهب والمراهب والمراهب والمراع			receipts \$
	Applicati	on pending F Name and address of principal officer ROBERT BRITT, 255 TEXAS ST APT F			
		RAPID CITY SD 57701			tes included? 🔲 Yes
<u>L`</u>	ax-exer	npt status.	"	"No," attach	a list (see instruction
	Vebsite		H(c) Gro	oup exemptio	on number 🕨
		rganization	tion 19	72 M Stat	te of legal domicile:
Pa	irt i	Summary			
	1	Briefly describe the organization's mission or most significant activities:			
ဦ		TEMPORARY ASSISTANCE FOR THE NEEDY			
Ē					
Activities & Governance	2	Check this box ► ☐ if the organization discontinued its operations or disposed	of more th	ľ	of its net assets.
පි	3	Number of voting members of the governing body (Part VI, line 1a)		3_	
%	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
iţ	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a) 🕡	·	. 5	
룾	6	Total number of volunteers (estimate if necessary)	· · · · · · · · · · · · · · · · · · ·	€ 6	
۲	7a	Total unrelated business revenue from Part VIII, column (C), line 12	2017	O 7a	
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34 . File 2.	<u> </u>	7b	
			Prior	Year	Current Ye
e	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	395,10°	1
5	9	Program service revenue (Part VIII, line 2g)			0
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		(6,304	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,670	6
	12	Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		403,47	3
	13	Grants and similar amounts paid (Part IX, column (A), lines 1~3)		279,74	7
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		72,31	6
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	 		<u> </u>
×	b	Total fundraising expenses (Part IX, column (D), line 25) ▶			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		26,80	1
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		378,86	4
	19	Revenue less expenses. Subtract line 18 from line 12		24,60	
683			Beginning of	Current Yea	r End of Yea
aget	20	Total assets (Part X, line 16)		307,84	6
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		1,39	
	22	Net assets or fund balances. Subtract line 21 from line 20		306,45	1
	rt II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules and state, , and complete Declaration of preparer (other than officer) is based on all information of which prepare			f my knowledge and
	, conec	, and complete declar and my pre-parer (other diamonicer) is based on an information of which pre-pare	- Industry Ni	T 77	A
· 0:		Jours State		3-6	-9-17
Sig		Suplature of officer ROZERT L. BRIT RETIDENT		Date	
He	е	 			
;		Type or print name and title	oto.		PTIN
Pa	id	Print/Type preparer's name Preparer's signature D	ate		(
	pare	r			mployed
Pre	e Onl	y Firm's name ▶		Firm's EIN ▶	·
. Pre		Firm's address ►		Phone no	<u> </u>
Pre: Us		S discuss the roturn with the preparer shown above? (see instructions)		<u> </u>	Yes
Pre Us May	the IF	o discuss this return with the preparer shown above: (see instructions)			r O
Pre Us May	the IF	S discuss this return with the preparer shown above? (see instructions)	No 11282Y		Form 9
Pre Us May	the IF	ork Reduction Act Notice, see the separate instructions. Cat	No 11282Y		rom 3
Pre Us May	the IF	ork Reduction Act Notice, see the separate instructions. Cat	No 11282Y		Form 9
Pre Us May	the IF	ork Reduction Act Notice, see the separate instructions. Cat	No 11282Y		G

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Part	Ш	Statement of Program Service Accompli			
	5	Check if Schedule O contains a response of	or note to any line in the	nis Part III	<u> </u>
1		ly describe the organization's mission:			
	IEM	PORARY ASSISTANCE FOR THE NEEDY			
2	Did 1	he organization undertake any significant pro	gram services during th	ne year which were not listed on the	
			=		☐ Yes ☑ No
	If "Y	es," describe these new services on Schedule	O.		
3		the organization cease conducting, or mak	e significant changes	in how it conducts, any program	
	servi	ces?			☐ Yes 🗹 No
	If "Y	es," describe these changes on Schedule O.			
4	expe	ribe the organization's program service acconses. Section 501(c)(3) and 501(c)(4) organization of the control o	ations are required to r	eport the amount of grants and alloc	
4a	(Cod	e:) (Expenses \$ 250,226 in	cluding grants of \$	32,037) (Revenue \$	322,334)
4b		NG 2016, CHURCH RESPONSE DISTRIBUTED 18 ETRIES, AND OTHER ASSISTANCE TO FAMILIES e:) (Expenses \$in	S AND MADE 523 CLIEN	T INFORMATION REFERRALS.	
4c	(Cod	e:) (Expenses \$ in	cluding grants of \$) (Revenue \$)
4d		r program services (Describe in Schedule 0.)			
40	<u> </u>	enses \$ including grants of \$) (Reve	enue \$)	

