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For	. 9 9	10	Return o	of Org	anizatio	on Exempt	Fron	Income	: Ta	ıx	1	OMB No. 1545-00)47
,			Under section 501(c),	_		•						2016	j
_			1			mbers on this for						pen to Pub	ılic
Depa	artment of nai Reven	the Treasury ue Service			-	nd its instructions		-	•			Inspection	
Ā	For the	2016 caler	dar year, or tax year b				016, and			iber 31	, 2	0 16	
В	Check if	applicable:	Name of organization Cit	tychurch	Outreach M	inistry				D Employ	er ider	ntification numb	er
	Address	change	Doing business as								90-0	063224	
	Name ch	ange	Number and street (or P.C), box if ma	iil is not delive	red to street address)) Ro	com/suite		E Telephoi	ne nur	nber	
	Initial ret	um 🏻	05 S. Polk St.								(806)	371-0089	
	Final retu	n/terminated	City or town, state or prov		try, and ZIP or	foreign postal code			- 1				
닏	Amende		marillo, TX 79101-142							G Gross re			<u> </u>
Ш	Applicati		Name and address of prin			Lane, Jr.						ates? ∐Yes 🕍	•
			505 S. Bolton, Amarilk									ded? ∐Yes b∠ ee instructions)	No
	Website	npt status:	<u>⊯</u> 501(c)(3) citychurchamarillo.co	501(c) () ((ms	ert no) 🔲 4947(a)(1	or L					-	
-				Associat	on Other		I Vear of		000	exemption M State			rx -
	art I	Summa			-Oi () Obles		E real of	TOTTIADOT		IN State	or lega	a domicile.	<u> </u>
	1		cribe the organization	n's missi	on or most	significant activi	ities: (Citychurch's c	omm	itted to th	e pri	nciple that Go	d
æ]	-	ose for every child reg			-							
Activities & Governance		church wo	ks to transforms the c	lisadvant	aged neigh	porhoods of city I	by makir	ng a commitm	ent t	o change	the li	ves of childre	ก.
19/	2	Check the	box ▶☐ if the orgar	nization o	discontinue	d its operations	or dispo	sed of more	than	25% of	its ne	t assets.	
é	3	Number o	voting members of t	he gover	ming body	Part VI, line 1a)	(Den	/		3			7
٥ğ	4	Number o	independent voting	member	s of the gov	eming body (Pa	it vi in	e∱(g) \		4			4
ğ	5	Total num	independent voting per of individuals emp per of volunteers (esti	oloyed in	calendaty	ear 2016 (Part V	, line 2) Q		5			28
₹	6	Total num	per of volunteers (esti	ımate ıf r	necessary)	31 210N 80	7010	. /धू/· ·		6			800
¥	7a	Total unre	ated business revenu	ue from F	Part VIII, cò	trin (©), line 12	. 19			7a			0
	b	Net unrela	ted business taxable	income t	from Form	990 I, line 34	MIN	1.	<u> </u>	7b			0
						000	AND THE PERSON NAMED IN	Pr	tor Ye		····	Current Year	
9	8		ons and grants (Part \					•		,883,910		1,487	
Revenue	ı	_	ervice revenue (Part \ t income (Part VIII, co					•		7,405 549		···	1,423 801
æ	I		nue (Part VIII, column			•	, , ,	-		0			0
			ue-add lines 8 throu				•		1	,891,864		1,489	
			I similar amounts par							17,437			3,851
	14		aid to or for members		•					0			0
ø	15	Salaries, o	her compensation, em	ployee b	enefits (Par	t IX, column (A), li	ines 5-1	0)		957,738		964	4,655
38	1	· ·	al fundraising fees (P		•			· .		0			0
Expenses	b	Total fund	aising expenses (Par	t IX, colu	ımn (D), line	25) ▶							
ŋ	17	Other exp	enses (Part IX, columi	n (A), line	s 11a-11d	. 11f-24e)				873,730		775	5,727
		•	nses. Add lines 13-1	•	•		ne 25)		1	,848,905		1,754	
	19	Revenue I	ss expenses. Subtra	ct line 18	from line	12	<u> </u>			42,959		(264	,911)
sets or lances								Beginning	of Cu			End of Year	
25 E			s (Part X, line 16) .					·		950,626			,629
Find	ı		ties (Part X, line 26) .					·		36,204			0,118
			or fund balances. Su	ibtract lir	ne 21 from	line 20		<u>- </u>		914,422		645	9,511
_	rt II		re Block		1						 -		
true	per penal e. correct	ues or perjury , and comple	declare that I have extended. Declaration of preparer (uneo unas re Omer divand	ation, including officer) is base	i accompanying sche d on all information o	ectules and of which o	o statements, an reparer has anv	ia to ti knowk	ne bestotit edae.	ny kno	wiedde aug pen	et, it i
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Sig	ın	Signa	are of officer						l_ Dat	te 1			
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	-		r print name and title		1 23	WINC -		-crwi-		 +	-†	<u> </u>	
D~			preparer's name		Preparer's sig	nature		Date		T Chart !	7	PTIN	
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US	2 AIII	7							1-				

Firm's address
May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 11282Y

Phone no.

Yes No Form **990** (2016)

