

FORM 990



KATIE ALFORD
COMMUNITY FOUNDATION
OF ABILENE, TX

WHAT IS A 990?

IRS Form 990 is an informational tax form that most tax-exempt organizations must file annually.

IRS Form 990 is:

- the form gives the IRS an **overview** of the organization's activities, governance and detailed financial information;
- designed to **enhance transparency** of the mission and activities and promote compliance with tax law;
- helps donors **research** nonprofits by providing information on mission, programs, results, leadership, and financials.

WHO IS REQUIRED TO FILE A 990?

Private Foundations

- 990PF

Other 501©3 Organizations

- 990 Postcard N
- 990EZ
- 990

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WHO IS REQUIRED TO FILE A 990?

IRS Form	Gross Receipts	Total Assets
990-N	≤\$50,000	
990-EZ	<\$200,000	<\$500,000
990	≥\$200,000	>\$500,000

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WHERE DO
YOU FIND
990'S?



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WHAT DOES YOUR 990
TELL PEOPLE ABOUT YOU?

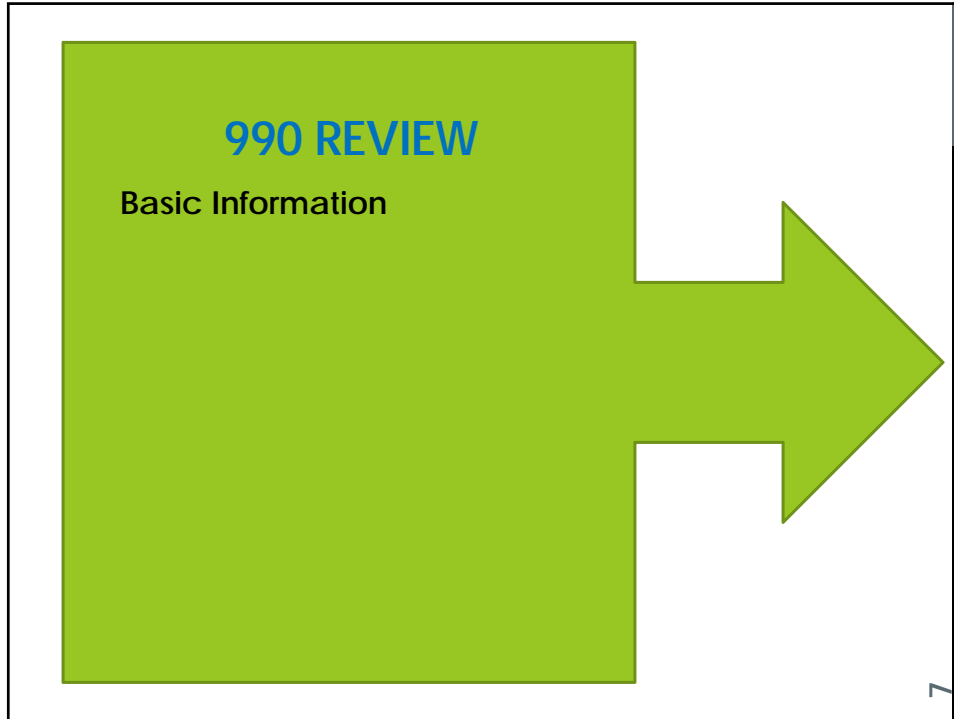
Who is making the decisions

Financial Situation / Stability

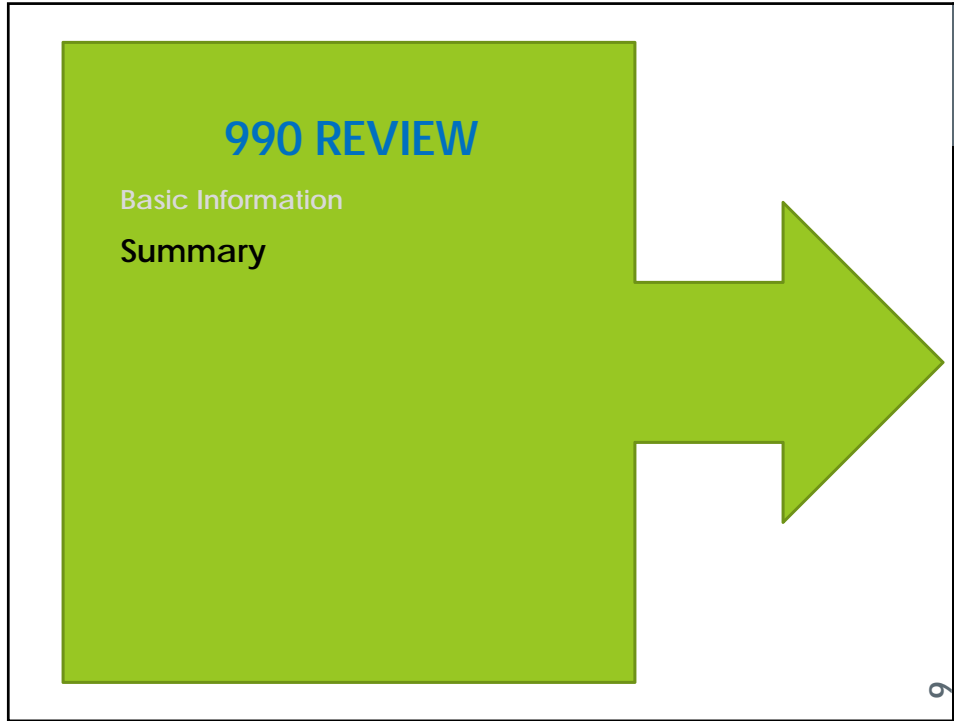
Fundraising

Program Focus / Mission

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efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493271009115		
Form 990 Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public Information about Form 990 and its instructions is at www.irs.gov/form990	
OMB No 1545-0047 2014 Open to Public Inspection		
A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Christian Service Center of Abilene Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 901 Mesquite City or town, state or province, country, and ZIP or foreign postal code Abilene, TX 796014214	
F Name and address of principal officer Jim Clark	D Employer identification number 36-4561080 E Telephone number G Gross receipts \$ 818,092	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
J Website: ▶ www.cscabilene.org	K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation 2004 M State of legal domicile TX		
Part I Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities The Organization provides benevolent assistance and spiritual ministry to people in need	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 10
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 9
	6 Total number of volunteers (estimate if necessary)	6 283
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0



		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,579,425	735,465
