

140602
Family Lifeline

2015 Client

Client Copy

Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning 07/01/15 , and ending 06/30/16

54-0737133

FAMILY LIFELINE

Net Asset / Fund Balance at Beginning of Year		<u>2,276,357</u>
Revenue		
Contributions	<u>2,481,480</u>	
Program service revenue	<u>432,939</u>	
Investment income	<u>17,350</u>	
Capital gain / loss	<u>11,510</u>	
Fundraising / Gaming:		
Gross revenue	<u>102,241</u>	
Direct expenses	<u>57,453</u>	
Net income	<u>44,788</u>	
Other income	<u>5,618</u>	
Total revenue		<u>2,993,685</u>
Expenses		
Program services	<u>2,607,146</u>	
Management and general	<u>310,303</u>	
Fundraising	<u>136,003</u>	
Total expenses		<u>3,053,452</u>
Excess / (deficit)		<u>-59,767</u>
Changes		<u>-50,842</u>
Net Asset / Fund Balance at End of Year		<u>2,165,748</u>

Reconciliation of Revenue

Total revenue per financial statements	<u>3,012,808</u>
Less:	
Unrealized gains	<u>-47,279</u>
Donated services	<u>71,965</u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u>2,000</u>
Other	<u>3,563</u>
Total revenue per return	<u>2,993,685</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>3,123,417</u>
Less:	
Donated services	<u>71,965</u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u>2,000</u>
Other	<u> </u>
Total expenses per return	<u>3,053,452</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>2,477,208</u>	<u>2,337,796</u>	
Liabilities	<u>200,851</u>	<u>172,048</u>	
Net assets	<u>2,276,357</u>	<u>2,165,748</u>	<u>-110,609</u>

Miscellaneous Information

Amended return
Return / extended due date 02/15/17
Failure to file penalty _____

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

▶ 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.

A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

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 <p style="text-align: center;">FAMILY LIFELINE</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">2325 WEST BROAD STREET</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">RICHMOND VA 23220-2009</p>	D Employer identification number <p style="text-align: center;">54-0737133</p> E Telephone number <p style="text-align: center;">804-282-4255</p> G Gross receipts\$ 3,160,103
F Name and address of principal officer: <p style="text-align: center;">AMY L. STRITE 2325 WEST BROAD STREET RICHMOND VA 23220-2009</p>		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 type="checkbox"/> No If "No," attach a list. (see instructions)
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(c) Group exemption number ▶
J Website: ▶ WWW.FAMILYLIFELINE.ORG		L Year of formation: 1963
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">SEE SCHEDULE O</p>																									
	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)	26																								
	4 Number of independent voting members of the governing body (Part VI, line 1b)	26																								
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	126																								
	6 Total number of volunteers (estimate if necessary)	247																								
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0																								
	b Net unrelated business taxable income from Form 990-T, line 34	0																								
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">2,556,789</td> <td style="text-align: right;">2,481,480</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">507,470</td> <td style="text-align: right;">432,939</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">34,798</td> <td style="text-align: right;">28,860</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">47,001</td> <td style="text-align: right;">50,406</td> </tr> <tr> <td>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">3,146,058</td> <td style="text-align: right;">2,993,685</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	2,556,789	2,481,480	9 Program service revenue (Part VIII, line 2g)	507,470	432,939	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,798	28,860	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,001	50,406	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,146,058	2,993,685						
	Prior Year	Current Year																								
8 Contributions and grants (Part VIII, line 1h)	2,556,789	2,481,480																								
9 Program service revenue (Part VIII, line 2g)	507,470	432,939																								
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,798	28,860																								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,001	50,406																								
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,146,058	2,993,685																								
Expenses		<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td> <td style="text-align: right;">36,110</td> <td style="text-align: right;">40,580</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td> <td style="text-align: right;">2,580,493</td> <td style="text-align: right;">2,510,001</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">63,000</td> <td style="text-align: right;">66,000</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 136,003</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td> <td style="text-align: right;">473,692</td> <td style="text-align: right;">436,871</td> </tr> <tr> <td>18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">3,153,295</td> <td style="text-align: right;">3,053,452</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">-7,237</td> <td style="text-align: right;">-59,767</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	36,110	40,580	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)	2,580,493	2,510,001	16a Professional fundraising fees (Part IX, column (A), line 11e)	63,000	66,000	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 136,003			17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	473,692	436,871	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,153,295	3,053,452	19 Revenue less expenses. Subtract line 18 from line 12	-7,237	-59,767
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	36,110	40,580																								
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)	2,580,493	2,510,001																								
16a Professional fundraising fees (Part IX, column (A), line 11e)	63,000	66,000																								
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 136,003																										
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	473,692	436,871																								
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,153,295	3,053,452																								
19 Revenue less expenses. Subtract line 18 from line 12	-7,237	-59,767																								
Net Assets or Fund Balances		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">2,477,208</td> <td style="text-align: right;">2,337,796</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">200,851</td> <td style="text-align: right;">172,048</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">2,276,357</td> <td style="text-align: right;">2,165,748</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	2,477,208	2,337,796	21 Total liabilities (Part X, line 26)	200,851	172,048	22 Net assets or fund balances. Subtract line 21 from line 20	2,276,357	2,165,748												
	Beginning of Current Year	End of Year																								
20 Total assets (Part X, line 16)	2,477,208	2,337,796																								
21 Total liabilities (Part X, line 26)	200,851	172,048																								
22 Net assets or fund balances. Subtract line 21 from line 20	2,276,357	2,165,748																								

