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#### Form 990-EZ Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit fruist or private foundation)
Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling
organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total
assets less than \$500,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public Inspection

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The service of the service of Public Not I mails not delivered to street address)   Room/suite E trianglement uniform   1.35   We st Broadway   Solution   1.35   Sol	B (	Check if applicab	C Name of organization	D Employ	yer identif	cation number
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Terremeted   15.35   See   Broadway   (50.2)561-6836		Name				
Anneander stem   Direct Town, state or country, and ZP - 4   Louisville, KY 40203   Louisville, KY 40203   H Check   Louisville, KY 40203   H Louisvill		Initial	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite			
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Accounting Methoct		Amer		F Group	Exemption	1
Website:   www.communitywinterhelp.org   required to attach Schedule B   Tax-exempt status (check only one) =		Applica				
Tax-exempt status (check only one)			V	H Check		the organization is <b>not</b>
K Check   If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form spot 2ct or from 80 politum is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, he sure to file a complete return.  L Add lines 55, 6c, and 7b, to line 91 to determine gross receipts. If gross receipts are \$200,000 or more, file form 990-R2	1	Websit		require	ed to attacl	n Schedule B
\$50,000, A Form 990-E2 or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.  L Add lines 5b, 6c, and 7h, to line 9 th determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)    The Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)    The Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)    The Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)    The Revenue, Expenses in Net Assets or Fund Balances (see the instructions for Part I.)    The Revenue, Expenses in Net Assets or Fund Balances (see the instructions for Part I.)    The Revenue, Expenses from a set of seets other than inventory (subtract In this Part I.)    The Revenue, Expenses from a set of assets other than inventory (subtract In the 5b from Inte 5a)    The Revenue, Expenses from gaming and thundraising events (add lines 5a and 6b and subtract In the 6c)    The Revenue, Expenses from gaming and fundraising events (add lines 6a and 6b and subtract In the 6c)    The Revenue, Expenses from gaming and fundraising events (add lines 6a and 6b and subtract In the 6c)    The Revenue, Expenses from gaming and fundraising events (add lines 6a and 6b and subtract In the 6c)    The Revenue, Expenses from gaming and fundraising events (add lines 6a and 6b and subtract In the 6c)    The Revenue, Expenses from gaming and fundraising events (add lines 6a and 6b and subtract In the 6c)    The Revenue, Expenses from gaming and fundraising events (add lines 6a and 6b and subtract In the 6c)    The Revenue, Expenses from gaming and fundraising events (add lines 6a and 6b and	J	Tax-ex				
a return, be sure to file a complete return.  L Add lines 56, 66, and 70, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II), line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ  Part I   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  Check if the organization used Schedule 0 to respond to any question in this Part I   190,555.  The contributions, grits, grants, and similar amounts received   1   190,555.  The contributions of the program and assessments   2   2   2   2   2   2   2   2   2						
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9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule 0) 20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20		C		ļ		
The stand similar amounts paid (list in Schedule 0)  10 Grants and similar amounts paid (list in Schedule 0)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule 0)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  19 4, 262.  20 Other changes in net assets or fund balances (explain in Schedule 0)  Net assets or fund balances at end of year. Combine lines 18 through 20	t/D	8		\ <b> </b>		100 555
Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  12 13 13 14 15 15 17 18 2,000. 16 12,000. 17 188,451.  18 2,104.  19 4,262.	-		Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			
Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  12 13 13 14 15 15 17 18 2,000. 16 12,000. 17 188,451.  18 2,104.  19 4,262.			Grants and similar amounts paid (list in Schedule 0)			1/0,451.
Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  12 13 13 14 15 15 17 18 2,000. 16 12,000. 17 188,451.  18 2,104.  19 4,262.	Z	1	Benefits paid to or for members			
16 Other expenses (describe in Schedule 0)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  16 12,000.  18 2,104.  19 4,262.  20 0ther changes in net assets or fund balances (explain in Schedule 0)  20 0.  21 6,366.	LL S	1	Salaries, other compensation, and employee benefits	_		<del></del>
16 Other expenses (describe in Schedule 0)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  16 12,000.  18 2,104.  19 4,262.  20 0ther changes in net assets or fund balances (explain in Schedule 0)  20 0.  21 6,366.	Ž. Č	1	Professional fees and other payments to independent contractors SEP 1 7 2012	-	-+-	<del> </del>
16 Other expenses (describe in Schedule 0)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  16 12,000.  18 2,104.  19 4,262.  20 0ther changes in net assets or fund balances (explain in Schedule 0)  20 0.  21 6,366.	で 数		Occupancy, rent, utilities, and maintenance			<del></del>
16 Other expenses (describe in Schedule 0)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  16 12,000.  18 2,104.  19 4,262.  20 0ther changes in net assets or fund balances (explain in Schedule 0)  20 0.  21 6,366.	÷÷		Printing, publications, postage, and snipping	<u> </u>	_	12 000
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  18 2,104.  2,104.  19 4,262.  20 0ther changes in net assets or fund balances (explain in Schedule 0)  20 0.  21 6,366.	<b>~</b>		1	_		
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20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20 21 6,366.	ts S			-	16	2,104.
20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20 21 6,366.	Sse	19			.	1 262
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 6, 366.	•	200		_		4,404.
	ž	1		_		6 366
	111					