יפ ווווסי	Page Z
Part	· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: Citychurch Outreach is committed to the principle that God has a purpose for every child regardless of their geographical location,
	financial status, religious affiliation, race, or culture. Citychurch Outreach is committed to transforming the disadvantaged
	neighborhoods of our city by making a commitment to change the lives of children.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 326,752 including grants of \$) (Revenue \$ 75,007)
	CityKid Cafe: Fill a bag, feed a child. At the CityKid Cafe, volunteers prepare and deliver food to deliver to several neighborhoods
	of Amarillo. Over 2,000 lunches per day, Monday through Thursday are delivered. Volunteers and Citychurch staff prepare each
	lunch. The lunches consist of a hot item, fruit, cookies, and popcorn. The bags are loaded it trailers and delivered by van or by
	bicycle to the neighborhoods where Citychurch concentrates its ministry. The lunch is usually met with a smile and excitement
	from the child or teen who receives it. The children who receive the lunch begin to look forward to it and depend on it.
	Citychurch also host summer mission groups. Each year Citychurch hosts over 700 missionaries and volunteers who come to
	learn about ministry in the inner-city. Lunches are also fed during spring break and some school holidays. CityKid Cafe's blke delivery program has grown. It is a fuel saving, fun, environmentally friendly way to take children their lunch during the summer.
	CityKid Cafe also fed the children of Citychurch Academy's last semester.
	out the date and the date of the output of t
4b	(Code:) (Expenses \$ 274,132 including grants of \$) (Revenue \$ 44,191) Citychurch has a Sunday worship service for children and families. Vans pick up children for breakfast, children's classes,
	hosts the Jesus Loves You Celebration. It is a citywide crusade with preaching, music, food, and fun. Hundreds are fed and
	ministered to. Citychurch also sent workers on international mission trips to east Africa. The workers went to help
	facilitate a children's outreach, concentrating on meeting physical and spiritual needs of the children they came in contact
	with.
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4c	(Code:) (Expenses \$ 252,472 including grants of \$) (Revenue \$)
	Citychurch has a youth program to reach junior high and high school aged children in the disadvantaged neighborhoods of
	Amarillo. Youth are picked up from the middle school and high schools once a week and brought to the church for meals, music,
	games, and Bible study. Each year, Citychurch takes the students on a summer and spring retreat to get them away from the
	pressures of the inner-city. In 2016, Citychurch took over 20 youth to a youth camp. The camp was located
	in New Mexico, and the camp was provided free of charge to the students.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 449,877 including grants of \$) (Revenue \$ 100)
4-	Total program contine expenses 1 202 222

_ `	· 			_
Form 9	90 (2016) IV Checklist of Required Schedules			Page 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
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		
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		
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		
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		
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	-	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	-	
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			
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		V
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	10	-	
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		,
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
	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		
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	4	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		•
	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		
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		4
	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	14a		<i>y</i>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		-
	If "Yes," complete Schedule G, Part III	19	-	12016

Part	Checklist of Required Schedules (continued)			
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	60-	Yes	No
zu a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		•
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	•	_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	V -	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		•
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	-	1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	1	4
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
	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		\
	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		1
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		1
	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			_
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.	37		>
		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	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			}
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ļ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a		1c	•	
20	Statements, filed for the calendar year ending with or within the year covered by this return 28			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	•	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		¥	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		•
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Ť
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	i	1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		i	(
_	(FBAR).	_~ -	-	_
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>*</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		4
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
OQ.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Off	 	<u> </u>
_	aifts were not tax deductible?	6b		}
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		•
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		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	71		1
9 h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	4	
•	sponsoring organization have excess business holdings at any time during the year?	-8		1
9	Sponsoring organizations maintaining donor advised funds.	-		_
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	1
ь	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	ļ		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	[
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	ĺ		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	l		
122	against amounts due or received from them.)	120	-]	
l2a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		√
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	}	1	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.			·
þ	Enter the amount of reserves the organization is required to maintain by the states in which	}	}	
	the organization is licensed to issue qualified health plans		}	
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	. See in:	struct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		. 🗵
Sect	on A. Governing Body and Management			
10	Enter the number of voting members of the governing body at the and of the towns.	7	Yes	No
(8	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		
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? .	t 3		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	4 5 6		V V
b	one or more members of the governing body?	7a		~
8	stockholders, or persons other than the governing body?	7b		•
8	The governing body?	8a		
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	8 b		•
Cooti	on B. Policies (This Section B requests information about policies not required by the Internal Revo	9	200	-
Jecu	on b. Folicies (This Section Direquests information about policies not required by the litternal never	nue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	j		_
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	J		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, describe in Schedule O how this was done	12c		•
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		!
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
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?	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			;
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed none 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.	on 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 ifinancial statements available to the public during the tax year.	nterest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and Diana Lane, 205 S. Polk St., Amarillo, TX 79101, (806) 371-0089	records	: ▶	

Form 990 (201)	6)										Page
Part VII	Compensation of Officers, Dir	rectors, T	ruste	es,	Ke	y E	mpl	οуε	es, Highest	Compensated	
	Independent Contractors		4				- 1 AI		D- 4341		-
C4' A	Check if Schedule O contains a re	esponse of	note	10	any	/ IIII	e in t	nıs	Part VII	<u> </u>	<u></u>
Section A.	Officers, Directors, Trustees, Ke te this table for all persons require	d to be lied	98, ar	ia r	ugn	est	Com	pei	isated Employ	yees	
organization	n's tax year.										
	of the organization's current offica- ion. Enter -0- in columns (D), (E), and								ividuals or orga	anızations), rega	rdless of amount of
• List all	of the organization's current key en	nployees, if	any.	See	ins	struc	tions	for	definition of "i	kev emplovee."	
	e organization's five current higher										e, or kev emplove
who receive	ed reportable compensation (Box to and any related organizations.	of Form	W-2 a	and/	or	Вох	7 of	Fc	rm 1099-MISC	C) of more than	\$100,000 from th
_	of the organization's former office	ers, key er	nploy	/ 00 S	, ar	nd h	nighe:	st c	ompensated e	mployees who	received more tha
\$100,000 of	f reportable compensation from the	organizatio	n and	any	rel	ated	d orga	aniz	ations.		
List all organization	of the organization's former directly, more than \$10,000 of reportable c	tors or tru	estee:	s th	at r	ece	ived, pizati	in t	he capacity as	s a former direct	tor or trustee of th
	is in the following order: individual										amplewage: higher
	ed employees; and former such pers		3 UI	uii	-	<i>)</i> 13,	IIIOU	luu	Jihar uust oo s,	Onicers, key	ampioyees, mignes
•	his box if neither the organization no		d om	aniz	atic	<u>، ۱</u>	omne	mes	ted any curren	t officer directo	r ortnietoo
Oncok ii	no box in riodrici dio organizzazion no	Turiy relate	T	CII IIZ		<u>(1)</u>	Oilipe	1130	led any curren	li Onicer, directo	i, or trustee.
	(A)	(6)	1			uttion					_
	Name and Title	Average					than		(D) Reportable	(E) Reportable	(F) Estimated
	Table and Teach	hours per					is both or/trus			compensation from	
		week (list any hours for			-	_			from the	related organizations	other compensation
		related	물들	ğ	Officer	٩	동물	Former	organization	(W-2/1099-MISC)	from the
		organizations below dotted		Institutional		employee	88	~	(W-2/1099-MISC)	ĺ	organization and related
		(ine)	1	2		ě	ğ	į	į.	ļ	organizations
		-	8	trustee	1		Highest compensated employee	l		ļ	-
	······		ļ	L	<u> </u>	_	8.	<u> </u> _			· · · · · · · · · · · · · · · · · · ·
(1) Charles	Davenport										
5715 Foxcro	ft Dr, Amarillo, TX 79109-7431		•		~			ļ			
(2) Donnie L	ane, Jr.	30									
2505 S. Bolte	on St., Amarillo, TX 79103		•		•			1	62,776	23,650	
(3) Diana La	ne	40		П							
205 S. Polk,	Amarillo, TX 79101		1		1				74,887		
(4) Kelly Wo	od								1		
	ga, McKinney, TX 75070-4528		1		~			<u></u>			
(5) Greg Lui		15		l							
	, Amarillo, TX 79106	<u> </u>	~	Ш				<u> </u>	3,612		
(6) Dawnette		30									
	, Amarillo, TX 79106		~	\square		<u> </u>		L-	29,863		
(7) Tom Wal	/	 		ll				l			
10643 ECHO	Rd., Clarendon, TX 79226	 	1	 		<u> </u>		<u> </u>			