Form 99	O (2016)		ı	Page 3
Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	./	
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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		√
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		1
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		· ✓
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		1
	<u></u>		n 99 0	(2016)

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	(2016)			ugo
Part	Checklist of Required Schedules (continued)		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<u> </u>	163	1
		20a		✓_
Þ	The state of the s	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			١,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ļ .		1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	L
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	ł		
	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	1		
	through 24d and complete Schedule K. If "No," go to line 25a	24a	•	1
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		 •
•	to defease any tax-exempt bonds?	04-		١,
	·	24c		-
d - 25-	5	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?			١.
	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	İ		
	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			1
	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):	1		1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			<u> </u>
	Schedule L, Part IV	28b	ļ	1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	-
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule will be organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	_	
30	conservation contributions? If "Yes," complete Schedule M	00		,
24		30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			,
20		31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			١,
22	·	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		/
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	[-
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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	İ

Form **990** (2016)

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 8ox 3 of Form 1096. Enter -0- if not applicable 1a 1	4		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
20	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
ь	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	120	_	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	}		ļ
	account)?	4a		✓
ь	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	1		
	(FBAR).	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	/
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		/
C C-	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	0-		
ь	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		-
D	qifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	05		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ļ
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		· · ·
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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	ļ	1
ā	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	,
9	sponsoring organization have excess business holdings at any time during the year?	<u>8</u>	 	/
a	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:	-		- `
а	Initiation fees and capital contributions included on Part VIII, line 12	1		ļ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	7		
а	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.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40	<u> </u>	 -
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	 -
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			}
U	the organization is licensed to issue qualified health plans			[
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	—	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
Casi	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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		/
7a	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			Ť
а	The governing body?	8a	✓	Í
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
40-	Did the averaginative have level shoutons have been a supplicated?	10-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 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				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14		1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?]]		
a	The organization's CEO, Executive Director, or top management official	15a		1
þ	Other officers or key employees of the organization	15b		/
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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	100		
Secti	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interval of the confidence of	erest i	ooliev	v. and
	financial statements available to the public during the tax year.			., 4
20	State the name, address, and telephone number of the person who possesses the organization's books and re	coras.		
	LYNDA MENTELE, CHURCH RESPONSE, 30 MAIN STREET, RAPID CITY, SD 57701 605-342-5360	Form	990	(2016)

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Form **990** (2016)

Form 990 (2016)

Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest Compensated	Employees, and
	Independent Contractors				

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization por any related organization compensated any current officer, director, or trustee

Check this box if neither the organization no	r any relate	d orga	anız	atio	n co	ompe	ensa	ated any curren	t officer, director	r, or trustee.
	I			(()					
(A)	(B)	l		Pos				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
Nume and This	hours per					or/trus			compensation from	amount of
	week (list any	-						from	related	other
	hours for	ă₫		Officer	e)	曹	1 9	the	organizations	compensation
	related organizations	<u>8</u> €	重	ĕ	9	loy	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	ᅙᄛ	8		Key employee	8 8	i	(W-2/1099-WISC)		and related
	line)	Individual trustee or director	3		ğ.	퓛				organizations
		8	Institutional trustee			S.				
			8			Highest compensated employee	L			
(1) ROBERT BRITT, PRESIDENT			'							
	_			✓	_		-			
(2) KIM YORK, VICE-PRESIDENT	.75		1	١,						
	ļ	<u> </u>		[✓			ļ			
(3) GAIL WINGERT, SECRETARY	.75		i i	١,		ĺ				·
	<u> </u>			1	_	ļ	<u> </u>			
(4) GLENNA BOOKS, TREASURER	.75			}						
·		<u> </u>		✓			<u> </u>			
(5) LYNDA MENTELE, DIRECTDOR	40			1	1					1
	T	1		ĺ	1	✓		41,750	0	0
(6)	<u> </u>						Τ			
	- 	1								
(7)		 	╁	┢	H		<u> </u>			
_\'\'.		1			1		1			
(0)	-	├	-	 	 	 	+	 		
(8)	- 					ŀ		Ì		
	_	 		<u> </u>	ļ		-	<u> </u>		
(9)						•	1			
			<u>L</u>		L					
(10)									1	
		1						İ		
(11)										
<u> </u>		1						}		
(12)		<u> </u>	 		 		†	1		
\12/		1					1	}	1	
(42)	+	\vdash	+	╁	+		+	 	 	
(13)		-{								
	_	_	1	<u> </u>	-	ļ		ļ		
(14)								}		
	1	1	1	i	ł	I	ļ	}		1