Pa	art II Balance Sheets. (see the instructions for Part	II.)				
	Check if the organization used Schedule O to r	respond to any quest			- ,=, -	X
		_	(A) Beginning of year	ļ,	(B) En	d of year
22	Cash, savings, and investments	<u> </u>	63	+		858.
23			16 100	23		17 E00
24			16,199			17,508. 18,366.
25		_	16,262 12,000			$\frac{18,388.}{12,000.}$
26	,	<u>}-</u>	4,262		<del></del>	6,366.
27	Net assets or fund balances (line 27 of column (B) must agree with line art III   Statement of Program Service Accomplish	ments (see the instru		• 21	Evi	penses
Pa	Check if the organization used Schedule O to r			$\overline{\mathbf{X}}$	(Required f	or section
\/ha	at is the organization's primary exempt purpose? See Schedule	O	HOIT III HIIST AIL III			ind 501(c)(4) ns and section
	· · · · · · · · · · · · · · · · · · ·		page in a clear and concre	-		trusts; optional
	ribe the organization's program service accomplishments for each of its three largest prog- ner, describe the services provided, the number of persons benefited, and other relevant li		Jenses in a clear and concise		for others.)	1
28	See Schedule O			_		
		<del></del>				
				_		
•	(Grants \$ 176, 451.) If this amount includes foreign	gn grants, check here	<b>•</b>		28a	<u> 176,451.</u>
29						
	(Grants \$ ) If this amount includes forei	gn grants, check here	<u> </u>	Ш,	29a	
30			<del></del>			
				τ 1	202	
	(Grants \$ ) If this amount includes forei	gn grants, check here		<u> </u>	30a	
	Other program services (describe in Schedule O)		_		31a	
	(Grants \$ ) If this amount includes forei	ign grants, check here		<del>'</del>		176,451.
	Total program service expenses (add lines 28a through 31a) art IV   List of Officers, Directors, Trustees, and Ke	v Employees List each	one even if not compensated (	see the		
Гс	Check if the organization used Schedule O to					X
	Officer in the organization apparations and the	(b) Title and average he			alth benefits,	(e) Estimated
	(a) Name and address	per week devoted to		emplo	ibutions to byee benefit	amount of other
	<b>(,</b>	position	(if not paid, enter -0-)	plans, com	and deferred pensation	compensation
Ma	ry Bryan	Chair				
		1.00	0.		0.	0.
Jo	hn Nevitt	Vice-Chair				
		1.00	0.		0.	0.
<u>Le</u>	a Hardwick	Secretary/1				
		1.00	0.		0.	0.
<u>Ca</u>	ssandra Miller	Board Membe			•	•
_	1 0 1	1.00	0.		0.	0.
<u>J u</u>	llee Snyder	Board Member			^	0
<del></del>	indra Schiele	1.00 Board Membe	0.		0.	0.
<u>Sa</u>	mara schiele	1.00	0.		0.	0.
TAT -	lliam Myers	Board Member			<u> </u>	0.
<u> </u>	TITIAM MYELS	1.00	0.		0.	0.
T. i	sa Craft	Board Member				
	.su crarc	1.00	0.		0.	0.
Ma	rlon Cummings	Board Member				
		1.00	0.		0.	0.
Ār	tie Robertson	Board Member			<u>-</u> -	
		1.00	0.		0.	0.
Li	za Casis	Board Membe				
		1.00	0.		0.	0.
Кe	vin Wigginton	Board Membe	er			
		1.00	0.	<u> </u>	0.	0.
1321	6-12				Form	990-EZ (2011)