(9)

(10)

(11)

(12)

(13)

(14)

	(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	(do n box, office or director	ot ch unles	Pos neck is pe	c) intion mon irson linect		one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensatior related organizatio	(E) Reportable pensation from		(F) mated burnt of ther ensatio m the nization related uzations	1
(15)				8	-	_	8	L						
(16)						_	<u> </u>	_						
						L		L						
(17)											1			
(18)	*************************************													
(19)					-			\vdash			$\neg \dagger$			
(20)						-		-						
				Н	_	-		-						
(00)								_						
							ļ	<u> </u>						
(23)								L						
(24)														
(25)														
1b	Sub-total			<u></u>	i		<u>ـــا</u>	•	171,138	23	,650			
c	Total from continuation sheets to Part			-			•	•	171,138	22	.650			·
2 2	Total (add lines 1b and 1c)) wl				0 of		
3	Did the organization list any former off employee on line 1a? If "Yes," complete S							-	loyee, or high	-	nsate	d 3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	oortab	ole c	om	per	satio					θ 🗔		•
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind	lividua	al		
Section	on B. Independent Contractors	,, ,,,,,	ompie		30.,				dar pason	<u> </u>	<u> </u>	5	l	<u> </u>
1	Complete this table for your five highest of compensation from the organization. Rep year.	compensate ort comper	ed ind nsatio	lepe n fo	ende or th	ent (contra	acto ar y	ors that receive ear ending with	d more that h or within t	n \$10 the on	0,000 of ganizatio	n's ta	ax
	(A) Name and business address								(B) Description of s	arvices		(C) Compens	ation	
None								_						
2	Total number of independent contractor received more than \$100,000 of compensations							the		ove) who				
	received more than \$100,000 or compense	AGOII IIOIII U	ile Oil	gen (L	<u>-au</u>	J. 1			0	<u></u>		- Com	990	(2016)

Par	t VIII	Statement of Rev Check if Schedule (0.500	nonce or note t	a any lina in thia	Dort VIII		
	 .	Check ii Schedule (Ocontains	a 165	porise or note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 2	1a	Federated campaign	ns	1a	T		1010100		0.20.4
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b		1 1			\$
۾ چ	С	Fundraising events		1c		1			}
ar /	d	Related organization		1d		1			1
S, E	е	Government grants (co	ntnbutions)	1e		1		}	
E S	f	All other contributions,		Γ] [Ì
₫₩		and similar amounts not in	cluded above	1f	1,412,091] [ļ
Contributions, Giff and Other Similar	g	Noncash contributions inclu	uded in lines 1a	1-1f: \$	75,007]			ł
<u>ુ €</u>	h	Total. Add lines 1a-	1f	<u> </u>		1,487,098			
Program Service Revenue					Business Code	}			
76	2a	Sale of used equipme			900099	275	. 	·	275
æ	b	Sale of nominal good	8 		900099	1,148			1,148
₹.	C				<u> </u>	<u> </u>			<u> </u>
₹.	d				ļ	 			
Ē	е								ļ
ğ	f	All other program se			L			<u> </u>	L
	g	Total. Add lines 2a-2	2f	· · ·		1,423			
	3	Investment income			_	-			900
		and other similar am	•			801			801
	4	Income from investmen		mpt b	ona proceeas	} -		<u> </u>	
	5	Royalties	(i) Rea	·	(ii) Personal	 			
		Crana ranta	(1) 1100		(1) 1 (1) (1)				ļ
	6a	Gross rents Less: rental expenses			 				
	b	Rental income or (loss)			 				
	d	Net rental income or	(loce)		L				ļ
,	7a	Gross amount from sales of	(i) Securit	hes	(ii) Other	+		 	
		assets other than inventory			 `				j
	ь	Less: cost or other basis				1	']
	_	and sales expenses .	1						
	С	Gain or (loss)							
	d								{
	_								
ther Revenue	8a	Gross income from freevents (not including \$	undraising			}	:		
er Re		of contributions report See Part IV, line 18							
g	b	Less: direct expense	s	. b			ĺ		(
	C	Net income or (loss)			events . ▶		i	L	
	9a	Gross income from g				1		l	{
		See Part IV, line 19 .					1		1
	b	Less: direct expense							İ
	C	Net income or (loss)			vities			·	
i	i	Gross sales of in returns and allowance	es	· a			i		
	b	Less: cost of goods s				Į.	i	_	ĺ
i	С	Net income or (loss)		of inve					
į		Miscellaneous I	Revenue		Business Code				
	11a							ļ 	
	b								
	C						·	L	ļ
	d	All other revenue .			L				<u> </u>
	е	Total. Add lines 11a-					· · · · · · · · · · · · · · · · · · ·		
	12	Total revenue. See i	INSTRUCTIONS		🟲	1,489,322			2,224