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
			(C) Position											
	(A) Name and title	(B) Average		ot ch	eck	more	than o		(D) Reportable	(E) Reportable	.		(F) mated	
	Hamb and the					is both or/trust		compensation	compensation from			ount of		
		week (list any hours for	오늘	큺	Q	<u>چ</u>	급포	تر	from the	related organization	10		ther ensati	on
		related	함	蓋	Officer	Key employee	phes	Former	organization	(W-2/1099-MI		fro	m the	
		organizations below dotted	ctor ctor	one		oldu	88]	(W-2/1099-MISC)				nızatıo related	
		line)	Individual trustee or director	Institutional trustee		/e e	Highest compensated employee		[orgar	nzation	าร
			a a	8	[sate							
(15)					-		_ a_	-						
(16)					-									
(17)														
					_									
(18)														
(19)														
(20)														
(21)														·
(22)														
(23)														
(24)					 			-						
(05)		ļ			_	_		-	 					
(25)	······································	}												
1b	Sub-total		· · ·	<u> </u>	<u>. </u>	<u>. </u>			41,750		_			
С	Total from continuation sheets to Part	VII, Sectio	n A					•						
d								▶	41,750					
2	Total number of individuals (including but reportable compensation from the organic		d to th	ose	e list	ed	above	e) w	nho received m	ore than \$10	0,000	of		
													Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est comper	sated			١.
_	employee on line 1a? If "Yes," complete											3		/
4	For any individual listed on line 1a, is the organization and related organizations													
	Individual	greater th	<i>.</i> .					., 	· · · · ·			4		1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ındi		5		1
Section	n B. Independent Contractors							-				1 -	L	J
1	Complete this table for your five highest	compensat	ed inc	depe	end	ent	contr	act	ors that receive	ed more than	\$100	,000 of		
	compensation from the organization. Repyear.	oort compe	nsatio	on fo	or th	ne c	alend	lar y	year ending wit	h or within th	ne orga	anızatio	on's t	ax
	(A) Name and business add	lress		-		-			(B) Description of s	ervices		(C) Compens	ation	
								-						
					_			1			· ·			
					_									
2	Total number of independent contractor received more than \$100,000 of compens							tr	nose listed abo	ove) who				

Part	VIII	Statement of Reve Check if Schedule O		2 1001	onso or note to	any line in this	Dort VIII		П
		Check ii Scheddie O	Contains	a res	onse of note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats Tts	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .		1b			Ì		
B, G	С	Fundraising events .		1c					
E E	ď	Related organizations		1d					
Ji 3,	е	Government grants (con		1e		[
atio er S	f	All other contributions, gi					ļ		
들		and similar amounts not inc		1f	291,132		[
ng out	9	Noncash contributions includ			180,324				
	h	Total. Add lines 1a-1	· · ·	• • •	Business Code	291,132		 	
Ě	2a								1
Program Service Revenue	b								
	C	***************************************							
	ď								
S	e								
gra	f	All other program serv							
P	g	Total. Add lines 2a-2			🕨				
	3	Investment income							
		and other similar amo	•		i	10,213	10,213		
	4	Income from investment		•					
	5	Royalties							
		_	(i) Rea		(ii) Personal				
	6a	Gross rents							
	b	Less: rental expenses							
	C	Rental income or (loss)	(-		
	d	Net rental income or (Gross amount from sales of	(i) Securi		(ii) Other				
	7a	assets other than inventory	(i) Securi		(ii) Galei				
	b	Less: cost or other basis and sales expenses .				ļ			
	С	Gain or (loss)							
	d	Net gain or (loss) .							
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reporte See Part IV, line 18	ed on line 1						
ŧ	Ь	Less: direct expenses				1			
O	1	Net income or (loss) f			L				
		Gross income from ga See Part IV, line 19	aming activ	ities.					
	b	Less: direct expenses							
		Net income or (loss) f	•	_	vities ▶				
	1	Gross sales of in returns and allowance	es	· a					
	b	Less: cost of goods s				1			
	C	Net income or (loss) f		of inve		20,990	20,990		
	<u></u>	Miscellaneous R	levenue		Business Code	1			
	11a							<u> </u>	
	b								
	<u>د</u>	All other verses in			 				
	d	All other revenue .							
	12	Total. Add lines 11a- Total revenue. See in				200 005	24 202		
	· · · ·	. otal revellue. Oce II	ion donoris		<u>····</u>	322,335	31,203		Form 990 (2016)

