Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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. Inspection

Open to Public

<u> </u>	For the 2	2015 cale	ndar year, or tax year beginn	ing March 1	, 2015, a	nd ending	Febru	Jary 29	, 20 16		
В	Check if a	pplicable:	C Name of organization Henrico	Christmas Mother				D Employ	er identification nu	umber	
	Address c	hange	Doing business as						54-0845145		
	Name cha	inge	Number and street (or P.O. box	if mail is not delivered to stre	et address)	Room/suite		E Telepho	ne number		
П	Initial retu	-	PO Box 70338		· I			,	(804) 236-9741		
$\overline{\Box}$		/terminated	City or town, state or province, or	country, and ZIP or foreign p	ostal code				(001) 200 7711		
Ħ	Amended		Henrico, VA 23255-0338					C C		486.055	
H			F Name and address of principal of	fficer: Harriet Long, Pr	esident			G Gross re			
_	пррисаци	n pending	PO Box 70338, Henrico, VA 2		CSIGCIN		1		subordinates? Yes		
_	T				7		4		s included? Yes a list. (see instructio		
÷	Tax-exem Website:		✓ 501(c)(3) 501 w.henricochristmasmother.or		1 4947(a)(1) or	527	1			113)	
K							H(c) Group				
_	art i		Corporation Trust Ass	ociation Other ►	L Yea	r of formation	: 1942	M State	of legal domicile:	VA	
		Summ									
			escribe the organization's m								
ğ			g with basic needs of food, s								
Activities & Governance			de food, clothing, books and							eason.	
Š			is box ▶ ☐ if the organization			sposed of	more thar	1 25% of	its net assets.		
Ö			of voting members of the go					3		46	
න			of independent voting mem				<i>.</i> .	4		46	
ij			nber of individuals employe			2a)		5		1	
흦			nber of volunteers (estimate					6		600	
Ĭ			elated business revenue fro					7a			
	l d	Net unre	ated business taxable incor	me from Form 990-T, I	ine 34			7b		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
							Prior Ye	ear	Current Ye	ar	
•	8 (Contribu	tions and grants (Part VIII, li	ne 1h)				411,165		484,438	
Ĕ	9 F	Program									
Revenue	10	nvestme	nt income (Part VIII, column	(A), lines 3, 4, and 7d)	🗀		1,680		1,617	
Œ	11 (Other rev	enue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10d	c, and 11e) .	🗀					
			enue-add lines 8 through 1					412,845		486,055	
			nd similar amounts paid (Pa					229		58	
	1		paid to or for members (Par		•						
G			other compensation, employe			j_10)		9,230		8,668	
Expenses			onal fundraising fees (Part IX								
<u>ē</u>			draising expenses (Part IX,		,						
Ж	I.		penses (Part IX, column (A),	* **	le)			439,873		423,979	
	1		enses. Add lines 13-17 (mu		•			449,332		432,705	
			less expenses. Subtract lin					(36,487)		53,350	
- 8			Cabalast III.	0.10.11.11.10.12	· · · · · · · · · · · · · · · · · · ·		inning of Cu		End of Ye		
sets or	20 1	rotal ass	ets (Part X, line 16)					606,512		659,862	
Ass	21 7		ilities (Part X, line 26)					000,312		037,002	
Net Ass Fund Ba	22		ts or fund balances. Subtract	rt line 21 from line 20				606,512		659,862	
_	art II		ture Block	ot and 21 hom and 20		• • •		000,312		037,002	
			ry, I declare that I have examined the	his return, including accomp	oming ashadulas	and statemen		b- b4 -4 -		1114 11.1-	
tru	e, correct,	and compl	ete. Declaration of preparer other t	han officer) is based on all in	formation of whic	h preparer ha	is any knowl	edae.	ny knowledge and	belief, it is	
			Marine H Sha				<u> </u>	11/15	111		
Sig	ın İ	Sign	ature of officer	<u> </u>			Da	10/13/	1/6		
He		1	Now Co State	Treasur	a		De				
	.	Type	or print name and title	1 TERSUT	<u> </u>						
			pe preparer's name	Preparer's signature		Date		7	PTIN		
Pa			ha hashara a rimina	, iopaioi a aignature		Date		Check	□		
	eparer	1					—	self-employed			
Us	e Only						Firm	Firm's EIN ▶			
14-	v the IDC		ddress >	or chause share 0 /-	im manus mail m		Pho	ne no.			
ivia	y trie int	o uiscus:	s this return with the prepar	er snown above? (see	instructions)	· · · ·			· · Yes	No No	