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (B) Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic individuals. See Part IV, line 22 13,851 13,851 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 191,176 98,887 81,486 10,803 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 21,463 Other salaries and wages 607,823 481,807 104,553 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 123,424 Other employee benefits 90,099 28,388 4,937 9 42,232 Payroll taxes 30,830 9,713 1,689 10 Fees for services (non-employees): Management b C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 50 Advertising and promotion 12 Office expenses 6,714 2,104 4.279 331 13 Information technology 18,542 13,991 1,535 3,016 14 15 Royalties 16 Occupancy 24,435 11,629 12,390 416 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 57.276 52,132 3,267 1.877 22 Depreciation, depletion, and amortization . 26,328 26,328 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 642,382 Schedule O 481,575 62,567 98,240 а b C d All other expenses Total functional expenses. Add lines 1 through 24e 1,754,233 1,303,233 308,178 142.822 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 following SOP 98-2 (ASC 958-720)

F	art X	Balance Sheet					
		Check if Schedule O contains a response of	r note	to any line In this Pa	rt X		
					(A) Beginning of year		(B) End of year
_	1	Cash—non-interest-bearing			95,069	1	58,532
	2	Savings and temporary cash investments		· +	98,038	2	167
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and	forme	r officers, directors.		1-1	
		trustees, key employees, and highest ox	omper	sated employees.		{ }	
	}	Complete Part II of Schedule L				5	-
	6	Loans and other receivables from other disqualified pers	sons (as	defined under section		-	
	-	4958(f)(1)), persons described in section 4958(c)(3)(B), ar		()			
		sponsoring organizations of section 501(c)(9) volur					
29	(organizations (see instructions). Complete Part II of Sche	edule L		- *	6	
Assets	7	Notes and loans receivable, net			7		
8	8	Inventones for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or	1				
	Į.	other basis. Complete Part VI of Schedule D	10a	1,671,621		1 1	
	ь	Less: accumulated depreciation	10b	(951,842)	756,369	10c	719,779
	11	Investments – publicly traded securities			1,150	11	1,151
	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 equa	al line	34) [950,626	16	779,629
	17	Accounts payable and accrued expenses			30,154	17	74,513
	18	Grants payable		18			
	19	Deferred revenue	[19		
	20	Tax-exempt bond liabilities		[20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D .		21	
S	22	Loans and other payables to current and for	omer	officers, directors,			
Ě	i	trustees, key employees, highest compen		employees, and			
Liabilities		disqualified persons. Complete Part II of Schedu	ile L	[22	
3	23	Secured mortgages and notes payable to unrela	ted th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated				24	50,000
	25	Other liabilities (including federal income tax,					
	1	parties, and other liabilities not included on lines	17-2	1). Complete Part X			
	}	of Schedule D			6,050	25	5,605
	26	Total liabilities. Add lines 17 through 25		:::::::::: 	36,204	26	130,118
es	Ì	Organizations that follow SFAS 117 (ASC 958)		ck here ► 🔲 and			1
		complete lines 27 through 29, and lines 33 and]	7	_	
or Fund Balanc	27	Unrestricted net assets) -	894,698	27	633,540
ä	28	Temporarily restricted net assets			19,724	28	15,971
חם	29	Permanently restricted net assets				29	·
₹		Organizations that do not follow SFAS 117 (ASC 95	98), ch	eck here > and]]	,
ō		complete lines 30 through 34.		1		_	ė.
ets	30	Capital stock or trust principal, or current funds	<u>خ</u> و	· · · · · · · · · · · · · · · · · · ·	30	· · · · · · · · · · · · · · · · · · ·	
Net Assets	31	Paid-in or capital surplus, or land, building, or ed	<u>-</u>		31	 	
¥ 7	32	Retained earnings, endowment, accumulated inc			044.600	32	C40 F44
ž	33	Total net assets or fund balances			914,422	33	649,511
	34	Total liabilities and net assets/fund balances .	<u> </u>	<u> </u>	950,626	34	779,629

Form **990** (2016)

Form 9	90 (2016)				Pa	ge 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		<u></u> :	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses. Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10				
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		Γ			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	in	ļ		1
	Schedule O.		ļ			
2a	The state of the s			2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	belic	or 🗂			
	reviewed on a separate basis, consolidated basis, or both:		{	- 1	į	'
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		- (i	
b	Were the organization's financial statements audited by an independent accountant?		. 12	26	Ť	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a			
	separate basis, consolidated basis, or both:)	Ì		١.
	Separate basis Consolidated basis Both consolidated and separate basis		j	ł		1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersig	ht	1	į	_
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant	? :	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in 🗀			
	Schedule O.		ł	j		,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in	Ì	1	
	the Single Audit Act and OMB Circular A-133?		.] :	3a	ļ	•
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	ne 🗀	\neg		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ıdits.	 3	3b	ļ	
				Form	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. ➤ Attach to Form 990 or Form 990-FZ

2016 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Citychurch Outreach Ministry 90-0063224 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 12, check only one box.) 1 \(\int\) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(0). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/8% 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 331/8% 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) ď 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (N) is the organization (v) Amount of monetary (vi) Amount of scribed on lines 1-10 d in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D)