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	_			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	193,169	193,169		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	41.750	20.075	20.075	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	41,750 22,246	20,875	20,875	
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,170		3,170	
10	Payroll taxes	4,929	3,316	1,613	
11	Fees for services (non-employees):				
a	Management				
b	Legal	5 205		5 205	
c d	Lobbying	5,305		5,305	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	2,674	227	2,447	
14	Information technology [310		310	
15	Royalties				
16	Occupancy	11,400	9,960	1,440	
17	Travel	870	434	436	
18	Payments of travel or entertainment expenses		Í		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20 21	Interest				
22	Depreciation, depletion, and amortization				
23	Insurance	4,812		4 012	
24	Other expenses Itemize expenses not covered	7,012		4,812	
	above (List miscellaneous expenses in line 24e. If			1	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)			j	
а	EQUIPMENT RENTAL	1,725	1,725		
b	CONTRACT (DAY) LABOR	454	454		
С	LICENSE FEES	160		160	
d	INVENTORY/RECONCILIATION ADJUSTMENT	513		513	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	293,487	252,406	41,081	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

_		Check if Schedule O contains a response or note to any line in this Pal	rt X		🛘
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	8,253	1	7,667
	2	Savings and temporary cash investments	96,659	2	95,355
	3	Pledges and grants receivable, net [3	
	4	Accounts receivable, net	4,728	4	3,247
	5	Loans and other receivables from current and former officers, directors,			
Assets		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
	6	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	0	6	0
	7	Notes and loans receivable, net	0	7	0
Ą	8	Inventories for sale or use	86,236	8	102,310
	9	Prepaid expenses and deferred charges	1,656		1,758
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	110,314	11	120,456
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	307,846		330,793
	17	Accounts payable and accrued expenses	1,394		1,408
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			-
<u>ia</u> p		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	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,394	26	1,408
80		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets	231,609	27	260,838
æ	28	Temporarily restricted net assets	24,842		19,956
P	29	Permanently restricted net assets	50,000	_	50,000
ڃ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
Ž		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
330	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	306,451		329,386
	34	Total liabilities and net assets/fund balances	307,875	34	330,794

Page	12
Page	12

					<u> </u>
Part					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>	V
1	Total revenue (must equal Part VIII, column (A), line 12)	1		32	2,335
2	Total expenses (must equal Part IX, column (A), line 25)	2		29	3,486
3	Revenue less expenses. Subtract line 2 from line 1	3		2	8,849
4	4		30	6,451	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule 0)	9		2	2,935
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		32	9,386
Part	XII Financial Statements and Reporting		-		
	Check if Schedule O contains a response or note to any line in this Part XII				V
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other MODIFIED CA	SH			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	i i		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			
	reviewed on a separate basis, consolidated basis, or both:		-		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a		·	
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versight			
	of the audit, review, or compilation of its financial statements and selection of an independent according	untant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain in			
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			•
	the Single Audit Act and OMB Circular A-133?		3a		1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3ь		
			Forn	990	(2016)

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.

OMB No. 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

➤ 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.