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 <p style="text-align: center;">AMY L. STRITE</p> Type or print name and title	Date <p style="text-align: center;">PRESIDENT AND CEO</p>
------------------	--	---

Paid Preparer Use Only	Print/Type preparer's name GEORGE G. CROWELL, CPA	Preparer's signature GEORGE G. CROWELL, CPA	Date 02/02/17	Check <input type="checkbox"/> if self-employed	PTIN P00585821
	Firm's name ▶ HARRIS, HARDY & JOHNSTONE, P.C.	Firm's EIN ▶ 54-1451026			
	Firm's address ▶ 300 ARBORETUM PL STE 660 RICHMOND, VA 23236	Phone no. 804-560-0560			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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:

SEE SCHEDULE O

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 \$ **1,846,675** including grants of \$ **6,000**) (Revenue \$)

EARLY CHILDHOOD DEVELOPMENT INCLUDES THE FOLLOWING PROGRAMS: CHILDREN'S HEALTH INVOLVING PARENTS THIS EVIDENCE-INFORMED MODEL BRINGS EDUCATION, HEALTH CARE COORDINATION, DISEASE CASE MANAGEMENT, AND MENTAL HEALTH SUPPORT DIRECTLY INTO FAMILIES' HOMES AS THEY PREPARE THEIR CHILDREN TO GO TO SCHOOL HEALTHY AND READY TO SUCCEED. OUR PROGRAM OBJECTIVES INCLUDE: (1) ENCOURAGING THE EFFICIENT AND COST-EFFECTIVE USE OF HEALTHCARE SERVICES AND OTHER COMMUNITY RESOURCES; (2) ENSURING CHILDREN RECEIVE CONSISTENT PREVENTATIVE AND PRIMARY HEALTH AND DENTAL CARE DURING THE FIRST 5 YEARS OF LIFE; AND (3) PROMOTING THE POSITIVE PHYSICAL, COGNITIVE, SOCIAL, AND EMOTIONAL GROWTH AND DEVELOPMENT

4b (Code:) (Expenses \$ **725,891** including grants of \$) (Revenue \$ **432,939**)

SENIOR CARE: SENIOR CARE INCLUDES TWO PROGRAMS - HOME CARE AND VISITING VOLUNTEERS. BOTH PROGRAMS ARE COMMITTED TO HELPING OLDER ADULTS AGE-IN-PLACE AND REMAIN INDEPENDENT FOR AS LONG AS POSSIBLE. HOME CARE THE HOME CARE PROGRAM PROVIDES OLDER ADULTS AND PERSONS WITH DISABILITIES THE RESOURCES AND ONE-ON-ONE SUPPORT NECESSARY TO MEET THEIR BASIC SELF-CARE, EMOTIONAL, AND PHYSICAL NEEDS IN A SETTING THEY PREFER -- THEIR HOME. PROGRAM OBJECTIVES INCLUDE: (1) PROMOTE HEALTH AND WELLNESS IN THE COMFORT AND SAFETY OF HOME; (2) DELAYING THE NEED FOR MORE EXPENSIVE CARE IN INSTITUTIONAL SETTINGS; (3) REDUCING UNPLANNED ILLNESS AND INJURY; AND (4)

4c (Code:) (Expenses \$ **34,580** including grants of \$ **34,580**) (Revenue \$)

COMMUNITY SERVICES - THE PROGRAM PROVIDES EMERGENCY FOOD FOR FAMILIES IN CRISIS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶ 2,607,146**

Part IV Checklist of Required Schedules

	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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
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		X
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		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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)	X	
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	X	
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		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X
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	X	
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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
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		X
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		X
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		X
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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
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		X
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		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	11		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			
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	126		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
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)?		X
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 (FBAR).		
4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
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?		X
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?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
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	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 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.	26	
1b	Enter the number of voting members included in line 1a, above, who are independent	26	
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
10b	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?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**