(E) Total

Par							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	guality unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	ion A. Public Support	() 00/0				1	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and					Į į	
	membership fees received. (Do not	4 500 000					
	include any "unusual grants.")	1,580,209	1,728,461	1,696,501	1,883,910	1,487,098	8,376,179
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf		'		ı		
_	·	<u> </u>			ļ	ļ	
3	The value of services or facilities furnished by a governmental unit to the		i			i	
	organization without charge					1	
4	Total. Add lines 1 through 3	1,580,209	1,728,461	1,696,501	1,883,910	1,487,098	8,376,179
-	• • • • • • • • • • • • • • • • • • •	1,000,200	1,720,401	1,030,301	1,003,510	1,407,030	0,370,179
5	The portion of total contributions by					Į į	
	each person (other than a governmental unit or publicly					{	
	governmental unit or publicly supported organization) included on				,	1	
	line 1 that exceeds 2% of the amount)	
	shown on line 11, column (f)					} i	408,758
6	Public support. Subtract line 5 from line 4	-					7,967,421
Secti	on B. Total Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,580,209	1,728,461	1,696,501	1,883,910	1,487,098	8,376,179
8	Gross income from interest, dividends,						
	payments received on securities loans,		İ			ļ	
	rents, royalties and income from similar			ì			
	sources	1,257	1,370	454	549	801	4,431
9	Net income from unrelated business		J	ŀ			
	activities, whether or not the business is regularly carried on		{	{			
40	· ·						
10	Other income. Do not include gain or loss from the sale of capital assets	1	ļ]			
	(Explain in Part VI.)	651	1,403	30,186	5,467	1,423	39,130
11	Total support. Add lines 7 through 10			30,100	3,407	1,420	8,419,740
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for th						n 501(c)(3)
	organization, check this box and stop her	ne					▶ 🗆
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2016 (line 6	i, column (f) div	nded by line 1	1, column (f))		14	95 %
15	Public support percentage from 2015 Sch			<i></i> .		15	95 %
16a	331/3% support test - 2016. If the organic	zation did not	check the box	on line 13, an	id line 14 is 33	31/3% or more,	check this
	box and stop here . The organization qual						
Đ	331/s% support test—2015. If the organization of this box and stop here. The organization						·
			•	•			
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization me Part VI how the organization meets the "1						
	organization						▶ □
b	10%-facts-and-circumstances test-20						
U	15 is 10% or more, and if the organizar	_			•		•
	Explain in Part VI how the organization m						
	supported organization						. ▶ 🗆
18	Private foundation. If the organization did						
	instructions	<u></u>	<u> </u>	<u> </u>	<u></u>		· · > 🗅

Part III	Support Sched	ule for Orga	nizations Describ	ed in Section 509(a)(2)
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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under F	'art 11.
If the organization fails to qualify under the tests listed below, please complete Part II.)	

Secti	ion A. Public Support						
Caler	ndar 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						1
	received. (Do not include any "unusual grants.")		1		Ì	j.	j
2	Gross receipts from admissions, merchandise			T			
	sold or services performed, or facilities furnished in any activity that is related to the]		1	}
	organization's tax-exempt purpose	-	1	ł		1	Ì
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		L				1
4	Tax revenues levied for the						1
	organization's benefit and either paid		ł	ļ	-	ļ	
	to or expended on its behalf						
5	The value of services or facilities	Í	ł	1	1		
	furnished by a governmental unit to the		1	}	1	ļ	ł
	organization without charge		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
6	Total. Add lines 1 through 5				<u> </u>		<u> </u>
7a	Amounts included on lines 1, 2, and 3			}	1	j	}
	received from disqualified persons .						<u> </u>
b	Amounts included on lines 2 and 3	ĺ	Ì	1)]	
	received from other than disqualified		l	})	1	
	persons that exceed the greater of \$5,000		ĺ	l	ł	[ŀ
	or 1% of the amount on line 13 for the year	<u> </u>		ļ	 	<u> </u>	
C	Add lines 7a and 7b			{	ļ		
8	Public support. (Subtract line 7c from line 6.)		{		1		
Sacti	on B. Total Support	L	<u> </u>	l	L	L	
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(4) 2012	(0) 2010	10) 2014	(d) 2015	(e) 2010	ij iotai
10a	Gross income from interest, dividends,				 		
	payments received on securities loans, rents,	,		Ì	1		}
	royalties and income from similar sources .	ļ		}			
b	Unrelated business taxable income (less					·	
	section 511 taxes) from businesses	;		Į.	[
	acquired after June 30, 1975						1
C	Add lines 10a and 10b						T
11	Net income from unrelated business						
	activities not included in line 10b, whether				<u> </u>		1
	or not the business is regularly carned on					L	1
12	Other income. Do not include gain or						}
	loss from the sale of capital assets			})		1
_	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,			}			1
	and 12.)			<u> </u>	L	L	<u> </u>
14	First five years. If the Form 990 is for the organization, check this box and stop her				-		
Cooti	on C. Computation of Public Suppor		<i>.</i>				<u> </u>
15	Public support percentage for 2016 (line 8			2 polymp (f)		145	
16	Public support percentage from 2015 Sch					15	<u>%</u> %
	on D. Computation of Investment Inc					10	
17	Investment income percentage for 2016 (I			v line 13 colu	mn (fl)	17	%
18	Investment income percentage from 2015			•	` ''	18	<u>%</u>
19a	331/3% support tests - 2016. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2015. If the organization						
_	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization de	d not check a	box on line 14.	, 19a, or 19b. o	check this box	and see instr	uctions 🕨 🗍

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.)

Sect	on A. All Supporting Organizations		1	1
	Are all of the approximations supported accominations lated by some in the approximations	r	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).		-	<u> </u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 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		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	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		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5 a	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		-
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.	6		
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		
C	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	10		

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

determine whether the organization had excess business holdings.)

`—	le A (Form 990 or 990-EZ) 2016			Page
Part	Supporting Organizations (continued)			
			Yes	N
11	Has the organization accepted a gift or contribution from any of the following persons?	1	-	}
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	l		
_	below, the governing body of a supported organization?	11a	+	├
	A family member of a person described in (a) above?	11b		-
C 4	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	L	L
Secu	on B. Type I Supporting Organizations		154	
1	Did the directors to intere or membership of one or more supported accordance have the accordance		Yes	N
•	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			l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		Ì
	controlled the organization's activities. If the organization had more than one supported organization,	1	}	1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	}	}	1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	ì	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		1	1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated.	1	1	
	supervised, or controlled the supporting organization.	2	1	1
Secti	on C. Type II Supporting Organizations		L	Щ.
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Γ	1	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1	[
	or management of the supporting organization was vested in the same persons that controlled or managed	Į .	ļ	
	the supported organization(s).	1	l	
Secti	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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ĺ	l	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the]	l]_
	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	İ	İ	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	i	j	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	L	L_
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1	i	
	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	ł	l	ł
	supported organizations played in this regard.		1	
5		3	Ĺ	l
Secu	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	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 in	struct	ions
2	Activities Test. Answer (a) and (b) below.		Van	\$1 -
	• • • • • • • • • • • • • • • • • • • •		Yes	LAC
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	1		
	the supported organizations and explain how these activities directly furthered their exempt purposes,	Ì]	1
	how the experience with the thorne supported experience and how the experience of the supported experience of the	1	i	1