Part	Checklist of Required Schedules			-3
_	1. the constitute described in serious FO(1/2)/O) on 40.47/2)/1) /ethen there are noticed formulation (0.16.6)/o. 7.		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	~	
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? <i>If "Yes," complete Schedule C, Part II</i>	4		v
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		v
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		v
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		v
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	9		,
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		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		,
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		,
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		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~

Part	Checklist of Required Schedules (continued)			
			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
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		~
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 24c		~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	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	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		v
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		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		,
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		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		,
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		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	,	

art	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a)		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	V	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	\\		
b	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		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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)?	40		V
	,	4a		
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 (EDAD)			
	(FBAR).	5a		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	1
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	 -
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	00		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	 	<u> </u>	1
J	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	1		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a	'	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
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? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		~
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	~
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	~
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
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	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	,	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	+
b		\dashv		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	+	1
а	Is the organization licensed to issue qualified health plans in more than one state?	138		+
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	25		
U	the organization is licensed to issue qualified health plans		1	1
_	5 L U servert of records	\dashv		1
1/1a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	V
14a	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b	+	<u> </u>

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	for a	"No" ions.
Sect	ion A. Governing Body and Management	· · ·		· [6]
10			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b 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?	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		~
6 7a	Did the organization have members or stockholders? 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?	_6		V
b		7a		~
8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		~
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	~	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	4	
_	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		~
Secu	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
10a	Did the organization have local chapters, branches, or affiliates?		Yes	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?	10a		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	,	
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14		~
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	15a		•
b	Other officers or key employees of the organization	15b		~
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
9-	with a taxable entity during the year?	16a		~
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		V 443E	
Secti	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed Virginia			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	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 integration in the financial statements available to the public during the tax year.		_	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec Patricia Couch Foster, 361 Dabbs House Road, Henrico, VA 23223. Phone number 804-236-9741.	ords:	>	

Carm	200	(2015)	`
	990	12013	4

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an	d
	Independent Contractors	_
	Check if Schedule O contains a response or note to any line in this Part VII	٦

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. Chack this boy if neither the

Check this box if neither the organization	ation nor any relate	d org	aniz		on c C)	ompe	ensa	ated any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er an	Pos heck ss pe d a c	more rson lirect	e than is both or/trus	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Harriet Long	4							:		
President		1		~		ĺ '	l	0	0	o
(2) Terry Brady	3				-			<u> </u>		
Vice President		~		~				0	o	0
(3) Mary Shaia	8									
Treasurer		~		~				0	0	0
(4) Michelle Poole	3									
Assistant Treasurer		~		~				О	o	0
(5) Robin Smith	1									
Recording Secretary		~		1				о	0	0
(6) Bonnie Abernathy	2									
Corresponding Secretary		~		~				o	o	0
(7) Anne Axselle	0									
Council Member		~						о	0	0
(8) Maria Bagley	1									
Council Member		~						0	0	0
(9) Abby Bing	5									
Council Member		~						О	0	0
(10)Laverne Chapin	0									
Council Member		~						o	o	0
(11)Beverly Cocke	11									
Council Member		~						o	o	0
(12)Andrea Collins	2									
Council Member		~				:		o	o	0
(13)Loretta Dahlstedt	1									
Council Member		~						0	0	0
(14)Tara Daly	2									
Council Member		~						0	o	0