BILL JONES **2325 WEST BROAD STREET** **VA 23220** **804-249-5406**
RICHMOND

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(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	Former			
(1) JACOB KERKHOFF	2.00									
DIRECTOR	0.00	X					0	0	0	
(2) KRISTIN M. BOLTON	2.00									
DIRECTOR	0.00	X					0	0	0	
(3) ANNE CHAMBERLAIN	2.00									
DIRECTOR	0.00	X					0	0	0	
(4) PAIGE CLAY	2.00									
DIRECTOR	0.00	X					0	0	0	
(5) JENNIFER JONES KAUFMAN	2.00									
VICE CHAIR	0.00	X		X			0	0	0	
(6) PATTE G. KOVAL	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) SHERI CROWELL	2.00									
DIRECTOR	0.00	X					0	0	0	
(8) ANNE GRIER	2.00									
DIRECTOR	0.00	X					0	0	0	
(9) LORETTA V. TABB	2.00									
CHAIR	0.00	X		X			0	0	0	
(10) CRISTINA RAMIREZ	2.00									
DIRECTOR	0.00	X					0	0	0	
(11) HARRY DOYLE	2.00									
DIRECTOR	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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	Former			
(12) PATRICIA WILKERSON	2.00									
DIRECTOR	0.00	X					0	0	0	
(13) FRONA COLKER	2.00									
DIRECTOR	0.00	X					0	0	0	
(14) KATHRYN GAMMINO	2.00									
DIRECTOR	0.00	X					0	0	0	
(15) LIZ BLUE	2.00									
DIRECTOR	0.00	X					0	0	0	
(16) SAMARA SAYLOR MUSSELMAN	2.00									
DIRECTOR	0.00	X					0	0	0	
(17) ANDREA KUHN	2.00									
DIRECTOR	0.00	X					0	0	0	
(18) BENJAMIN WOODSON	2.00									
TREASURER	0.00	X		X			0	0	0	
(19) CARL WOODSON	2.00									
DIRECTOR	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A							206,408		10,997	
d Total (add lines 1b and 1c)							206,408		10,997	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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	Former			
(20) JENNIFER PITTS	2.00									
DIRECTOR	0.00	X					0	0	0	
(21) EDWINA LINARES	2.00									
DIRECTOR	0.00	X					0	0	0	
(22) LESLIE WYATT	2.00									
DIRECTOR	0.00	X					0	0	0	
(23) NATALIE SMITH	2.00									
SECRETARY	0.00	X		X			0	0	0	
(24) NATHALIA ARTUS	2.00									
DIRECTOR	0.00	X					0	0	0	
(25) ANNE SHIELDS	2.00									
DIRECTOR	0.00	X					0	0	0	
(26) KAREN CHAPPELL	2.00									
DIRECTOR	0.00	X					0	0	0	
(27) AMY L. STRITE	40.00									
PRESIDENT AND CEO	0.00			X			99,951	0	5,454	
1b Sub-total							99,951		5,454	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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	Former			
(28) WILLIE F. JONES FINANCIAL OFFICIAL	40.00 0.00					X		106,457	0	5,543
1b Sub-total								106,457		5,543
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

Client Copy

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,143,913			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,337,567			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		2,481,480			
Program Service Revenue	2a GOVERNMENT FEES	Busn. Code	393,735	393,735		
	b CLIENT FEES		39,204	39,204		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		432,939			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		17,350		17,350	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	120,475			
		(ii) Other				
	b Less: cost or other basis & sales exps.		108,965			
	c Gain or (loss)		11,510			
	d Net gain or (loss)		11,510	11,510		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	102,241			
		b Less: direct expenses		57,453		
c Net income or (loss) from fundraising events			44,788			
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Busn. Code					
11a OTHER		5,618	5,618			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		5,618				
12 Total revenue. See instructions.		2,993,685	450,067	0	17,350	

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

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	40,580	40,580		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	99,531	86,393	10,849	2,289
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	1,893,839	1,645,128	205,762	42,949
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	186,558	172,752	10,448	3,358
9 Other employee benefits	157,595	145,835	8,756	3,004
10 Payroll taxes	172,478	153,157	15,828	3,493
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	24,650		24,650	
d Lobbying				
e Professional fundraising services. See Part IV, line 7	66,000			66,000
f Investment management fees	2,000		2,000	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	62,540	48,800	13,740	
12 Advertising and promotion				
13 Office expenses	2,690	1,287	1,345	58
14 Information technology				
15 Royalties				
16 Occupancy	114,436	103,218	6,580	4,638
17 Travel	74,730	73,590	555	585
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,127	15,964		1,163
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	40,155	35,853	2,692	1,610
23 Insurance	21,865	21,323	203	339
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 CELL PHONES & PAGERS	28,684	26,660	976	1,048
b ORGANIZATION DUES	15,439	15,314		125
c SUPPLIES	12,137	6,739	2,351	3,047
d OTHER PERSONNEL COSTS	7,243	7,062	66	115
e All other expenses	13,175	7,491	3,502	2,182
25 Total functional expenses. Add lines 1 through 24e	3,053,452	2,607,146	310,303	136,003
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	371,617	1	296,130
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	152,500	3	127,561
	4 Accounts receivable, net	218,931	4	203,566
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	80,730	9	110,574
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,411,387		
	b Less: accumulated depreciation	10b 427,289	1,014,368	10c 984,098
	11 Investments—publicly traded securities	639,062	11	615,867
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,477,208	16	2,337,796	
Liabilities	17 Accounts payable and accrued expenses	200,851	17	172,048
	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	200,851	26	172,048
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	1,719,985	27	1,748,974
	28 Temporarily restricted net assets	472,925	28	339,571
	29 Permanently restricted net assets	83,447	29	77,203
	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	2,276,357	33	2,165,748	
34 Total liabilities and net assets/fund balances	2,477,208	34	2,337,796	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,993,685
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,053,452
3	Revenue less expenses. Subtract line 2 from line 1	3	-59,767
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,276,357
5	Net unrealized gains (losses) on investments	5	-47,279
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	-3,563
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,165,748

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

FAMILY LIFELINE

Employer identification number

54 - 0737133

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **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.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,643,894	2,558,692	2,866,922	2,556,789	2,481,480	13,107,777
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	2,643,894	2,558,692	2,866,922	2,556,789	2,481,480	13,107,777
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)						321,041
6 Public support. Subtract line 5 from line 4.						12,786,736

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	2,643,894	2,558,692	2,866,922	2,556,789	2,481,480	13,107,777
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,022	11,448	21,704	34,648	17,350	90,172
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						13,197,949
12 Gross receipts from related activities, etc. (see instructions)					12	1,780,575

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	96.88%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	95.62%

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

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

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

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

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
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.		
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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 .		
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).		
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).		
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 .		
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 .		
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 .		
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.		
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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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 .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section 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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section 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 instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
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.		
3 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 .		
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.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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.)