how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2а b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2016			Page 0
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gan	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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	<u> </u>	
Section B - Minimum Asset Amount	Lo_	(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):	L		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	tegrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex-	orted		
_	organizations, in excess of income from activity		•	
3	Administrative expenses paid to accomplish exempt purp	nees of supported area	nizatione	
4	Amounts paid to acquire exempt-use assets	roses or supported orga	IIIZAUOIIS	
5_	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.		······································	
8	Distributions to attentive supported organizations to which	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			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required—explain in Part VI). See			į į
_	instructions.	1		
3	Excess distributions carryover, if any, to 2016:			
a	Excess distributions daily over, it why, to 2010.		······································	
<u>u</u>			<u> </u>	
	From 2012	<u> </u>		· · · · · · · · · · · · · · · · · · ·
<u>c</u>	From 2013			
<u>d</u>	From 2014			
e	From 2015			
f	Total of lines 3a through e			
8	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from		* * * * * * * * * * * * * * * * * * * *	
	Section D, line 7:			t .
а	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·		
	Applied to 2016 distributable amount	***************************************		
c	Remainder, Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2016, if		- 	
5	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:			
a				
b	Excess from 2013			,
c				<u> </u>
<u>_</u>				<u></u>
	Excess from 2016			
ее	EAUGSS HUITI ZUTU		······································	L <u>. </u>

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, 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 B, 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, 3a, 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, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
The other f	or 2012 on Part II, the amount on line 10 (a) is \$53 vending income and \$598 other business income.
The amoun	t on line 10 (2013): \$43 vending income and \$1,360 sale of old bus for scrap metal.
The amoun	t on line 10 (2014): \$300 rental income, \$5,022 unrealized loss on inv., \$33,324 insurance settlement, \$987 sale of nominal goods,
and \$597 s	ale of scrap metal.
The amoun	t on line 10 (2015): \$5,467 sale of nominal goods.
*	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
~*****	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
+	
+	
	,

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

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

OMB No. 1545-0047 2016

Open to Public Inspection

Citychi	rch Outreach Ministry		90-0063224
Part			
	Complete if the organization answered	· · · · · · · · · · · · · · · · · · ·	<del></del>
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (dunng year)		
	Aggregate value of grants from (during year) .		
	Aggregate value at end of year	r advisors in writing that the assets I	hold in donor advised
	funds are the organization's property, subject to the		
	Did the organization inform all grantees, donors,	•	
	only for charitable purposes and not for the bene	<b>–</b>	
	conferring impermissible private benefit?		· _ · · · · · · · · · · · · · · · · · ·
Part			
	Complete if the organization answered		•
	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
	☐ Preservation of open space	نه رانه ده در انه در سود در اندگاه رس در ادامه	in the face of a secondary
	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	iela a qualified conservation contributi	Held at the End of the Tax Year
а			2a
	Total acreage restricted by conservation easemen		
	Number of conservation easements on a certified		1
	Number of conservation easements included in		
	historic structure listed in the National Register .		
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or ter	minated by the organization during the
	tax year -		
	Number of states where property subject to conse	777777	
	Does the organization have a written policy re violations, and enforcement of the conservation ea		· · ·
6	Staff and volunteer hours devoted to monitoring, inspec	ung, nandling of violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspection	ng handling of violations, and enforcing	conservation easements during the year
	►\$	ng, naramig of florations, and officially	tonsolvation easements during the year
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
9	n Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text of	•	nancial statements that describes the
	organization's accounting for conservation easem		
Part			
4-	Complete if the organization answered		
	If the organization elected, as permitted under SF works of art, historical treasures, or other similar	· · · · · · · · · · · · · · · · · · ·	
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar	•	
	public service, provide the following amounts relat	9	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
	if the organization received or held works of art		
	following amounts required to be reported under S	, ,	
	Revenue included on Form 990, Part VIII, line 1 .		• \$
_			<b>-</b> •

Pane	. 2

Part	Organizations Maintaining	Collections of	Art, His	torical T	reasures	, or Ol	her Similar A	ssets	(conti	inued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of th	e follov	ving that are a	signific	ant us	se of its
а	☐ Public exhibition		d	Loan	or exchang	je prog	rams			
b	☐ Scholarly research		е	☐ Other	·					
C										
4	Provide a description of the organizat XIII.	ion's collections a	and expla	ain how t	hey further	the org	ganization's exe	mpt pu	rpose	in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta		-			-		Yes	□ No
Part										
	Complete if the organization	answered "Yes"	" on For	m 990, F	Part IV, line	e 9, or	reported an a	mount	on F	orm
	990, Part X, line 21.	<del></del>								
1a	Is the organization an agent, trustee,									
	included on Form 990, Part X?									
Ь	b if "Yes," explain the arrangement in Part XIII and complete the following table:  Amount									
_	Posinning halance					140		Thount		
c d	Beginning balance		• • •	• • •		10	<del>-  </del>	<del> </del>		
e	Distributions during the year					1e	·	•		
f	Ending balance					11				
2a	Did the organization include an amour							<b>√?</b> □	Yes	□ No
	If "Yes," explain the arrangement in Pa									H T
	Part V Endowment Funds.									
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	e 10.				
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years ba	ck (e) F	our yea	ars back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses		:							-
d	Grants or scholarships									
е	Other expenditures for facilities and programs					-				
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:									
а	a Board designated or quasi-endowment ▶ %									
þ										
¢	c Temporarily restricted endowment ▶ %									
_	The percentages on lines 2a, 2b, and 2	•						_		
3a	Are there endowment funds not in the	e possession of th	e organi	zation tha	at are held	and ad	ministered for t	the	<u> </u>	
	organization by:							-	Ye	s No
	(i) unrelated organizations				· · · ·			. 3a	<u>(i)</u>	
	(ii) related organizations		• • •				·	. 3a		+
ь 4	If "Yes" on line 3a(ii), are the related or Describe in Part XIII the intended uses							. 3	<b>D</b> ]	
Part			ATS BITUC	winentin	inus.		<del></del> ~			<del></del>
r GIL	Complete if the organization		" on For	m 990 F	Part IV/ line	11a	See Form 000	) Part	Y line	a 10
	Description of property	(a) Cost or other	her basis	(b) Cost o	r other basis ther)	(c)	Accumulated epreclation		Book va	
	Land		98,071	·····			-			98,071
1a b	Land	·	574,251	***		<del></del>	199,818	<del></del>		374,433
C	Leasehold improvements	·	3,201			<del></del>	,	<del></del>		
d	Equipment	·	538,236	<b></b> -			499,158			39,078
e	Other		461,063				252,866			208,197
	Add lines 1a through 1e. (Column (d) m	nust equal Form 9		C. column	(B), line 10	)c.)				719779
<del></del>	to to to to to to to to to to to to to t		-,	,	1-7,					