Inspection

Name	of the	organization					Employer identification	number
		RESPONSE						41815
Pai		Reason for Public Cha						ns.
	_	ization is not a private founda			-	•	•	
1		church, convention of churc						
2 3	_	a school described in section A hospital or a cooperative ho		·			• •	
4	ΠA	medical research organizations in a cooperative no medical research organizations in a cooperative no medical research organizations in a cooperative no medical research organizations in a cooperative no medical research organization and cooperative no medical research organization and cooperative no medical research organization and cooperative no medical research organization and cooperative no medical research organization and cooperative no medical research organization and cooperative no medical research organization organization organization	on operated in co					(iii). Enter the
5	□A	on organization operated for ection 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit descπbed in
6		federal, state, or local gover						
,	7 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 i	n section 170(b))(1)(A)(vi). (Complete I	Part II.)			
9	u	n agricultural research organ or university or a non-land-gra niversity:	int college of agr	riculture (see instructio	ons). Ente	er the nan	ne, city, and state of	the college or
10	re sı a	on organization that normally eceipts from activities related upport from gross investment cquired by the organization a	to its exempt fu t income and un ifter June 30, 19	inctions—subject to ci related business taxal 75. See <mark>section 509(</mark> a	ertain exc ble incom a)(2). (Coi	ceptions, ne (less so mplete Pa	and (2) no more that ection 511 tax) from art III.)	n 331/3% of its
11		n organization organized and	•		-			
12		In organization organized and If one or more publicly suppo						
		Check the box in lines 12a thro						
а		Type I. A supporting organ the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	_	Type II. A supporting orga control or management of	nization supervis	sed or controlled in co	nnection	with its s		
		organization(s). You must		_		, po. 000		_goo coppooa
С		Type III functionally integ its supported organization						ally integrated with,
d		Type III non-functionally that is not functionally interrequirement (see instructional see instruction	grated. The orga	inization generally mus	st satisfy	a distribu	ition requirement an	
е		Check this box if the organ functionally integrated, or	nization received Type III non-fund	a written determination	on from tl	ne IRS the	at it is a Type I, Type ion.	e II, Type III
f		ter the number of supported o						
_ <u>_</u>		ovide the following information	7 · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	(f) A In Abra		43.4	6.7 A
	(I) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)					-			
Tota			 			 		

Schedule A (Form 990 or 990-EZ) 2016 Page 2 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) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total grants, contributions. Gifts. membership fees received. (Do not include any "unusual grants.") . . . 313,163 323.385 352.086 395,101 291.132 1,674,867 revenues levied for organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge O 0 Total. Add lines 1 through 3. . . . 313,163 323,385 352,086 395,101 291,132 1,674,867 5 The portion of total contributions by person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 1,674,867 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 313,163 323,385 352,086 395,101 291,132 1,674,867 8 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar 9.275 13,448 3,995 (6,304)10,213 30,627 9 Net income from unrelated business activities, whether or not the business is regularly carried on o 0 n n 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 27,200 41,360 24,699 14,676 20,990 128,925 Total support. Add lines 7 through 10 11 1,834,419 12 Gross receipts from related activities, etc. (see instructions) 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) Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 91.30 % 15 Public support percentage from 2015 Schedule A, Part II, line 14 92.06 % 331/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2016. 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

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

18

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

(Complete only if you checked the box on line 10 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	dilder the te	oto notou box	ovv, pioudo ot	Jinpioto i uit	,	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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	_					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, secon				and the second s
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line to		-				%
16	Public support percentage from 2015 Sch			<u> </u>	<u> </u>	16	<u>%</u>
Secti	on D. Computation of Investment In					1 1	
17	Investment income percentage for 2016 (-			<u>%</u>
18	Investment income percentage from 2015						% %
19a	331/3% support tests -2016. If the organ						
b	17 is not more than 331/3%, check this box 331/3% support tests—2015. If the organization 18 is not more than 331/3%, check this	zation did not o	check a box on	line 14 or line	19a, and line 10	6 is more than 3	331/3%, and
20	Private foundation. If the organization di	-	_				
_20	r invate roundation. If the organization of	G HOL CHECK &	DOX OF HIS 14	, 13a, UL 13D,	CHECK HIS DOX		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Supporting	Organizations
	~ ~ ~ ~ ~	ouppoi unig	O garnzanons

-			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b In Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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.	4b		,
С	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.	4c		! !
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).	5a	_	,
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?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.	5c		,
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	-	-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		,
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	_	·
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
þ	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.)	10h		

Done	

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ь	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			·
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the]		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,]
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
•		1_		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations	<u></u>	L	L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ŀ
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s).	1		<u> </u>
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	 '-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		
	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	Ì		
	supported organizations played in this regard.	3		
Section	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	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ın	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	l		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	,	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		ļ
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.	OL.		
9	·	2b	<u> </u>	<u> </u>
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
а	trustees of each of the supported organizations? Provide details in Part VI.	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		\vdash
~	of its supported organizations? If "Ves" describe in Part VI the role played by the organization in this regard	3h		İ

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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 pnor-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