Client Copy

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2015

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

Name of the organization

Employer identification number

FAMILY LIFELINE

54-0737133

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization FAMILY LIFELINE	Employer identification number 54-0737133
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 575,863	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 76,525	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 120,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 212,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 55,279	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Client Copy

Name of organization FAMILY LIFELINE	Employer identification number 54-0737133
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Client Copy

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

2015

Open to Public Inspection

Name of the organization

Employer identification number

FAMILY LIFELINE

54-0737133

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number of funds, aggregate values, and compliance questions.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	83,447	76,721	72,975	69,152	68,699
b Contributions	787	540	772	1,199	1,511
c Net investment earnings, gains, and losses	-2,656	6,995	7,090	6,494	2,377
d Grants or scholarships	3,563		3,362	3,165	2,929
e Other expenditures for facilities and programs					
f Administrative expenses	812	809	755	705	506
g End of year balance	77,203	83,447	76,721	72,975	69,152

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **▶ 100.00 %**
- b** Permanent endowment **▶ %**
- c** Temporarily restricted endowment **▶ %**

The percentages on 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	X	
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on 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		357,955		357,955
b Buildings		808,625	214,192	594,433
c Leasehold improvements				
d Equipment		244,807	213,097	31,710
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **▶ 984,098**

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements 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	3,012,808
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-47,279	
b	Donated services and use of facilities	2b	71,965	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	24,686
3	Subtract line 2e from line 1		3	2,988,122
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,000	
b	Other (Describe in Part XIII.)	4b	3,563	
c	Add lines 4a and 4b		4c	5,563
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,993,685

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,123,417
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	71,965	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	71,965
3	Subtract line 2e from line 1		3	3,051,452
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	4a	2,000	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	2,000
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,053,452

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE FUND WAS FORMED TO HOLD ENDOWMENTS TO WORK WITH PARENTS TO IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN THROUGH SUPPORT OF CHIP OF GREATER RICHMOND (CHIP).

PART X - FIN 48 FOOTNOTE

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE AGENCY MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON

Part XIII Supplemental Information (continued)

THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE AGENCY AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBTI). THE AGENCY HAS RECOGNIZED NO UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2016. THE AGENCY IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS PRIOR TO 2013.

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

ENDOWMENT GRANTS	\$	3,563
------------------	----	-------

Client Copy

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2015

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

FAMILY LIFELINE

Employer identification number

54-0737133

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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			
MONUMENT GROUP 1 P.O. BOX 7290 RICHMOND VA 23221	FUNDRAISE		X	842,568	66,000	776,568
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				842,568	66,000	776,568

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

VIRGINIA

Part II Fundraising Events. Complete if the organization answered "Yes" on 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
		<u>CHOCOHOLIC</u>		<u>NONE</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	102,241			102,241
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	102,241			102,241
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	57,453			57,453
	10 Direct expense summary. Add lines 4 through 9 in column (d)				57,453
11 Net income summary. Subtract line 10 from line 3, column (d)				44,788	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(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.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

FAMILY LIFELINE

Employer identification number

54-0737133

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) 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 non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

Client Copy

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 MILK FUND - GIFT CARDS	786	34,580			
2 SCHOLARSHIP EXPENSE		6,000			
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**

GROCERY STORE GIFT CARDS ARE NUMERICALLY CONTROLLED BY MANAGEMENT OF THE AGENCY. PERSONS SEEKING EMERGENCY FOOD ASSISTANCE MUST COMPLETE AN APPLICATION PROVIDING ADDRESS, AGE, NUMBER OF FAMILY MEMBERS, ANNUAL INCOME AND REASON THAT THE EMERGENCY AROSE - I.E. DEATH IN FAMILY, LOST RESIDENCE, LOST JOB, ETC. CLIENTS MUST MEET CERTAIN ESTABLISHED CRITERIA TO RECEIVE ASSISTANCE. USAGE REPORTS FROM THE GIFT CARD PROVIDER ARE MATCHED TO A DATABASE OF APPLICATIONS AND EXCEPTIONS AND UNUSUAL ITEMS ARE INVESTIGATED BY MANAGEMENT.