Part VII	Investments - Other Securities	· <del>-</del>	rm 990 Part IV lin	ne 11b. See Form 990, Part X, line 12.
	(a) Description of security or categor		(b) Book value	(c) Method of valuation:
	(including name of security)	,	Ly Dook Value	Cost or end-of-year market value
(1) Financial	derivatives			
• •	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)	**		ļ	
(E)			ļ	
(F)				
(G) (H)			<del> </del>	
	h) met amel Form 000 Port V and All line 11) h		<del>                                     </del>	
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related		L	<u> </u>
Fart VIII			rm 990 Port IV lin	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	Weled 163 Off 10	(b) Book value	(c) Method of valuation:
	tay Description of three stricts		(b) cook value	Cost or end-of-year market value
(1)			<del> </del>	<del></del>
(2)				<del> </del>
(3)		<del></del>		
(4)				<del></del>
(5)				
(6)				
(7)				
(8)	<del></del>		<b> </b>	
(9)				
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
			rm 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
		a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)		··		<u> </u>
<u>(5)</u>				
(6)				·····
			<del></del>	
(8)		······································		<del></del>
(9) Total (Colu	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		
Part X	Other Liabilities.	011 (2) 11110 1019 1 1		
. art x		wered "Yes" on For	rm 990 Part IV lin	e 11e or 11f. See Form 990, Part X,
	line 25.		,, 101	5 5 5 550 i 6iii 650, i 6i i 7,
1.	(a) Description of liability	(b) Book value	<del></del>	
(1) Federal ır	ncome taxes		0	
(2) Employr	ment Taxes		5,605	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 25.) ▶		5,605	
	runcertain tax positions. In Part XIII, prov			
organization'	s liability for uncertain tax positions under	r FIN 48 (ASC 740). Che	eck here if the text of t	he footnote has been provided in Part XIII

Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	]
С	Recoveries of prior year grants	2c	1
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	,	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		l i
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	]
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	
а	Donated services and use of facilities	2a	4 1
b	Prior year adjustments	2b	4
C	Other losses	2c	4
đ	Other (Describe in Part XIII.)	2d	0-
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a   4b	<del> </del>
b	Add lines 4a and 4b		4c
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5
	XIII Supplemental Information.		1
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b	p; Part V, line 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
		******************************	

Schedule D (For	m 990) 2016	Page 5
Part XIII	m 990) 2016 Supplemental Information (continued)	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		+
,	***************************************	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		***************************************

SCHEDULE 1 (Form 990)

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

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

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

Part I General Information on Grants and Assistance

Citychurch Outreach Ministry

Department of the Treasury Internal Revenue Service Name of the organization

2016-004.
2016
Spen to Public Inspection Inspection 80-0083224

1 Does	Does the organization maintain records to sub the selection criteria used to award the grants	ain records to subs	stantiate the amou	ınt of the grants or	assistance, the g	rantees' eligibility f	Does the organization maintain records to substantiate the amount of the grants or assistance, the grants for the grants or assistance, and the selection criteria used to award the grants or assistance?	and
2 Desc	Describe in Part IV the organization's procedu	ization's procedure	s for monitoring	ires for monitoring the use of grant funds in the United States.	nds in the United	States.	•	
Part II	Grants and Other Assistance to De	ssistance to Dor	nestic Organiz	ations and Dom	estic Governm	ents. Complete	omestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	red "Yes" on Form
	990, Part IV, line 21, for any recipient		that received me	ore than \$5,000.	Part II can be di	uplicated if additi	that received more than \$5,000. Part il can be duplicated if additional space is needed.	
1 (a) Name	1 (a) Name and address of organization or government	(g) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WA								
(2)								
<u></u>								
(4)								
(2)								
(9)								
æ								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter 3 Enter	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	n 501(c)(3) and gover rganizations listed	emment organiza in the line 1 table	tions listed in the li	ine 1 table			
For Paperwo	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructions	s for Form 990.		Ö	Cat No. 50055P		Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

Part III 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.

(f) Description of noncash assistance								onal Information.	
(e) Method of valuation (book, FMV, appraisal, other)								the information required in Part I, line 2; Part III, column (b); and any other additional information.	
(d) Amount of noncash assistance								e 2; Part III, columr	
(c) Amount of cash grant	49	262	245	1,063	2,554	6,894	101	equired in Part I, lin	
(b) Number of redplents	2	1	4	4	7	1	-		
(a) Type of grant or assistance recipionial speace is freeded (b) Number of recipients	1 Clothing for children	2 Bill assistance	3 Fuel assistance	4 Utility payment assistance	5 Car repair assistance	6 Paid high school tuition for family	7 Funeral assistance	Part IV Supplemental Information. Provide	

Schedule I (Form 990) (2016)

Part III

Schedule I (Form 990) (2016) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 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.

(a) Type of grant or assistance (b) Number of recipients cash grant concash assistance (c) Amount of noncash assistance (c) Amount of noncash assistance (d) Method of valuation (book, recipients cash grant concash assistance (e) Method of valuation (book, recipients cash grant concash assistance (e) Method of valuation (book, recipients cash grant concash assistance cash grant concash assistance (e) Method of valuation (book, recipients cash grant concash assistance cash grant concash assistance cash grant concash assistance cash grant concash assistance cash grant concash assistance cash grant concash assistance cash grant concash assistance cash grant concash assistance cash grant concash assistance cash grant concash assistance cash grant concash assistance cash grant concash assistance cash grant concash assistance cash grant concash assistance cash grant concash assistance cash grant concash assistance cash grant concash assistance cash grant concash assistance cash grant concash assistance cash grant concash assistance cash grant concash assistance cash grant concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concash as concas 1,330 \$ 543 9 664 n 1 Medical visit and perscription assistance 2 Grocery, baby food, assistance 5 Appliance repair assistance 4 School supply assistance 3 Travel assistance Part IV ø

