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Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A		he 2013 calendar year, or tax year beginning $_{ m Jul}$ $_{ m 1}$, 2013, a	and ending	Jun 30	,	2014
7		of applicable s change C Name of organization		Ī) Employer ide	ntification number
-	Name (change Family Resource Network of Greenbrier Count	ty, Inc.		55-074	2172
_	initial re	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	Ē	Telephone nu	mber
	Termin	- <u> </u>			(304)	646-3622
_	Amend	ed return City or town, state or province country, and ZIP or foreign postal code		F	Group Exe	mption
	Applica	tion pending Lewisburg WV	7 24901		Number .	. •
G		unting Method X Cash Accrual Other (specify) ►				rganization is not
1		site: N/A			to attach So	
J_	Tax-ex	cempt status (check only one) $- \boxed{X} 501(c)(3) \qquad \boxed{501(c)()} () \qquad (insert no) \qquad \boxed{4947(a)()}$	(1) or 527	(Form 9	90, 990-EZ,	or 990-PF)
K		of organization X Corporation Trust Association Other				<u></u>
L		ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200, s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 9		or if total	.▶\$	56,887.
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Bala		the instri	uctions for	
		Check if the organization used Schedule O to respond to any question in this Part				. X
	1	Contributions, gifts, grants, and similar amounts received			1	56,852.
	2	Program service revenue including government fees and contracts			. 2	
	3	Membership dues and assessments			3	
	4	Investment income			4	35.
	5 a	Gross amount from sale of assets other than inventory	5 a			
	b	Less cost or other basis and sales expenses	5 b			
	6 6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). Gaming and fundraising events			5 c	
R	1	Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a		1	
R E V	1	Gross income from fundraising events (not including \$	of contribu	tions		
E N U E		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	- 6b			
2015	C	Less direct expenses from gaming and fundraising events	6 c			
6F.	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6 d	
EE	7 a	Gross sales of inventory, less returns and allowances	7 a		_	
<u> </u>	b	Less cost of goods sold	7 b			
==.	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		- 1 .	7 c	
-	8	Other revenue (describe in Schedule O)	WED.		8	
<u> </u>	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	U I	5	▶ 9	56,887.
SCANNOT	10	Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members MAY 2 I	₹015 ^{-1.0}	Stmt	10	6,916.
€ ,	11	Borishis paid to di for members	2013	<u> </u>	11	
Ŵ.×	12	Salaries, other compensation, and employee benefits	MUST	5∦ .	12	34,608.
Ē	13	Professional fees and other payments to independent contractors	- 18. · J · 3	ᆀ · · ·	13	2,650.
Š	14	Occupancy, rent, utilities, and maintenance.			14	825.
S	15	Printing, publications, postage, and shipping	 Form 990-EZ, Part !		. 15	1,382.
	16 17			•	penses 16 . ► 17	12,562.
	18			·	. 18	58,943.
A					·	-2,056.
A NS EE TT	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must a figure reported on prior year's return)	agree with en	d-of-year	. 19	40,496.
ΤŢ	20	Other changes in net assets or fund balances (explain in Schedule O)			20	70,730.
S	21				▶ 21	38,440.
	<u> </u>	- Panament Baduation Act Nation and the congrete instructions				Form 990-F7 (2013)

Part II Balance Sheets (see the instructions for Part II)	Form	990-EZ (2013) Family Resource	Network of Greenb	rier County,	Inc	. 55-	074	12172 Page 2
22 Cash, savings, and investments	Par	t II Balance Sheets (see the inst	ructions for Part II)					ĺχ
22 31.		Check if the organization used Sched	tule O to respond to any questi	on in this Part II -	<u>΄.</u>	Securing of year	·-	<u> </u>
23 Land and buildings	22	Cash, savings, and investments			\^)			
24 0.0	23	Land and buildings						
25 Total absolites (describe in Schedule O) See L-26 Stimt	24	Other assets (describe in Schedule O)					_	
28 Total tabultuse (descrobe in Schedule O) Seq 1 - 76 Stimt 2,1,13,3 28 5,93,2	25	Total assets					-	
27 Net assets or fund balances (fine 27 of column (8) must agree with fine 21)	26	Total liabilities (describe in Schedule O)	See L-26 St	nt				
Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check the organization used Schedule to respond to any question in the Part III Children of the program service accomplishments for each of stock the program services accomplishments for each of its three largest program services, as before relevant information for each management accomplishments for each of its three largest program services, as because the services provided, the number of persons benefitied and other relevant information for each management accomplishments for each of its three largest program services, as been events. Reached 2, 250,9 youth 1 in all 1 geograful Y, School 8, 124 P, Program, provides utility 0.55121360 E, 10.7 youth 1 in all 1 geograful Y, School 8, 125 P, 10.7 youth 1 in a mount includes foreign grants, check here	27	Net assets or fund balances (line 27 of c	column (B) must agree with lin	e 21)				
Wast is the agrinuations primary vectory purpose." Cordination of Secretary Purpose. Cordination of Social Services Cordination of Secretary Purpose. Cordination of	Pai	t III Statement of Program Service A	ccomplishments (see the in	structions for Part III)				
Describe the organization's program service accomplishment for can describe the organization's program services accomplishment for can describe the cannot be described and other relevant information for each program little services provided, the number of persons benefited and other relevant information for each program little services provided the number of persons benefited and other relevant information for each program little services provided the number of persons benefited and other relevant information for each program little services provided by 125 professionals s. parents [28a 33, 995, 299] 28 29 29 29 29 29 29 29 29 29		Check if the organization used Sch	edule O to respond to any que	stion in this Part III .				