249 FAMILIES RECEIVED GIFT CARDS PROVIDING AID TO 786 PEOPLE.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2015**Open to Public
Inspection**

Name of the organization

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

Employer identification number

FAMILY LIFELINE**54-0737133****FORM 990 - ORGANIZATION'S MISSION**

FAMILY LIFELINE BRINGS HEALTH AND HOPE INTO THE HOME THROUGH A VARIETY OF HOME VISITING PROGRAMS. WHETHER THE FAMILY IS JUST STARTING OUT WITH YOUNG CHILDREN OR CARING FOR AN ELDERLY PARENT, WE ARE THERE AS A LIFELINE TO PROVIDE INTENSIVE PERSONALIZED SERVICE IN THE HOMES OF THOSE WE SERVE. OUR FIVE PROGRAMS - CHIP (CHILDREN'S HEALTH INVOLVING PARENTS) OF GREATER RICHMOND AND PETERSBURG, PARENTS AS TEACHERS, HEALTHY FAMILIES, ELDERFRIENDS AND HOME CARE - PROVIDE TOOLS AND RESOURCES TO HELP FAMILIES ACHIEVE SAFETY, STABILITY AND SUCCESS. OUR PROGRAMS TARGET FAMILIES WITH A VARIETY OF RISK FACTORS - MANY ROOTED IN POVERTY.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

OF MEDICALLY UNDERSERVED CHILDREN. ESSENTIALLY, COMPREHENSIVE HEALTH CARE AND A STABLE HOME ARE THE CORNERSTONES OF EVERY YOUNG CHILD'S PHYSICAL AND EMOTIONAL DEVELOPMENT AND THE FOUNDATIONS OF SCHOOL READINESS, EFFECTIVE LEARNING, AND FUTURE ACADEMIC ACHIEVEMENT.

TEAMS COMPRISED OF A PARENT EDUCATOR, NURSE, AND SOCIAL WORKER FOCUS ON FAMILY WELLNESS AND THE EARLY IDENTIFICATION OF COMPLEX SOCIAL, ENVIRONMENTAL, AND BIOLOGICAL FACTORS THAT MAY NEGATIVELY AFFECT A CHILD'S ABILITY TO LEARN. THE PROGRAM IS AVAILABLE TO LOW-INCOME PREGNANT WOMEN AND FAMILIES WITH YOUNG CHILDREN UNDER THE AGE OF 6, LIVING IN THE GREATER RICHMOND AND PETERSBURG AREAS. SERVICES ARE FREE, VOLUNTARY, AND OFFERED UNTIL PARTICIPATING CHILDREN REACH SCHOOL AGE.

HEALTHY FAMILIES

THIS NATIONAL, EVIDENCE-BASED CHILD ABUSE PREVENTION MODEL OFFERS PARENTS

Name of the organization

Employer identification number

FAMILY LIFELINE**54-0737133**

THE SUPPORT THEY NEED TO RAISE CHILDREN WHO ARE SAFE, HEALTHY, AND READY TO LEARN. THROUGH INTENSIVE HOME VISITATION, SKILL-BASED CURRICULA, AND CONNECTIONS TO RESOURCES, OVERBURDENED FAMILIES LEARN TO PARENT EFFECTIVELY AND COPE WITH THE INHERENT STRESSES OF RAISING CHILDREN.

OUR PROGRAM OBJECTIVES INCLUDE: (1) IMPROVING MATERNAL AND CHILD HEALTH AND WELL-BEING; (2) PROMOTING OPTIMAL CHILD DEVELOPMENT AND SCHOOL READINESS; (3) STRENGTHENING POSITIVE PARENTING KNOWLEDGE AND BEHAVIORS; AND (4) REDUCING THE PERSONAL AND SITUATIONAL STRESSES ASSOCIATED WITH CHILD MALTREATMENT. FUNDAMENTALLY, INFORMED AND KNOWLEDGEABLE PARENTS ARE BETTER PREPARED TO PROVIDE STABLE, NURTURING HOMES, THEREBY ENABLING THEIR CHILDREN TO REACH THEIR FULL POTENTIAL.

ASSESSMENT AND REFERRAL SERVICES ARE AVAILABLE TO NEW AND EXPECTING PARENTS LIVING IN HENRICO COUNTY, THE CITY OF PETERSBURG, AND DINWIDDIE COUNTY. ELIGIBILITY FOR OUR INTENSIVE HOME VISITATION IS BASED ON NEED, WITH THE GOAL OF REACHING PARENTS WHO WILL BENEFIT MOST FROM RECEIVING EXTRA SUPPORT SPECIFICALLY OVERBURDENED PARENTS FACING CHALLENGES THAT WOULD ADD STRESS TO ANY HOME - POVERTY, SINGLE PARENTHOOD, JOBLESSNESS, LIMITED SOCIAL NETWORKS, ETC. SERVICES ARE FREE, VOLUNTARY, AND OFFERED UNTIL PARTICIPATING CHILDREN REACH SCHOOL AGE.

PARENTS AS TEACHERS

THIS INTERNATIONALLY KNOWN, RESEARCH-BASED MODEL PROVIDES ONE-ON-ONE GUIDANCE, GROUP CONNECTIONS, AND A REFERRAL/RESOURCE NETWORK TO PARENTS AS THEY PREPARE THEIR CHILD FOR A STRONGER START IN SCHOOL AND IN LIFE. RECOGNIZING THAT PARENTS ARE A CHILD'S FIRST TEACHER, EACH STRUCTURED HOME VISIT FOCUSES ON PARENT-CHILD INTERACTIONS AND DEVELOPMENT-CENTERED PARENTING, OFFERING THE INFORMATION AND ENCOURAGEMENT PARENTS NEED TO HELP THEIR CHILD DEVELOP OPTIMALLY DURING THE CRUCIAL YEARS OF EARLY LIFE.