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service  $\blacktriangleright$  Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

Name of the organization

Citychurch Outreach Ministry

90-0063224

Pari	Types of Property	<del></del>	<del></del>	r				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art - Works of art				†			
2	Art-Historical treasures				<del> </del>			
3	Art — Fractional interests		<del></del>					
4	Books and publications		<del></del>					
5	Clothing and household	<del> </del>			<b> </b>			
3	goods	}						
_	-	ļ			<del> </del>			
6	Cars and other vehicles	<u></u>			<b></b>			
7	Boats and planes	ļ			<b></b>			
8	intellectual property	<b> </b>			<b></b>			
9	Securities—Publicly traded	ļ	<u> </u>					
10	Securities - Closely held stock .	<u> </u>			<u> </u>			
11	Securities—Partnership, LLC,	Į	•		[			
	or trust interests	ļ			}			
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution - Historic	[			[			
	structures	i I			i			
14	Qualified conservation	<b> </b>		<del></del>	<del> </del>			
•	contribution—Other	1			<u> </u>			
45	Real estate—Residential			<del></del>	<del></del>			
15		<u> </u>	<del></del>		<del></del>			
16	Real estate - Commercial	<u> </u>			<del></del> -			
17	Real estate—Other				<b></b>			
18	Collectibles			· · · · · · · · · · · · · · · · · · ·				
19	Food inventory	-	community service	???????	store receipt	8		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()	<u> </u>			<del></del>			
28	Other ► (	ļ	<del></del>	<del></del>	<del> </del>			
29	Number of Forms 8283 received	by the or	ranization during the tax v	year for contributions for	<del>                                     </del>			
25	which the organization completed				امما	0		
	Which the organization completed	1 01111 0200	, i artiv, bonco romovio	2gement	29		Yes	Ala
							162	No
30a	Dunng the year, did the organizat					ļ,		
	28, that it must hold for at least the	nree years	from the date of the initial	contribution, and which isr	n't required	ĺ.		
	to be used for exempt purposes f	or the entir	e holding period?			30a		4
b	If "Yes," describe the arrangement	t in Part II.				1		
31	Does the organization have a	gift accep	stance policy that require	es the review of any no	onstandard			
	contributions?					31		4
32a	Does the organization hire or use				l noncash			Ť
	contributions?		_			32a		مد
b	If "Yes," describe in Part II.				<del>-</del>		<del>  </del>	~
33	If the organization didn't report an	amount in	column (c) for a type of are	nerty for which column (a)	ie chackad	[ .		
•	describe in Part II.	arrount in	ooleriii (o) ioi a type oi pio	porty for willou column (a) i	is criccitou,	Į		

Schedule M (	Form 990) (2016) Pag	је 2
Part II	<b>Supplemental Information.</b> 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.	i,
	or a combination of both. Also complete this part for any additional information.	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Name of the organization

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

Open to Public Inspection Employer identification number

lame of the organization CITYCHURCH OUTREACH MINISTRY			Employer identifica 90-0	tion number 063224
Part IX Line #24a Other Expenses:		-+		
	(A) Total	(B) Program	(C)Mgmt	(D)Fund
Contract Labor	\$ 8,278	1,753	2,925	3,600
Repair and Maintenance	56,326	54,859	1,356	111
Telephone	24,385	23,410	975	
Utilities	41,410	41,410		
Auto-Rep, Ins, Reg	8,499	8,499		
Equipment Rental	3,603	3,603		
Postage and Delivery	42,305			42,305
Printing and Reproduction	43,848	544		43,304
Television airtime & Software Lic.	91,991	84,795		7,196
Bank Service Charges	5,984		5,984	***************************************
Misc. Admin. Expenses	36,505		36,505	***************************************
Supplies: Food	128,953	128,953		
Teaching Supplies	8,893	8,893		
Music Supplies	9,400	9,400		
Direct Program Expenses	73,158	73,158		
Ministry Supplies: Fuel	11,581	11,581		
Equipment-minor	15,237	4,148	9,365	1,724
Benevolence/Mission Support	25,919	25,919		
Misc.	6,107	650	5,457	******
				<u></u>

	642,382	A01 E7E	£2 E£7	98,240
TOTAL	042,302	481,575	62,567	30,240

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
Citychurch Outreach Ministry	90-0063224
Part VI Line 2	
Two employees that are directors listed on Part VII who are related to each other through family are moth	er and son Diana Lane and
Donnie Lane, Jr. The two directors Greg and Dawnette Lusk are husband and wife.	
Part VI Line 19:	
The organization has governing documents, conflict of interest policy, and financial statements in its office	ce, and they are available
for public view upon request.	
Part III 4d	
(O-d-) (5	
(Code) (Expenses \$193,970) (Revenue \$100)	
Citychurch has many ministries to children. During the fall and spring semesters, Citychurch has a week	ly afterschool club. Children are
met at or near their school. The program begins with a coloring page and ends with sack dinner to take to	nome, and in between are activities,
crafts, and games. During the summer months, children are brought to our park for Bible lessons, game	s, lunch, snacks ,and crafts.
Each week of the summer, different neighborhoods are targeted for the week long Bible club. Citychurch	also fills the visible needs
of the children that we minister to, including back to school needs. Citychurch also delivers custom pac	ked Christmas boxes to all
children and youth involved in our ministry. The boxes include a blanket, toys, hygiene items, socks, un	derwear, and candy. This year
Citychurch facilitated the Camp Hope ministry, a free summer camp for children involved with Citychurc	h, and a free camp for pre-teens.
(Code) (Expenses \$ 128,544) (Revenue \$ 0)	
The goal of the television and internet ministry is to inspire others to reach out to the hungry and lost chi	ildren of their own city. The
documentary style programming offered on television program and streaming on the internet shows how	to help others in need.
The message of the show is an outreach to people who cannot attend Citychurch because of geographic	location, financial situation,
or disability.	
(Code) (Expenses \$ 127,363) (Revenue \$ 0)	
Citychurch Academy is an early education center committed to a strong Biblical education. Students are	given a tuition free
Christian education. At Citychurch Academy, students receive a broad spectrum of fun and educational	opportunities
and a jump start to reading before continuing their educational journey.	
Part III 3	
The organization ceased conducting Citychurch Academy, tuition free preschool in June 2017.	