	9 Program service revenue (Part VIII, line 2g)	20,478	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	192	1,779
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,927	72,778
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,607,022	810,022
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	197,127
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		155,476	190,038
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶76,763			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		67,337	81,265
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		419,940	473,480
19 Revenue less expenses Subtract line 18 from line 12	2,187,082	336,542	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	2,739,539	3,076,092
	21 Total liabilities (Part X, line 26)		11
22 Net assets or fund balances Subtract line 21 from line 20	2,739,539	3,076,081	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2015-09-28 Date			
	Jim Clark Executive Direc Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Becky Roberts	Preparer's signature Becky Roberts	Date 2015-09-28	Check <input type="checkbox"/> if self-employed	PTIN P00240661
	Firm's name ▶ Roberts & McGee CPA			Firm's EIN ▶ 47-2667061	
	Firm's address ▶ 104 Pine Street Suite 610 Ableene, TX 79601			Phone no (325) 701-9502	

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Basic Information
Summary
Program Services



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Form 990 (2014) Page **2**

Part III Statement of Program Service Accomplishments
 Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission
 The Organization provides benevolent assistance and spiritual ministry to people in need

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 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? Yes No
 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 \$ 326,123 including grants of \$ 202,177) (Revenue \$)
	Christian Service Center provides clients with clothing, food, and/or other needed items or services free of charge through several programs operated by the Center. Standing in the Gap program provides funds when clients are in need of items such as transportation, medication, utilities and rent. Feed the Hungry program provides food to those in need. During the year over 1,495 orders for food were filled. Operation Blue Jeans provides new jeans for school as well as school supplies. Over 475 children received jeans and over 1,670 children received school supplies. Clients are also offered a Bible, bible study, and/or a time of prayer with a minister or volunteer. Overall approximately 6,900 people were served through the Center.