Name of the organization

Employer identification number

FAMILY LIFELINE**54-0737133**

OUR PROGRAM OBJECTIVES INCLUDE: (1) INCREASING PARENT KNOWLEDGE OF CHILDHOOD HEALTH AND DEVELOPMENT; (2) IMPROVING POSITIVE PARENTING BEHAVIORS THAT SUPPORT A CHILD'S SOCIAL AND EMOTIONAL COMPETENCE; AND (3) PROVIDING EARLY DETECTION OF DEVELOPMENTAL DELAYS.

SERVICES ARE AVAILABLE TO PREGNANT WOMEN AND FAMILIES WITH CHILDREN UNDER THE AGE OF TWO YEARS WHO ARE LIVING IN THE CITIES OF RICHMOND AND PETERBURG. PRIORITY IS GIVEN TO FAMILIES WITH 2 OR MORE HIGH NEED CHARACTERISTICS (E.G., TEEN PARENTHOOD, LOW-INCOME). SERVICES ARE FREE, VOLUNTARY, AND OFFERED FROM CONCEPTION TO KINDERGARTEN.

IN FISCAL YEAR 2015-2016, OUR EARLY CHILDHOOD PROGRAMS EXPERIENCED GREAT SUCCESS.

SERVED 1,096 FAMILIES, WHICH INCLUDED 1,991 PARENTS AND CHILDREN

97% OF CHILDREN HAD HEALTH INSURANCE COVERAGE

98% OF CHILDREN WERE CONNECTED TO A MEDICAL HOME

98% OF CHILDREN WERE UP-TO-DATE WITH ALL AGE-APPROPRIATE IMMUNIZATIONS

99% OF FAMILIES REMAINED FREE OF CHILD ABUSE AND NEGLECT

95% OF CHILDREN WERE ROUTINELY SCREENED FOR POSSIBLE DEVELOPMENTAL DELAYS

100% OF CHILDREN WITH A CONFIRMED DEVELOPMENTAL DELAY WERE CONNECTED TO

APPROPRIATE THERAPEUTIC SERVICES. NOTE: RESEARCH HAS SHOWN THAT WHEN

DETECTED AND TREATED EARLY, MORE THAN HALF OF CHILDREN WITH DEVELOPMENTAL DELAYS OVERCOME THE DELAY BY AGE 3.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

PROVIDING RELIEF AND PEACE OF MIND TO PRIMARY CAREGIVERS.

WE OFFER CUSTOMIZED COMPANION CARE, PERSONAL ASSISTANCE, HOMEMAKER

SERVICES, AS WELL AS CAREGIVER RESPITE. ALL OLDER ADULTS AND INDIVIDUALS

WITH DISABILITIES, LIVING IN THE METRO RICHMOND AREA, WHO REQUIRE

Name of the organization

Employer identification number

FAMILY LIFELINE**54-0737133**

ASSISTANCE WITH CARRYING OUT ACTIVITIES OF DAILY LIVING ARE ELIGIBLE FOR SERVICES.

VISITING VOLUNTEERS

THE VISITING VOLUNTEERS PROGRAM PROVIDES COMPANIONSHIP, OUTREACH, AND ADVOCACY TO ISOLATED OLDER ADULTS LIVING IN THE METRO RICHMOND AREA.

PROGRAM OBJECTIVES INCLUDE: (1) RELIEVING LONELINESS AND IMPROVING ELDERS' OVERALL QUALITY OF LIFE; (2) BUILDING SUSTAINABLE, MUTUALLY REWARDING INTERGENERATIONAL RELATIONSHIPS BETWEEN ELDERS AND VOLUNTEERS; AND (3) INVESTING IN HUMAN CAPITAL SOLUTIONS TO HELP ADVANCE OUR MISSION.

WE PAIR VOLUNTEERS WITH SOCIALLY ISOLATED SENIORS. VOLUNTEERS MAKE A YEAR-LONG COMMITMENT TO VISIT THEIR ELDERS ON A WEEKLY BASIS, STRENGTHEN THE SOCIAL NETWORKS OF OLDER ADULTS WHO WISH TO REMAIN INDEPENDENT AND AGE-IN-PLACE FOR AS LONG AS POSSIBLE. SERVICES ARE FREE AND AVAILABLE TO OLDER ADULTS, AGE 60 AND OVER, WHO REPORT FEELING LONELY.

IN FISCAL YEAR 2015-2016, OUR OLDER ADULT PROGRAMMING EXPERIENCED GREAT SUCCESS.