Part \	Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	, ar		ighes	t C	ompensated E	mployees (co	ntinue	ed)																																	
	(A) Name and title	(B) Average hours per week (list any	box, ı	ot ch unles	Posi eck s pe	ition more rson irect	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation frelated	om	(F) Estimat amount othe	t of																																
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compens from the organiza and rela organiza	ation he ation ated																																
(15)Bev	/ Donati	0																																											
	I Member		~		ļ			_	<u> </u>		0			0																															
	sy Foster	2												0																															
	I Member		~				ļ	-	C	1	0																																		
	zanne Fuson	2		Ì							0			0																															
	I Member	1	~	-		├		-		,																																			
3	n Garrett	<u> </u>	-		'	ĺ					o			C																															
	Member	2	-	\vdash	╁	-	 		1		+																																		
3	enda Gibrall il Member		·								o			c																															
	cky Goshorn	4	<u> </u>		├		 	\vdash																																					
<u> </u>	il Member	 	1								0			C																															
	tsy Gottwald	2			1	T	† '''	1																																					
	il Member	†	1			1			(0			(
	gela Harper	3		†																																									
·	il Member	†	1						()	0			(
(23)Ch	ristina Harris	2		Г																																									
	il Member				1									1										 							†			1							0	0			(
(24) Je	an Hayes	1																																											
Counc	il Member		~	_		<u> </u>		\perp	1	0	0			(
(25) Eti	nel Jackson	0					'																																						
Counc	il Member		1			L		1_		0	0																																		
1b	Sub-total			•	•	•		>		D	0																																		
C	Total from continuation sheets to Part			•	•	•	• •			0	0			1																															
d	Total (add lines 1b and 1c)					ted	abov	e) v		<u> </u>) of																																	
	reportable compensation from the organ																																												
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, dire	ctor, <i>I for</i> s	or t	rust inc	tee, divic	key lual		ployee, or hig				Yes	No																															
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re greater th	eporta	able	COI	mpe	ensati	on a	and other com complete So	pensation fro hedule J for	m the sucl	ካ																																	
5	individual	or accrue o	 compe comp	ensa olete	tion	n fro :hec	 om an <i>lule J</i>	y u for	nrelated organ	ization or indi		u 4		<u>,</u>																															
Sacti	on B. Independent Contractors								F =			<u> </u>		<u> </u>																															
1	Complete this table for your five highest compensation from the organization. Reyear.	compensa port comp	ited ir ensat	ion	oend for t	den the	t cont	rac dar	tors that receiv year ending w	ved more thar ith or within th	\$10 ne or	0,000 of ganizatior	า's ta	iΧ																															
	(A) Name and business ac	ldress							(B) Description of	services		(C) Compensat	tion																																
								+																																					
								1																																					
								1																																					
2	Total number of independent contract received more than \$100,000 of comper	tors (includ	ling b	out	not	lim	ited	to	those listed a	bove) who																																			