Pa	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	e V	X
	instructions for that v.) offect if the organization used cont. O to respond to any question and	-		No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	$\Box$	. 00	
33	activity in Schedule 0	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
•	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X_
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36_		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	-		v
	Did the organization file Form 1120-POL for this year?	_37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	38a		х
	In a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes." complete Schedule L. Part II and enter the total amount involved   386   N/A	30a		
		1		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9  39a N/A			
	Gross receipts, included on line 9, for public use of club facilities  39b  N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b	ļ	Х
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		x
<b>4</b> 1	List the states with which a copy of this return is filed.   KY	400	l	
42 a	The organization's books are in care of ▶ Community Winterhelp, Inc. Telephone no. ▶ (502)5	61-	683	6
		1020		
b	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	100		X
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
43	If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
40	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	and this the amount of an oxempt microscred of aborate daming the any year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ .	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b	ļ	X
	Did the organization receive any payments for indoor tanning services during the year?	44c	—	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
4-	In Schedule O	44d	<del>├</del>	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	1
40 D	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1
	TELUTION: 11 103, 1 Unit 330 and Ochequie 11 may need to be completed instead of 1 unit 330-LZ (see instructions)	Form 9	990-F7	(2011)
	<u></u>		<b></b>	

	Winterhelp, In			<u>61-1231</u>			age 4
6 Did the organization engage, directly or in-	directly, in political campaign activ	ities on behalf of or in oppositio	n to candidates for pu	blic office?	46	Yes	No X
	nizations and section	1947(a)(1) nonexempt	charitable trus	sts only. All		n 501	_
	947(a)(1) nonexempt charitable			-			(-/(-/
	the organization used Schedu			•			
			_			Yes	No
7 Did the organization engage in lobbying a	ctivities or have a section 501(h) e	lection in effect during the tax ye	ear? If "Yes," complete	Sch. C, Part II	47		X
Is the organization a school as described i	in section 170(b)(1)(A)(ii)? If "Yes	" complete Schedule E			48		X
19a Did the organization make any transfers to	an exempt non-charitable related	organization?			49a		X
b If "Yes," was the related organization a sec	tion 527 organization?				49b		
Complete this table for the organization's	five highest compensated employe	ees (other than officers, director	s, trustees and key en	nployees) who e	ach re	ceived r	nore
than \$100,000 of compensation from the	organization. If there is none, ente	r "None."				_	
(a) Name and address of	each employee	(b) Title and average hours	(C) Reportable	(d) Health benefit contributions to		) Estim	
paid more than \$1		per week devoted to	compensation (Forms W-2/1099-MISC)	employee benefit plans, and deferre	t Jam	ount of	
	NONE	position		compensation	- 00	mpens	
		$\dashv$					
			-				
		$\dashv$					
					4		
		_					
f Total number of other employees paid over		<b>&gt;</b>	<u></u>		<del>.  </del>		
1 Complete this table for the organization's organization. If there is none, enter "None.	five highest compensated indepen .* NONE						
1 Complete this table for the organization's	five highest compensated indepen .* NONE		Ived more than \$100, of service			rom the	
1 Complete this table for the organization's organization. If there is none, enter "None.	five highest compensated indepen .* NONE						
1 Complete this table for the organization's organization. If there is none, enter "None.	five highest compensated indepen .* NONE						
1 Complete this table for the organization's organization. If there is none, enter "None.	five highest compensated indepen .* NONE						
1 Complete this table for the organization's organization. If there is none, enter "None.	five highest compensated indepen .* NONE						
<ol> <li>Complete this table for the organization's organization. If there is none, enter *None.</li> </ol>	five highest compensated indepen .* NONE						
<ol> <li>Complete this table for the organization's organization. If there is none, enter *None.</li> </ol>	five highest compensated indepen .* NONE						
organization. If there is none, enter "None.  (a) Name and address of each independent of	five highest compensated indepen NONE ontractor paid more than \$100,00	O (b) Type					
organization. If there is none, enter "None.  (a) Name and address of each independent contral of the contral o	five highest compensated indepension NONE ontractor paid more than \$100,000	O (b) Type	of service				
d Total number of other independent contral  Did the organization complete Schedule A	five highest compensated indepension NONE ontractor paid more than \$100,000 ctors each receiving over \$100,000 Pote: All section 501(c)(3) organized	O (b) Type	of service		Comp	ensatio	1
d Total number of other independent contra  Did the organization complete Schedule A  Charitable trusts must attach a completed	five highest compensated indepension NONE ontractor paid more than \$100,000 contractor	O (b) Type  (b) Type	of service  empt	(c)	Comp	ensatio	7 No.
d Total number of other independent contra  Did the organization complete Schedule A  Charitable trusts must attach a completed	five highest compensated indepension NONE ontractor paid more than \$100,000 contractor	O (b) Type  (b) Type	of service  empt	(c)	Comp	ensatio	n No