HOME CARE PROVIDED 32,659 SERVICE HOURS TO 49 INDIVIDUALS LIVING WITH CHRONIC CONDITIONS THAT LIMIT THEIR DAILY ACTIVITIES

CLIENTS, WHO WOULD OTHERWISE NEED INSTITUTIONAL-BASE CARE, SPENT 6,266 ADDITIONAL DAYS IN THE COMFORT AND SAFETY OF THEIR HOMES

BY DELAYING PLACEMENT IN A NURSING HOME, THE NET SAVINGS TO THE VIRGINIA MEDICAID PROGRAM TOTALED \$676,052

VISITING VOLUNTEERS SUPPORTED 66 VOLUNTEER-ELDER MATCHES

VOLUNTEERS PROVIDED 1,874 HOURS OF SUPPORT, CONTRIBUTING NEARLY \$56,266 IN SERVICES AND IN-KIND DONATIONS

100% OF VOLUNTEERS SAID PARTICIPATING IN THE PROGRAM WAS A PERSONALLY REWARDING EXPERIENCE

Name of the organization

Employer identification number

FAMILY LIFELINE

54-0737133

92 OF ELDERS REPORTED A REDUCTION IN LONELINESS SINCE BEING MATCHED WITH THEIR VOLUNTEER

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 ELECTRONIC COPY OF RETURN IS FORWARDED TO ALL BOARD MEMBERS PRIOR TO FILING. MEMBERS ARE ASKED TO REVIEW THE FORM AND SEND ANY QUESTIONS TO AGENCY MANAGEMENT. ANY QUESTIONS SUBMITTED ARE PRESENTED BY THE FINANCIAL DIRECTOR AND PRESIDENT AT THE NEXT BOARD MEETING. ALL RESULTS OF THE REVIEW ARE RECORDED IN THE MINUTES OF THE MEETING. ANY UNRESOLVED ISSUES ARE SUBMITTED TO THE PROFESSIONAL TAX RETURN PREPARERS FOR RESOLUTION. ONCE THIS IS COMPLETED THE FORM 990 IS FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ANNUALLY EACH DIRECTOR, PRINCIPAL OFFICER, MEMBER OF A COMMITTEE SHALL SIGN A STATEMENT THAT AFFIRMS THAT SUCH PERSON HAS RECEIVED, UNDERSTANDS AND AGREES TO COMPLY WITH THE POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF DIRECTORS AUTHORIZES THE EXECUTIVE COMMITTEE TO REVIEW AND RECOMMEND COMPENSATION DECISIONS FOR THE PRESIDENT/CEO. SUCH DECISIONS ARE REPORTED TO AND SUBJECT TO APPROVAL BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE AGENCY WEBSITE HAS A SUMMARY OF AUDITED FINANCIAL RESULTS AND AGENCY CONTACT INFORMATION TO REQUEST COPIES OF THE AGENCY'S AUDITED FINANCIALS AND FORM 990. ADDITIONALLY, THE WEBSITE HAS A LINK TO GUIDESTAR WHICH MAINTAINS AN ONLINE COPY OF THE AGENCY'S FORM 990. AUDITED FINANCIAL

Name of the organization

Employer identification number

FAMILY LIFELINE

54-0737133

STATEMENTS AND FORM 990 ARE PROVIDED TO ALL FUNDING ENTITIES UPON REQUEST.
GOVERNING DOCUMENTS ARE NOT SPECIFICALLY OFFERED TO THE PUBLIC BUT WOULD BE
PROVIDED IF REQUESTED.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

ENDOWMENT GRANTS	\$	-3,563
TOTAL	\$	-3,563

Client Copy

Form 990	Two Year Comparison Report	2014 & 2015
For calendar year 2015, or tax year beginning 07/01/15 , ending 06/30/16		

Name

Taxpayer Identification Number

FAMILY LIFELINE

54-0737133

		2014	2015	Differences
Revenue	1. Contributions, gifts, grants	1,266,785	1,337,567	70,782
	2. Membership dues and assessments			
	3. Government contributions and grants	1,290,004	1,143,913	-146,091
	4. Program service revenue	507,470	432,939	-74,531
	5. Investment income	34,648	17,350	-17,298
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	150	11,510	11,360
	8. Net income or (loss) from fundraising events	33,391	44,788	11,397
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	13,610	5,618	-7,992
	12. Total revenue. Add lines 1 through 11	3,146,058	2,993,685	-152,373
Expenses	13. Grants and similar amounts paid	36,110	40,580	4,470
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	94,415	99,531	5,116
	16. Salaries, other compensation, and employee benefits	2,486,078	2,410,470	-75,608
	17. Professional fundraising fees	63,000	66,000	3,000
	18. Other professional fees	25,313	89,190	63,877
	19. Occupancy, rent, utilities, and maintenance	112,530	114,436	1,906
	20. Depreciation and Depletion	45,738	40,155	-5,583
	21. Other expenses	290,111	193,090	-97,021
	22. Total expenses. Add lines 13 through 21	3,153,295	3,053,452	-99,843
	23. Excess or (Deficit). Subtract line 22 from line 12	-7,237	-59,767	-52,530
Other Information	24. Total exempt revenue	3,146,058	2,993,685	-152,373
	25. Total unrelated revenue			
	26. Total excludable revenue	555,878	467,417	-88,461
	27. Total assets	2,477,208	2,337,796	-139,412
	28. Total liabilities	200,851	172,048	-28,803
	29. Retained earnings	2,276,357	2,165,748	-110,609
	30. Number of voting members of governing body	25	26	
	31. Number of independent voting members of governing body	25	26	
	32. Number of employees	108	126	
	33. Number of volunteers	289	247	