1 2	organizations, in excess of income from activity			Current Year		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity					
·	organizations, in excess of income from activity	empt purposes of suppo	_ii			
	Administrative expenses paid to accomplish exempt purp		rrea			
3		3 Administrative expenses paid to accomplish exempt purposes of supported organizations				
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.	· · · · · · · · · · · · · · · · · · ·		. 21		
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive			
	(provide details in Part VI). See instructions.		•			
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2016:					
а						
b						
С	From 2013					
d	From 2014					
е	From 2015					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2016 distributable amount					
<u>i</u>	Carryover from 2011 not applied (see instructions)					
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2016 from Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2016 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2017. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а						
b	Excess from 2013					
С	Excess from 2014					
d	Excess from 2015					
е	Excess from 2016					

III, B, 3a	applemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, les 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
OTHER INCOME	E: PART II, LINE 10 DESCRIPTION: NET AMOUNT EARNED FROM FOOD CERTIFICATES PURCHASE AND SALES
2012 27,200	·
2013 41,360	
2014 24,699	······································
2015 14,676	
2016 20,990	
	······································
	······································

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2016

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No. 1545-0047

Name o	of the on	ganization		Emplo	yer identification number
CHURCH RESPONSE					51-0141815
Par	t I	Organizations Maintaining Donor Adv Complete if the organization answered '			Accounts.
			(a) Donor advised funds		(b) Funds and other accounts
1		number at end of year			
2		egate value of contributions to (during year)			
3	Aggre	egate value of grants from (during year) .			
4		egate value at end of year			
5		ne organization inform all donors and donor are the organization's property, subject to the			
6	only f	ne organization inform all grantees, donors, a for charitable purposes and not for the benefaring impermissible private benefit?	it of the donor or donor advisor, or f	or any	other purpose
Par		Conservation Easements.			
		Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7.		
1		ose(s) of conservation easements held by the			
	☐ Pr	eservation of land for public use (e.g., recreat	tion or education) 🔲 Preservation o	f a hist	orically important land area
	☐ Pr	otection of natural habitat	☐ Preservation of	f a cert	tified historic structure
		reservation of open space			
2		plete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in th	e form of a conservation
	easer	nent on the last day of the tax year.			Held at the End of the Tax Year
а					2a
b		acreage restricted by conservation easement			2b
C		per of conservation easements on a certified h			2c
d		per of conservation easements included in	(c) acquired after 8/17/06, and not	on a	
		•			2d
3		per of conservation easements modified, trans	sferred, released, extinguished, or terr	ninate	d by the organization during the
	tax ye				
4		per of states where property subject to conser			
5		the organization have a written policy regions, and enforcement of the conservation ear			
6	Staff a	and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing	conserv	vation easements during the year
7	Amou ▶\$	nt of expenses incurred in monitoring, inspectin	g, handling of violations, and enforcing	conser	vation easements during the year
8		each conservation easement reported on line ection 170(h)(4)(B)(ii)?	• • •	sectio	n 170(h)(4)(B)(i) · · · · · ☐ Yes ☐ No
9	balan organ	t XIII, describe how the organization reports on the sheet, and include, if applicable, the text of ization's accounting for conservation easeme	f the footnote to the organization's finents.	ancial	statements that describes the
Part	HI	Organizations Maintaining Collections Complete if the organization answered "			r Similar Assets.
1a	works	organization elected, as permitted under SF/s of art, historical treasures, or other similar	assets held for public exhibition, ed	lucatio	n, or research in furtherance of
_		service, provide, in Part XIII, the text of the fo			
b	works public	organization elected, as permitted under SIs of art, historical treasures, or other similar service, provide the following amounts relations	assets held for public exhibition, eding to these items:	lucatio	n, or research in furtherance of
	(i) Re	venue included on Form 990, Part VIII, line 1			> \$
	(ii) As	sets included in Form 990, Part X			> \$
2		organization received or held works of art, ing amounts required to be reported under Si			s for financial gain, provide the
a b		nue included on Form 990, Part VIII, line 1 . s included in Form 990, Part X			