d Total number of other independent contra  2 Did the organization complete Schedule A charitable trusts must attach a completed moer penantes of perpury, 1 opclare than 1 have examine eclaration of preparer (other) pen officer.  Signature of officer.	five highest compensated indepension NONE ontractor paid more than \$100,000 contractor	O (b) Type  (b) Type	of service  empt	(c)	Comp	ensatio	n No
d Total number of other independent contra  Did the organization complete Schedule A charitable trusts must attach a completed moer penantes of perjury, 1 opcare that 1 have examined eclaration of preparer (other them.)	ictors each receiving over \$100,000 organistratum, including accompanying standard information of which preparer has any including accompanying standard information of which preparer has any including accompanying standard information of which preparer has any including accompanying standard information of which preparer has any including accompanying standard information of which preparer has any including accompanying standard including acc	0 (b) Type	of service  empt	(c)	Comp	ensatio	7 No.
d Total number of other independent contra  2 Did the organization complete Schedule A charitable trusts must attach a completed moer penantes of perpury, 1 opclare than 1 have examine eclaration of preparer (other) pen officer.  Signature of officer.	interest compensated indepension NONE  ontractor paid more than \$100,000  contractor paid more than \$1	0 (b) Type	of service  empt	(c)	Comp	ensatio	7 No.
d Total number of other independent contra  2 Did the organization complete Schedule A charitable trusts must attach a completed moer penantes of perjury, 1 organe that i have examined teclaration of preparer (other tipe).  Signature of officer  Lea Hardwick,	ictors each receiving over \$100,000 organistratum, including accompanying standard information of which preparer has any including accompanying standard information of which preparer has any including accompanying standard information of which preparer has any including accompanying standard information of which preparer has any including accompanying standard information of which preparer has any including accompanying standard including acc	0 (b) Type	of service  empt	Date (C)	Comp	ensatio	7 No.
d Total number of other independent contra  2 Did the organization complete Schedule A charitable trusts must attach a completed more penantic of perjury, roggare than a nave examine eclaration of preparer (other then officer) is based on a significant of preparer (other then officer) is based on a least of the completed more penantic of perjury, roggare than a nave examiner eclaration of preparer (other then officer) is based on a least officer	internation of which preparer has any information of which preparer ha	0 (b) Type	empt  est of my knowledge and	Date (C)	Comp	ensatio	7 No.
d Total number of other independent contra  2 Did the organization complete Schedule A charitable trusts must attach a complete dider penalties of perjury, roggare that i have examine eclaration of preparer (other than of other independent contral than of preparer (other than other independent and other penalties of perjury). Toggare that i have examine eclaration of preparer (other than officer) is based on a significant of preparer (other than officer).  Lea Hardwick, Type or print name and title  Print/Type preparer's name	internation of which preparer has any information of which preparer ha	0 (b) Type	empt  Check X self- emplo	belief, it is tupe, or pate 1/2	X Y	ensatio	No.
d Total number of other independent contra  2 Did the organization complete Schedule A charitable trusts must attach a complete more peranties of perjury, 1 organe man i have examine eclaration of preparer (other tipen officer) is based on all sign lere  Lea Hardwick, Type or print name and title  Print/Type preparer's name  Paid  Preparer Karen Dunaway	ctors each receiving over \$100,000  Note: All section 501(c)(3) orga Schedule A ornis return, including accompanying so lipinformation of which preparer has any in  Secretary/Trea	0 (b) Type 0 nizations and 4947(a)(1) nonex chedules and statements, and to the tonowledge 4 surer Te Date	empt  Check X self- emplo	belief, it is tupe, or pate 1/2	X Y	es comp	No.
d Total number of other independent contra  2 Did the organization complete Schedule A charitable trusts must attach a completed independent of period period of perio	ictors each receiving over \$100,000  Note: All section 501(c)(3) orga Schedule A ornis return, including accompanying sell-information of which preparer has any including accompanying sell-information of which preparer is signatu Haren & Dunaway, CPA, E	(b) Type  (b) Type  (c) (b) Type  (d) Type  (e) (d) Type  (e) (e) Type  (f) Type	empt  Check X self- emplo	beller, it is tope, or part of the print of	X Y orrect, a 5 9 9 7 9 4	es comp	NC Nete
d Total number of other independent contra  2 Did the organization complete Schedule A charitable trusts must attach a completed moer penantes of perjury, roccare that i have examined eclaration of preparer (other than officer) is based on all sign lere  Lea Hardwick, Type or print name and title  Print/Type preparer's name  Raren Dunaway  Firm's name Karen  Firm's address P. O.	ictors each receiving over \$100,000  Note: All section 501(c)(3) orga Schedule A ornis return, including accompanying sell-information of which preparer has any including accompanying sell-information of which preparer is signatu Haren & Dunaway, CPA, E	(b) Type  (b) Type  (c) (b) Type  (d) Type  (e) (d) Type  (e) (e) Type  (f) Type	Check X self- emplo	beller, it is tope, or part of the print of	X Y orrect, a 5 9 9 7 9 4	es Indicomp	NC Nete
d Total number of other independent contra  (a) Name and address of each independent contra  (b) Did the organization complete Schedule A charitable trusts must attach a completed moer penantes of perjury, rogicare than rhave examined lectaration of preparer (other tipen officer) is based on all sign letter  Lea Hardwick, Type or print name and title  Print/Type preparer's name  Raren Dunaway  Firm's name Karen  Firm's address P. O.	ictors each receiving over \$100,000  Contractor paid more than \$10	(b) Type  (b) Type  (c) (b) Type  (d) Type  (e) (d) Type  (e) (e) Type  (f) Type	Check X self- emplo	(c)	X Y orrect, a 5 9 9 7 9 4	es	NC Nete