Par	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	compensated E	mplovees (cont	inued)		age C
				-		C)					T		
	(A)	(B)				ition			(D)	(E)		(E)	
	Name and title	Average					e than o is both		Reportable	Reportable	-	(F)	_
		hours per					is botr or/trust		compensation	compensation from	1	stimated mount o	
		week (list any						, '	from	related	1 "	other	"
		hours for related	Individual trustee or director	SE	Officer	Key employee	콩	Former	the	organizations		npensat	
		organizations	ec d	듩	ğ	8	log est	₫	organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom the	
		below dotted	<u>0</u>	ä		8	8 8		(44-2) 1099-141130)			ganizatio nd relate	
		line)	l st	2		9	g G	1			1	anizatio	
			8	Institutional trustee			Highest compensated employee						
			<u> </u>	۳			ted						
	6) Virginia Johnson	1										***	
	cil Member		~						0	C)		0
2	7) Cheri Langford	1											
	cil Member		~						0	d			0
	8) Debbie LaVecchia	0											
Coun	cil Member		V					i	0	d)		0
(18)(2	9) Betty Lyon	2									 		
Coun	cil Member		/						l 0	c	,		0
(19) (3	0) Charlotte Melton	1						_			1		
Coun	cil Member		~						o		J		•
(20)(3	1) Blanche Moore	1							0	0	1		0
Counc	cil Member		_										_
	2) Karen Moore	4		-					0	0	'		0
32	cil Member								_				
	3) Kelly Neale		~						0	0	<u> </u>		0
3		2									1		
	cil Member		~						0	0	1		0
32	4) Jenny Nelson	2											
	cil Member		~						0	0	ı		0
(24) (3	5) Phyllis Nelson	0									İ		
Counc	cil Member		~						o	0			0
(25)(3	6) Ruth Radzisauskas	2											
Counc	il Member		~			l	1		0	0			0
1b	Sub-total								0	0	 		0
С	Total from continuation sheets to Part	VII. Section	nΔ		•	•	• '		0	0	ļ		
d	T-4-17-332 41 143			•	•	•			0	0	 		0
2							<u> </u>						0
_	Total number of individuals (including but reportable compensation from the organization)	not iimited	to th	ose	IIST	ea a	above) Wi	no received mo	ore than \$100,00)0 of		
	reportable compensation from the organiz	Lation											
3	Did the organization list any former off	ioor diroot									. —	Yes	No
•	Did the organization list any former off employee on line 1a? If "Yes," complete S	icer, direct	or, o	rtru	ıste	e, i	∢eye	mp	loyee, or high	est compensate	1		1
								•			3		~
4	For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	satio	n ar	nd other comp	ensation from th	те		
	organization and related organizations	greater tha	ın \$1	50,C	000	? <i>If</i>	"Yes	;," (complete Sch	edule J for suc	ch		
	individual										4		1
5	Did any person listed on line 1a receive or	accrue co	mper	ısati	on t	fron	n any	unr	elated organiz	ation or individu	al		
	for services rendered to the organization?	If "Yes," co	omple	ete S	Sch	edu	le J fo	or si	uch person .		5	1	1
Section	on B. Independent Contractors												
1	Complete this table for your five highest of	ompensate	d ind	epe	nde	nt c	ontra	acto	rs that receive	d more than \$10	20,000,0	of .	
	compensation from the organization. Rep	ort compen	satio	n fo	r th	e ca	alenda	ar ve	ear ending with	or within the o	rganizat	., ion's t	av
	year.							•			94		u.r.
	(A)		*						(B)		ıc		
	Name and business addr	ess					l		Description of se	rvices	(C) Compen		
	The state of the s									-			
2	Total number of independent contractor	s (including	a but	no	t lis	mite	d to	the	nse listed abo	ve) who			
	received more than \$100,000 of compensa	tion from th	ne org	aniz	zatio	on Þ	·		nated abo	**************************************			

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	s, ar	nd H	lighes	st C	ompensated E	mployees (cor	ntiņu	ed)		
					•	C)								
	(A)	(B)	(do n	ot ch		ition more	than c	ne	(D)	(E)			(F)	
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable compensation	Reportable compensation from			mated of	
		hours per week (list any				_	or/trust	· · · · ·	from	related	HELL		ther	
		hours for	교화	nsti	Officer	Key employee	ang High	Former	the	organizations		•	ensatio	nc
		related organizations	re di	tric	ğ	eg a	loye	₽Ę	organization (W-2/1099-MISC)	(W-2/1099-MISC	"		m the nization	n
		below dotted	악	na		ð	e co		ľ				related	
		line)	Individual trustee or director	Institutional trustee		ă	pen					orgar	nization	IS
			"	e			Highest compensated employee							
(15)(37	') Ann Ragland	3		\vdash							1			
	il Member		~	<u> </u>					0		0			0
J) Vicki Roberts	5	١,											
	il Member	4	-	-	-	-			0		0			0
) Gay Rudis il Member	 	1						٥		0			0
	n Weitiger)) Page Shurley	1	<u> </u>	╁	-	\vdash		-	<u> </u>		╅			
	il Member	 	1	İ					0		0			0
(19) (41) Anne Southworth	0												
Counc	il Member	***************************************	1						0)	0			0
(20) (42	e) Marianne Speece	1												
	il Member		~	<u> </u>	<u> </u>	<u> </u>		<u> </u>	0	<u> </u>	0			0
3	B) Barbara Spencer	11	١.				j		1					
	il Member	1	~		<u> </u>	-			C	1	0			0
3	l) Kathy Stockdon iil Member	 	1							j	o			0
	5) Dorothy Tatem	1	۲Ť	-	1		 	\vdash		1	┪			
	il Member	†	1					1			0			0
	6) Charlotte Tyndall	0			<u> </u>						1			
22	il Member	T	1						C		0			0
(25)								Γ						
		<u> </u>						Ļ			_			
1b	Sub-total			٠	•	•		>	C		0			0
C	Total from continuation sheets to Part			•	•	•	• •			ļ	0			0
<u>d</u>	Total (add lines 1b and 1c)				· lie	ted	above	- A	J	1		of	·	
-	reportable compensation from the organ		u 10 11	1036	5 IIS	leu	above	<i>5)</i> W	nio received in	ore than \$100	,000	, OI		
													Yes	No
3	Did the organization list any former of							emp	oloyee, or high	nest compens	atec	ı	9-4	
	employee on line 1a? If "Yes," complete							•				3		~
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	con	npe	nsatio	on a	and other comp	pensation from	n the	•		
	organization and related organizations	greater th	an \$	150	,000)? <i>I</i>	t "Ye	s, "	complete Sci	nedule J for :	sucr	1		1
_	individual		· ·	·	tion	fro	 m.an		· · · · · ·		idua	4	-	1
5	for services rendered to the organization											5		1
Section	on B. Independent Contractors		حرب						,			5	ŀ	1.
1														
	compensation from the organization. Re													tax
	year.													
	(A) Name and business add	drece							(B) Description of s	services		(C) Compen		
****	ITAITIO DIU DIUSINOSS AUG							\vdash	Dodonpatri di s			Jonnport		
								+						
								T						
					-			T						
2	Total number of independent contract							o tl	hose listed ab	ove) who				
	received more than \$100,000 of compens	sation from	tne o	rgar	ηıza	tion	P			1 - 1			工具整数	