Part	III Organizations Maintaining	Collections of	Art, Historical T	reasures, or O	ther Similar Ass	ets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		her records, chec	k any of the follo	wing that are a sig	inificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	rams	
b	☐ Scholarly research					
c	☐ Preservation for future generations					
4	Provide a description of the organiza XIII.	tion's collections a	and explain how the	ney further the or	ganization's exem _l	pt purpose in Part
5	During the year, did the organization					,
	assets to be sold to raise funds rather		ined as part of the	organization's co	ollection?	☐ Yes ☐ No
Part	Complete if the organization 990, Part X, line 21.	answered "Yes"			•	
1a	Is the organization an agent, trustee included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following ta	able:		
_	Descioning halance			-		nount
C	Beginning balance			10	-	
d	Additions during the year Distributions during the year			10		
e f	Ending balance			1		
2a	Did the organization include an amount		art X. line 21. for e			☐ Yes ☐ No
	If "Yes," explain the arrangement in P	•			•	
	Endowment Funds.	· · · · · · · · · · · · · · · · · · ·				
	Complete if the organization		" on Form 990, F			
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	110,314	116,692	115,186		· · · · · · · · · · · · · · · · · · ·
b	Contributions				19,980	
С	Net investment earnings, gains, and					
	losses	10,142	(6,378)	1,506	11,130	9,110
d	Grants or scholarships Other expenditures for facilities and		·			
е	programs					
f	Administrative expenses					
g g	End of year balance	120,456	110,314	116.692	115,186	84,076
2	Provide the estimated percentage of t					0 1,070
а	Board designated or quasi-endowment		%			
ь	Permanent endowment ▶	42%	•			
C	Temporarily restricted endowment ▶	58%				
	The percentages on lines 2a, 2b, and	-				
3a	Are there endowment funds not in the	e possession of th	e organization tha	at are held and ac	iministered for the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) ✓
L	(ii) related organizations					3a(ii) ✓
ь 4	Describe in Part XIII the intended uses	•	,			[3b]
Part			in a chaowine it	1103.		
	Complete if the organization		" on Form 990. F	Part IV. line 11a.	See Form 990. F	Part X. line 10.
	Description of property	(a) Cost or ot	her basis (b) Cost o	r other basis (c)	Accumulated epreciation	(d) Book value
1a	Land					
b	Buildings					
С	Leasehold improvements					
d	Equipment					
e	Other					
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part X, column	(B), line 10c.) .	▶	· -

Part VII	Investments—Other Securities		ome COO Boot IV line	- 11b Coo Form	OOO Dort V line 12
	Complete if the organization and				
	(a) Description of security or category (including name of security)	жу	(b) Book value		hod of valuation -of-year market value
(1) Financial					
	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)				·	
(F)					
(G)			-		
(H)			-		
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments—Program Relate Complete if the organization and		orm 990, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		hod of valuation. -of-year market value
(1)					
(2)					
(3)					
(4)					
(5)		·			
(6)					<u> </u>
(7)					
(8)				· 	
(9)	()				
	b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>			
Part IX	Other Assets.		000 David N/ lim	. 11d C	000 Dark V line 45
	Complete if the organization an	(a) Description	orm 990, Part IV, Im	e 11a. See Form	(b) Book value
		(a) Description			(b) book value
(1)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)		····			
(9)		 			·
	mn (b) must equal Form 990, Part X,	col. (B) line 15.)		>	
Part X	Other Liabilities. Complete if the organization an	swered "Yes" on Fo	orm 990, Part IV, line	e 11e or 11f. See	e Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
					
(8)					
	b) must equal Form 990, Part X, col. (B) line 25.)				
	uncertain tax positions. In Part XIII, pro		note to the organization	n's financial stateme	nts that reports the
	s liability for uncertain tax positions und				

Part		Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T
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:	
a	Net unrealized gains (losses) on investments	
b		-
C	Recoveries of prior year grants	4 [
d	Other (Describe in Part XIII.)	1 22
е 3	Subtract line 2e from line 1	2e
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	1
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	11
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	1
С	Other losses	
ď	Other (Describe in Part XIII.)] {
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)] .]
C	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIII Supplemental Information.	
	the the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b	
z, Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	normation.
		······································
PART	V, LINE 4: TEMPORARY ASSISTANCE FOR THE NEEDY (FOOD, UTILITIES, AND OTHER ASSISTANCE).	
	•••••••••••••••••••••••••••••••••••••••	

SCHEDULEI (Form 990)

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

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

▶ Attach to Form 990.