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			<u>ty Winterhel</u>						61	<u>-1231</u>	226	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	tructions.				
The organ	ization is not a	a private foundation	because it is: (For lines 1	1 through 1	1, check	only one b	ox.)					
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2 🗔	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗔	A hospital or	a cooperative hospi	tal service organization o	described	n section	170(b)(1)(	A)(iii).					
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pital descr	ribed in <b>se</b>	ction 170	(b)(1)(A)(iii	i). Enter th	e hospital'	s nam	e,
	city, and stat	te:									_	
5 🔲	An organizat	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	mental unit	t describe	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🗀			ent or governmental unit	t described	d in sectio	n 170(b)(1	)(A)(v).					
7 X	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	or from the	general p	ublic desci	ıbed ıı	n
	-	(b)(1)(A)(vi). (Comple	•	• • •		•						
8 🗔			ection 170(b)(1)(A)(vi).	(Complete	Part II )							
9 🗀			eives. (1) more than 33 1			rom contri	butions, m	nembershij	o fees, and	d gross rec	eipts t	from
_			nctions - subject to certa									
			axable income (less sect									
		<b>509(a)(2).</b> (Complete	·		,		•	, ,				
10 🗔			perated exclusively to te	st for publ	c safetv. S	See <b>sect</b> io	n 509(a)(4	<b>4</b> ).				
11			perated exclusively for the						v out the r	ourposes o	f one o	or
			ations described in secti									
	-		organization and compl				,	•				
	a Type	_	¬		e III - Func		egrated		d $\square$	Type III - C	ther	
e 🗀	• •		at the organization is not			-	_	r more disc				n
			han one or more publicly									
f			ten determination from t						. , ,		. , ,	
	-	rganization, check th			•		, ,,					
g		-	organization accepted ar	nv aift or c	ontribution	from anv	of the foll	owing pers	sons?			
•	-		lirectly controls, either al			-		_			Yes	No
		=	upported organization?					(.)	, ,	11g(i)		
	-	• .	n described in (i) above?	•						11g(ii)		
		•	person described in (i)		<del>-</del> ?					11g(iii)		
h		•	about the supported or	• •						<u> </u>		
			алогия сарранова и	<b>3</b>	(-).							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did vo	notify the	(vi) Is	the	(vii) Am	ount o	
	anization	(")"	organization	in col. (i) listed in your longanization in col. longar			organizátic (i) organiz	on in col.	Supj		•	
9, 9,	amedion		(described on lines 1-9 above or IRC section				U.S	Ü.S.?				
			(see instructions))	Yes	No	Yes	No	Yes	No			
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Total					]							
	Paperwork Re	eduction Act Notice	, see the Instructions f	or	•	<u> </u>		Schedul	e A (Form	990 or 99	0-EZ\	2011
	-										,	