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- Program Services
- Governance**

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
 Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	10	
	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		
b	Enter the number of voting members included in line 1a, above, who are independent	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
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?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
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?		

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII									
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) Chip Whitlock Chair	1 00 0 00	X		X			0	0	0
(2) Nell Sims Secretary	1 00 0 00	X		X			0	0	0
(3) Floyd Miller Director	1 00 0 00	X					0	0	0
(11) Jerr Clark Executive Director	40 00 0 00			X			58,583	0	1,713

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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- Statement of Revenue



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Part VIII Statement of Revenue
 Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c	20,500				
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	714,965				
	g Noncash contributions included in lines 1a-1f \$	134,205				
	h Total. Add lines 1a-1f ▶		735,465			

3 Investment income (including dividends, interest, and other similar amounts) ▶		1,779			1,779
4 Income from investment of tax-exempt bond proceeds . . ▶					
5 Royalties ▶					
	(i) Real	(ii) Personal			
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) ▶					
3 Investment income (including dividends, interest, and other similar amounts) ▶		1,779			1,779
4 Income from investment of tax-exempt bond proceeds . . ▶					
5 Royalties ▶					
	(i) Real	(ii) Personal			
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) ▶					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory					
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss) ▶					

8a	Gross income from fundraising events (not including \$ 20,500 of contributions reported on line 1c) See Part IV, line 18 . . .	a				
		b	21,145			
b	Less direct expenses . . .	b	8,070			
c	Net income or (loss) from fundraising events . . . ▶			13,075		13,075
9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
		b				
b	Less direct expenses . . .	b				
c	Net income or (loss) from gaming activities . . . ▶					
10a	Gross sales of inventory, less returns and allowances . . .	a				
		b	5,100			
b	Less cost of goods sold . . .	b				
c	Net income or (loss) from sales of inventory . . . ▶			5,100	5,100	

	Miscellaneous Revenue	Business Code				
11a	Other Income	624100	251	251		
b	Insurance Proceeds	624100	54,352	54,352		
c						
d	All other revenue					
e	Total. Add lines 11a-11d ▶		54,603			
12	Total revenue. See Instructions ▶		810,022	59,703	0	14,854

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- Statement of Revenue
- Statement of Functional Expenses**

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 <input type="checkbox"/>				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	202,177	202,177		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
5 Compensation of current officers, directors, trustees, and key employees	60,296	24,119	21,103	15,074
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	112,619	42,403	32,842	37,374
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,614	1,053	1,501	1,060
9 Other employee benefits				
10 Payroll taxes	13,509	3,586	2,828	7,095
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
12 Advertising and promotion	14,120			14,120
13 Office expenses	13,068	5,105	6,545	1,418
14 Information technology				
15 Royalties				
16 Occupancy	24,222	21,800	2,180	242
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,568	4,111	411	46
23 Insurance	20,141	18,127	1,813	201
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)				
a Vehicle Expense	3,392	3,392		
b Continuing Education	1,383		1,355	28
c Other Expenses	371	250	16	105
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	473,480	326,123	70,594	76,763

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- Statement of Revenue
- Statement of Functional Expenses
- Balance Sheet**