Form **990****Tax Return History****2015**

Name

FAMILY LIFELINE

Employer Identification Number

54-0737133

	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants		2,558,692	2,866,922	2,556,789	2,481,480	
Membership dues						
Program service revenue		522,569	534,748	507,470	432,939	
Capital gain or loss		2,574	20,552	150	11,510	
Investment income		11,448	21,704	34,648	17,350	
Fundraising revenue (income/loss)		43,530	42,400	33,391	44,788	
Gaming revenue (income/loss)						
Other revenue		11,545	8,960	13,610	5,618	
Total revenue		3,150,358	3,495,286	3,146,058	2,993,685	
Grants and similar amounts paid		39,900	46,265	36,110	40,580	
Benefits paid to or for members						
Compensation of officers, etc.		94,670		94,415	99,531	
Other compensation		2,269,473	2,511,648	2,486,078	2,410,470	
Professional fees			18,967	88,313	155,190	
Occupancy costs		172,706	170,691	112,530	114,436	
Depreciation and depletion		58,225	49,121	45,738	40,155	
Other expenses		332,810	363,712	290,111	193,090	
Total expenses		2,967,784	3,160,404	3,153,295	3,053,452	
Excess or (Deficit)		182,574	334,882	-7,237	-59,767	
Total exempt revenue		3,150,358	3,495,286	3,146,058	2,993,685	
Total unrelated revenue						
Total excludable revenue		3,150,358	585,964	555,878	467,417	
Total Assets		2,103,743	2,482,695	2,477,208	2,337,796	
Total Liabilities		189,010	191,938	200,851	172,048	
Net Fund Balances		1,914,733	2,290,757	2,276,357	2,165,748	

Form 990T	Tax Return History	2015
------------------	---------------------------	-------------

Name FAMILY LIFELINE	Employer Identification Number 54-0737133
--------------------------------	---

	2011	2012	2013	2014	2015	2016
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Client Copy

Form 990T	Tax Return History	2015
------------------	---------------------------	-------------

Name FAMILY LIFELINE	Employer Identification Number 54-0737133
--------------------------------	---

	2011	2012	2013	2014	2015	2016
Other deductions						
Net operating loss deduction						
Specific deduction		1,000	1,000			
Income after expense and deductions		-1,000	-1,000			
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses

Client Copy

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTREST & DIVIDENDS	\$ 17,350		14			
TOTAL	<u>\$ 17,350</u>					

Client Copy

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
OTHER CONTRACT SERVICES	\$ 62,540	\$ 48,800	\$ 13,740	\$
TOTAL	<u>\$ 62,540</u>	<u>\$ 48,800</u>	<u>\$ 13,740</u>	<u>\$ 0</u>

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
SUBSCRIPTIONS & PUBLICATI	\$ 5,883	\$ 2,085	\$ 1,866	\$ 1,932
MISC ASSIST TO CLIENTS	3,423	3,423		
MISCELLANEOUS EXPENSE	2,927	1,041	1,636	250
BAD DEBT EXPENSE	942	942		
TOTAL	<u>\$ 13,175</u>	<u>\$ 7,491</u>	<u>\$ 3,502</u>	<u>\$ 2,182</u>

Client Copy

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
GRANTS GOVERNMENT DONATIONS	\$ 1,143,913
ENDOWMNET DONATIONS	24,492
UNITED WAY	787
CASH CONTRIBUTION	575,863
IMPACT MAKERS	
CASH CONTRIBUTION	76,525
ANNABELLA JENKINS FOUNDATION	
CASH CONTRIBUTION	120,000
RICHMOND MEMORIAL HEALTH FOUNDATION	
CASH CONTRIBUTION	212,400
THE COMMUNITY FOUNDATION	
CASH CONTRIBUTION	55,279
CAMERON FOUNDATION	
CASH CONTRIBUTION	50,000
ROBINS FOUNDATION	
CASH CONTRIBUTION	50,000
J FULMER BRIGHT CHILDRENS FUND	
CASH CONTRIBUTION	48,000
JACKSON FOUNDATION	
CASH CONTRIBUTION	25,000
ALTRIA GROUP, INC	
CASH CONTRIBUTION	20,000
CARMAX	
CASH CONTRIBUTION	15,000
WELLS FARGO FOUNDATION	
CASH CONTRIBUTION	15,000
DOMINION VA POWER	
CASH CONTRIBUTION	10,000
UPS	
CASH CONTRIBUTION	10,000
KAUFMAN FAMILY CHARITABLE FUND	
CASH CONTRIBUTION	8,000
MARY ARGINTEAU	
CASH CONTRIBUTION	7,721
DIANE CONLEY	
CASH CONTRIBUTION	7,500
SIMON MEMORIAL FUND	

Client Copy

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION	\$ 6,000
TOTAL	\$ <u>2,481,480</u>

Client Copy

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
ROBINS FOUNDATION	\$ 585,000	\$ 321,041
IMPACT MAKERS	134,050	
TOTAL	<u>\$ 719,050</u>	<u>\$ 321,041</u>

Client Copy

Federal Statements**Schedule A, Part II, Line 8(e)**

Description	Amount
INTREST & DIVIDENDS	\$ 17,350
TOTAL	\$ 17,350

Schedule A, Part II, Line 12

Description	Amount
GOVERNMENT FEES	\$ 393,735
CLIENT FEES	39,204
OTHER	5,618
CHOCOHOLIC	102,241
TOTAL	\$ 540,798

Client Copy