132021 01-24-12

Form 990 or 990-EZ.

## 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.)

	talle to qualify attention to tools			,			
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	301,148.	174,511.	184,524.	213,121.	190,555.	1,063,859.
2	Tax revenues levied for the organ-						
	ization'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	301,148.	174,511.	184,524.	213,121.	190,555.	1,063,859.
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,				1		
	column (f)						504,987.
6	Public support. Subtract line 5 from line 4	········					558,872.
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	301,148.	174,511.	(c) 2009 184,524.	213,121.	190,555.	1,063,859.
	Gross income from interest,	<u> </u>	<u> </u>				
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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 IV.)	1					
11	Total support. Add lines 7 through 10						1,063,859.
	Gross receipts from related activities	etc (see instructi	ons)	<u> </u>	<u> </u>	12	<u> </u>
	First five years. If the Form 990 is for			d fourth or fifth t	ax vear as a sectio		
	organization, check this box and stop		o mot, occoria, tim	a, roardi, or mare	an your as a sound	55 /(5/(5/	ightharpoons
Se	ction C. Computation of Pub	ic Support Pe	rcentage				
14	Public support percentage for 2011 (	line 6. column (f) d	livided by line 11.	column (fl)		14	52.53 %
	Public support percentage from 2010		•			15	53.63 %
	33 1/3% support test - 2011. If the			n line 13, and line	14 is 33 1/3% or i	nore, check this be	ox and
	stop here. The organization qualifies	_					ightharpoons
t	33 1/3% support test - 2010. If the		-		d line 15 is 33 1/3%	6 or more, check to	nis box
	and stop here. The organization qua	-					ightharpoons
172	10% -facts-and-circumstances tes	• •	• •		e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						<b>▶</b> □
Ł	10% -facts-and-circumstances tes	-				17a, and line 15 is	10% or
_	more, and if the organization meets t	-					
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						ns 🕨 🗔
		arm rive arrest to				edule A (Form 990	
						•	,