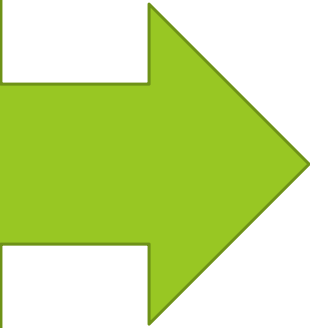
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Part X Balance Sheet		Check if Schedule O contains a response or note to any line in this Part X <input type="checkbox"/>	
		(A)	(B)
		Beginning of year	End of year
Assets	1 Cash—non-interest-bearing	484,684	546,629
	2 Savings and temporary cash investments	297,832	574,068
	3 Pledges and grants receivable, net	1,900	
	4 Accounts receivable, net		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		
	7 Notes and loans receivable, net		
	8 Inventories for sale or use	29,152	33,373
	9 Prepaid expenses and deferred charges		
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	1,983,941	
	b Less accumulated depreciation	61,919	
		1,925,971	1,922,022
	11 Investments—publicly traded securities		
	12 Investments—other securities. See Part IV, line 11		
	13 Investments—program-related. See Part IV, line 11		
	14 Intangible assets		
15 Other assets. See Part IV, line 11			
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,739,539	3,076,092	

Liabilities	17	Accounts payable and accrued expenses		17	11
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	11
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,320,668	27	2,363,510
	28	Temporarily restricted net assets	418,881	28	712,571
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,739,539	33	3,076,081
	34	Total liabilities and net assets/fund balances	2,739,539	34	3,076,082

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- Statement of Functional Expenses
- Balance Sheet
- Public Support Test



Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶						
	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	361,405	486,779	485,905	773,425	731,244	2,838,758
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	361,405	486,779	485,905	773,425	731,244	2,838,758
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						262,838
6 Public support. Subtract line 5 from line 4						2,575,920

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶						
	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	361,405	486,779	485,905	773,425	731,244	2,838,758
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	710	324	171	192	1,779	3,176
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				27,405	59,703	87,108
11 Total support. Add lines 7 through 10						2,929,042
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	87.940 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	88.560 %
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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Statement of Functional Expenses

Balance Sheet

Public Support Test

Other

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Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e 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:

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b**

4 Describe in Part XIII the intended uses of the organization's endowment funds

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Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		151,200		151,200
b Buildings		1,801,819	34,401	1,767,418
c Leasehold improvements				
d Equipment		30,922	27,518	3,404
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,922,022

Schedule D (Form 990) 2014

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	

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SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities** OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014 **Open to Public Inspection**

Name of the organization: Christian Service Center of Abilene
 Employer identification number: 36-4561080

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<input type="checkbox"/> a Mail solicitations	<input type="checkbox"/> e Solicitation of non-government grants
<input type="checkbox"/> b Internet and email solicitations	<input type="checkbox"/> f Solicitation of government grants
<input type="checkbox"/> c Phone solicitations	<input type="checkbox"/> g Special fundraising events
<input type="checkbox"/> d In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Luncheon (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	41,645		41,645
	2	Less: Contributions . . .	20,500		20,500
	3	Gross income (line 1 minus line 2)	21,145		21,145
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs . . .	1,696		1,696
	7	Food and beverages . . .	5,850		5,850
	8	Entertainment			
	9	Other direct expenses . .	524		524
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(8,070)
11	Net income summary Subtract line 10 from line 3, column (d) ▶			13,075	

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2014
Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
Christen Service Center of Abilene

Employer identification number
36-4561080

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 governing body review Part VI line 11	
Conflict of interest policy compliance Part VI line 12c	The Organization has adopted a written conflict of interest policy where officers, directors, and key employees are required to disclose annually any conflicts of interest. This policy is reviewed annually and known conflicts, if any, are monitored on an ongoing basis.
CEO executive director top management comp Part VI line 15a	The personnel subcommittee of the board of directors performs an annual review of the executive director's job performance and salary. This review includes soliciting a completed performance evaluation from each board member, consideration of budgeted allowance for raises for all employees, and periodic reference to annual salaries of other local non-profit organizations.
Governing documents etc available to public Part VI line 19	Requests for governing documents, conflict of interest policy, and financial statements must be submitted to the executive director in writing.

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QUESTIONS?



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