Part	VIII	Statement of Revenue		I' i Al-1-	D-+1/III		raye
		Check if Schedule O contains a respon	se or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, Grants Amounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants,					
Sontribut and Other	g h	and similar amounts not included above 11f Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	484,438 256,091	484,438			
	2a		usiness Code	404,430			
ervice Re	b c d						
Program Service Revenue	e f	All other program service revenue .					
<u> </u>	<u>g</u> 3	Total. Add lines 2a–2f	s, interest, ▶	0 1,617			
	4 5	Income from investment of tax-exempt bond Royalties	_				
	6a b c d	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	>	0			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses .	(ii) Other				
	c d	Gain or (loss)	>	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
ther F	b	See Part IV, line 18 a Less: direct expenses b					
O	с 9а	Net income or (loss) from fundraising every Gross income from gaming activities. See Part IV, line 19	ents . ►	0			
	b c	Less: direct expenses b Net income or (loss) from gaming activities	es >	0			
	10a b	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b					
	с 11а	Net income or (loss) from sales of invento Miscellaneous Revenue	ory > usiness Code	0			
	11a b c	All other revenue					
	e 12	Total. Add lines 11a-11d		0			

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 (ℓ													
Postion 601(6)(3) and 601(6)(4) organizations must complete all columns. All other organizations must complete culumn V	 							l!	All athar	araanizationa muu	t complete	caliimn /	Λı
	 inn b	117/01/3	1 2000	5/17/CV//	I Arganizations	e milet com	niete ali	i commons	All Ollier	OF CARRIZATIONS THUS	i comoreie	CUIUIIIII I	л и.

Do not 3b, 9b,	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
	Grants and other assistance to domestic individuals. See Part IV, line 22	58	58		
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	o	o	0
7	Other salaries and wages	8,056	0	4,688	3,368
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	612	0	335	277
11	Fees for services (non-employees):				0
а	Management		0	0	0
b	Legal	4,000	0	4,000	0
C	Accounting	4,000	0	0	0
d	Lobbying	0			0
e f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column	0	· 0	0	0
	(A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	8,714	330	2,958	5,426
13	Office expenses	755	0	755	0,.20
14	Information technology	0	0	0	Q
15 16	Occupancy	0	0	0	0
17	Travel	0	0	0	C
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	0	0	0	(
20	Interest	0	0		
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization .	0	0	0	(
23	Insurance	1,460	0	1,460	(
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Goods purchased for distribution	152,959			(
b	Non-cash gifts distributed	256,091	256,091	0	
C					
d					
e _25	All other expenses	432,705	409,438	14,196	9,07
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				