Part III Support Schedule for O	rganizations	Described in	Section 509(a	)(2)		
· (Complete only if you checked	the box on line 9	of Part I or if the o	rganızation faıled t	to qualify under Pa	art II. If the organiza	ation fails to
qualify under the tests listed be	low, please com	plete Part II.)				
Section A. Public Support		·			·-	
Calendar year (or fiscal year beginning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not				ļ	1	
ınclude any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose	<u>.</u>					
3 Gross receipts from activities that					ł	
are not an unrelated trade or bus-						
ıness under section 513						
4 Tax revenues levied for the organ-			1			
ization's benefit and either paid to						
or expended on its behalf				ļ		
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		<u> </u>				
h Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		Ţ				ļ
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) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6					ļ	
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources		1			<u> </u>	
<b>b</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 IV.)						
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, the	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here	_					▶□
Section C. Computation of Publi	c Support P	ercentage				
15 Public support percentage for 2011 (I			column (f))		15	%
16 Public support percentage from 2010	Schedule A, Pa	rt III, line 15			16	%
Section D. Computation of Inves			1		-	
17 Investment income percentage for 20	11 (line 10c, colu	ımn (f) dıvided by li	ne 13, column (f))		17	%
18 investment income percentage from 2	•				18	%
19a 33 1/3% support tests - 2011. If the			on line 14, and lin	e 15 is more than	33 1/3%, and line	
more than 33 1/3%, check this box as	_					ightharpoons
b 33 1/3% support tests - 2010. If the	-	-				and
line 18 is not more than 33 1/3%, che	-					. —
20 Private foundation. If the organization						

132023 01-24-12

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 Open to Public Inspection

Name of the organization

Community Winterhelp, Inc.

**Employer identification number** 61-1231226

Form 990-EZ, Part I, Line 10, Grants and Allocations: Activity Classification: Provide utility bill assistance to low income families during winter months Grantee Name: Baptist Fellowship Center Grantee Address: 1351 Catalpa Street Louisville, KY 40211 Date of Gift: Various 6,150. Amount Given: Activity Classification: Provide utility bill assistance to low income families during winter months Grantee Name: Highland Community Ministries Grantee Address: 1140 Cherokee Road Louisville, KY 40204 Date of Gift: Various Amount Given: 5,250. Activity Classification: Provide utility bill assistance to low income families during winter months Grantee Name: Ministries United of South Central Louisville Grantee Address: 1207 Hart Avenue Louisville, KY 40213 Date of Gift: Various Amount Given: 11,220. Activity Classification: Provide utility bill assistance to low income families during winter months Grantee Name: Sister Visitor Center LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

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132211 01-23-12

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 **Open to Public** 

► Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service **Employer identification number** Name of the organization Community Winterhelp, Inc. 61-1231226 Grantee Address: 2235 West Market Street Louisville, KY 40212 Date of Gift: Various 43,518. Amount Given: Activity Classification: Provide utility bill assistance to low income families during winter months Grantee Name: Eastern Area Community Ministries Grantee Address: P.O. Box 43049 Louisville, KY 40253 Date of Gift: Various 6,497. Amount Given: Activity Classification: Provide utility bill assistance to low income families during winter months Grantee Name: HELP Ministries of Central Louisville Grantee Address: 1031 South Fourth Street Louisville, KY 40203 Date of Gift: Various Amount Given: 6,450. Activity Classification: Provide utility bill assistance to low income families during winter months Grantee Name: Shively Area Ministries Grantee Address: 4415 Dixie Highway Louisville, KY 40216 Date of Gift: Various Amount Given: 9,800.

Activity Classification: Provide utility bill assistance to low income

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Department of the Treasury ► Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Employer identification number Name of the organization 61-1231226 Community Winterhelp, Inc. families during winter months Grantee Name: South Louisville Community Ministries Grantee Address: 4803 Southside Drive Louisville, KY 50214 Date of Gift: Various 15,569. Amount Given: Activity Classification: Provide utility bill assistance to low income families during winter months Grantee Name: Southwest Community Ministries Grantee Address: 9800 Stone Street Road Louisville, KY 40272 Date of Gift: Various 7,130. Amount Given: Activity Classification: Provide utility bill assistance to low income families during winter months Grantee Name: Southeast Associated Ministries Grantee Address: 6500 Six Mile Lane, Suite A Louisville, KY 40218 Date of Gift: Various Amount Given: 5,594. Activity Classification: Provide utility bill assistance to low income families during winter months

Grantee Name: West Louisville Community Ministries

Grantee Address: 3146 West Broadway Louisville, KY 40211

Date of Gift: Various

Amount Given:

23,250.