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OMB No 1545-0047

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%□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Employer Identification number ✓ Yes 51-0141815 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) 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 (d) Amount of cash grant (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (c) 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service CHURCH RESPONSE Name of the organization Part Part II 3 (6) 5 Ξ Ξ 3 9 ε £ 8 9

Schedule I (Form 990) (2016)

Cat No 50055P

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

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2

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

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

רמים ביים ביים ביים מחוקתים של וויים מלמים ביים ביים ביים ביים ביים ביים ביים ב	אומו אלא וומכתם	•			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 FOOD DISTRIBUTED	15,738	0	160,206	160,206 \$1.53/LB	FOOD BAGS
2 UTILITIES	185			ACTUAL	UTILITY PAYMENTS
3 TOILETRIES DISTRIBUTED	2,428	0	926	926 \$1.53/LB	TOILETRIES
4 BIRTH CERTIFICATES/PICTURE ID'S	09			ACTUAL	BIRTH CERTIFICATES/PICTURE ID'S
5 MISCELLANEOUS	523	0		ACTUAL	INFORMATION REFERRALS
6 TOILETRY VOUCHERS	101			ACTUAL	VOUCHER PAYMENTS-TOILETRIES
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	de the information r	equired in Part I, lin	e 2; Part III, column	(b); and any other addit	ional information.

PART 1, LINE 2: INDIVIDUALS ARE SCREENED FOR INCOME GUIDELINES AND AWARDED BENEFITS SET BY THE CONTRIBUTOR.

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

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Schedule I (Form 990) (2016)

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

2016

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Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990.

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

irs.gov/form990. Inspection
Employer identification number

	CH RESPONSE				·	51-01418	15		
Part	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on	Method o			
1	Art-Works of art								
2	Art-Historical treasures								
3	Art-Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities — Publicly traded								
10	Securities — Closely held stock .								
11	Securities—Partnership, LLC,								
	or trust interests	ļ							
12	Securities — Miscellaneous	ļ							
13	Qualified conservation contribution — Historic	1							
	structures	ļ				}			
14	Qualified conservation	 							
17	contribution—Other	i				Ì			
15	Real estate — Residential								
16	Real estate — Commercial	<u> </u>							
17	Real estate — Other				·				
18	Collectibles	<u> </u>							
19	Food inventory	1			179407	\$1.53/lb			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (TOILETRIES)	1			917	1.53/lb			
26	Other ► ()								
27	Other ► (L							
28	Other ► (<u> </u>		<u></u>					
29	Number of Forms 8283 received								
	which the organization completed	Form 828	3, Part IV, Donee Acknowle	agement		29	0	V1	Ma
								Yes	NO
30a	During the year, did the organiza							- 1	
	28, that it must hold for at least to be used for exempt purposes								,
	, , ,		e notating beloa?				30a	- +	<u> </u>
_	If "Yes," describe the arrangement		stance policy that require	as the rovious	of any a	nnetandard]	
31	Does the organization have a contributions?		tance policy that require			JIIDIANUAIU			,
320	Does the organization hire or use					all noncach	31		
32a	contributions?	•	-	· •			32a	l	1
_							अटत		
33	If "Yes," describe in Part II. If the organization didn't report an	amount in	column (c) for a type of pro	nerty for which	roluma (a)	is checked		- 1	
-	describe in Part II	anount m	waiting to for a type of pro	POLY TO WILLOW	~101111 (G)				

chedule M	Form 990) (2016) Page	2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.	_
		••
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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.

2016

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.

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Name of the organization		Employer identification number						
CHURCH RESPONSE		51-0141815						
PART VI-A, LINE 8a: MONTHLY MEETINGS ARE HELD WITH MINUTES TAKEN.								
PART VI-A, LINE 8d: MONTHLY MEETINGS ARE HELD WITH MINUTES TAKEN.								
PART VI-B, LINE 11a: ALL OFFICERS CAN BE REACHED BY MAIL AT THE ORGANIZATION'S ADDRESS.								
PART VI-C, LINE 19: ALL DOCUMENTS ARE OPEN TO THE PUBLIC UPON REQUEST TO THE ORGANIZATION.								
PART XI, LINE 9: OTHER CHANGES IN ASSETS ON FUND BALANCES: TOTA	L \$22,935							
DECREASE IN CASH (\$ 583)								
DECREASE IN SAVINGS (\$ 1,304)								
DECREASE IN RECEIVABLES (\$ 1,481)								
INCREASE IN INVENTORY \$15,774								
INCREASE IN PREPAID INSURANCE \$ 102								
INCREASE IN INVESTMENTS \$10,142								
INCREASE IN ACCOUNTS PAYABLE \$ 14								
INVENTORY ADJUSTMENT \$ 271								
PART XII, LINE 1: MODIFIED CASH, INCLUDES INVENTORY AND CASH RECEIVA	BLES.							