#### 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.

2011
Open to Public Inspection

Name of the organization

Community Winterhelp, Inc.

Employer identification number 61-1231226

Activity Classification: Provide utility bill assistance to low income
families during winter months
Grantee Name: Fern Creek/Highview United Ministries
Grantee Address: 9300 Buelah Church Road Louisville, KY 40291
Date of Gift: Various
Amount Given: 5,170.
Activity Classification: Provide utility bill assistance to low income
families during winter months
Grantee Name: East Louisville Ministries
Grantee Address: 417 East Broadway Louisville, KY 40202
Date of Gift: Various
Amount Given: 6,916.
Activity Classification: Provide utility bill assistance to low income
families during winter months
Grantee Name: Saint Matthews Area Ministries
Grantee Address: 201 Biltmore Road Louisville, KY 40207
Date of Gift: Various
Amount Given: 3,640.
Activity Classification: Provide utility bill assistance to low income
families during winter months
Grantee Name: Fairdale Area Community Ministries
Grantee Address: 10616 W Manslick Road Louisville, KY 40118  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2011) 01-23-12
16

#### **SCHEDULE 0**

(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.

2011
Open to Public Inspection

Name of the organization **Employer identification number** Community Winterhelp, 61-1231226 Inc. Date of Gift: Various Amount Given: 2,008. Activity Classification: Provide utility bill assistance to low income families during winter months Grantee Name: Jeffersontown Area United Ministries Grantee Address: P.O. Box 99545 Louisville, KY 40269 Date of Gift: Various Amount Given: 4,767. Activity Classification: Provide utility bill assistance to low income families during winter months Grantee Name: United Crescent Hill Ministries Grantee Address: 150 South State Street Louisville, KY 40206 Date of Gift: Various Amount Given: 2,480. Activity Classification: Provide utility bill assistance to low income families during winter months Grantee Name: Multi-Purpose Community Action Agency Grantee Address: P.O. Box 305 Shelbyville, KY 40066 Date of Gift: Various Amount Given: 4,000. Activity Classification: Provide utility bill assistance to low income families during winter months LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12

(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 Open to Public Inspection

**Employer identification number** Name of the organization Community Winterhelp, Inc. 61-1231226 Grantee Name: Central Kentucky Community Action Grantee Address: P.O. Box 830 Lebanon, KY 40033 Date of Gift: Various Amount Given: 2,700. Activity Classification: Provide utility bill assistance to low income families during winter months Grantee Name: Tri-County Community Action Agency Grantee Address: 1015 Dispatchers Way LaGrange, KY 40031 Date of Gift: Various Amount Given: 4,342. Total included on Form 990-EZ, line 10 176,451. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: Management and Accounting Services 12,000. Form 990-EZ, Part II, Line 24, Other Assets: Description Beg. of Year End of Year Contributions Receivable 16,199. 17,508. Form 990-EZ, Part II, Line 26, Other Liabilities: Description Beg. of Year End of Year Accounts Payable 12,000. 12,000.

Form 990-EZ, Part III, Primary Exempt Purpose - The mission of Community LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

132211 01-23-12

(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.

2011
Open to Public Inspection

Employer identification number Name of the organization Community Winterhelp, Inc. 61-1231226 Winterhelp, Inc. is to provide low income families with utility bill assistance during the winter months (January through April) to assure that families have heat in their homes. Form 990-EZ, Part III, Line 28, Program Service Accomplishments: Community Winterhelp, Inc. provides financial assistance to low income households in meeting home heating costs when assistance from other public or government sources is insufficient or unavailable. This assistance is provided through various community ministries throughout the metropolitan area. Community Winterhelp, Inc. is a collaborative effort of several community agencies. Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

Name of the organization

Community Winterhelp, Inc.

**Employer identification number** 61-1231226

Part IV   List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated	(see the instructions f	or Part IV )
(a) Name and address	(b) Title and average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Cathy Hinko	Board Member			
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