Describe the organization is program after the second periods of the market of	What	is the organization's primary exempt purpose? Co	ordination of soci	al services		i i		
1	mea	cribe the organization's program service acc sured by expenses. In a clear and concise r	complishments for each of its the manner, describe the services	ree largest program s provided, the number	ervice of per	es, as sons	4947	(a)(1) trusts, optional
Section Sect		fited, and other relevant information for each	ch program title	· · · · · · · · · · · · · · · · · · ·	·		101 01	iners)
Early Childhood Conference is attended by 125 professionals & parents (Grants \$ 6,316.) If this amount includes foreign grants, check here 29a	28	Teen Expo events reached	2,500 youth in al.	<u> 4 secondary</u>	sch	nools		
Grants S								
Grants S)		Early Childhood Conference	e is attended by 1	<u>25 profession</u> a	als_	& parents		
Grants \$ If this amount includes foreign grants, check here		(Grants \$ 6,916.) If th	is amount includes foreign gra	nts, check here -	•	· · •	28 a	33,995.
Comparison Com	29							
Comparison Com								
Comparison Com		(Grants &					20	
Grants S Diff this amount includes foreign grants, check here 30a	20	(Grants \$) if th	is amount includes foreign gra	nts, check here			29 a	
131 Other program services (describe in Schedule O) (Grants S) If this amount includes foreign grants, check here	30							
131 Other program services (describe in Schedule O) (Grants S) If this amount includes foreign grants, check here								
131 Other program services (describe in Schedule O) (Grants S) If this amount includes foreign grants, check here		(Grants C	is amount includes foreign ara	nte chack hara			30 2	
Grants S If this amount includes foreign grants, check here 31a	31					· · · · · ·	30 a	
10 10 10 10 10 10 10 10	٥.	, ,	•		•		31 a	
Part IV	32					· · · · · •		
Check if the organization used Schedule O to respond to any question in this Part IV Cel Reportable compensation (right Warding Part Warding Par								
(a) Name and Title (b) Average hours per week devoted for postation (from New York) (2000-2000). (d) Health benefits contributions to employee confict plans and defined compensation (iff not paid, enter 4-)	1 9.	Check if the organization used Sch	edule O to respond to any que	stion in this Part IV		not compensated —		
Lisa Snedegar			~					
Lisa Snedegar Coordinator 20.00 23,000. 9,723. 0. Lynne Rostic Solo 0. 0. 0. Marcie Vaughan Vice President 5.00 0. 0. 0. Kay Davis Secretary 5.00 0. 0. 0. Lee Daniel Treasurer 5.00 0. 0. 0. Director 3.00 0. 0. 0. Janice Johnson Director 3.00 0. 0. 0. Janet Turner Director 3.00 0. 0. 0. Janet Turner Director 3.00 0. 0. 0. Director 3.00 0. 0. 0. Director 3.00 0. 0. 0. Janet Turner Director 3.00 0. 0. 0. Director			(b) Average hours per	(c) Reportable compensation	on .	(d) Health benefits.		(-) 5-11
Coordinator 20.00 23,000. 9,723. 0.		(a) Name and Title	week devoted to	(Forms W-2/1099-MISC)	1 4	contributions to employ enefit plans, and defer	ree red	(e) Estimated amount of other compensation
Lynne_Bostic President 5.00 0. 0. 0. 0.			week devoted to	(Forms W-2/1099-MISC)	1 4	contributions to employ enefit plans, and defer	ree red	(e) Estimated amount of other compensation
President		sa Snedegar	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	Ь	contributions to employ enefit plans and defer compensation	red	other compensation
Marcle Vaughan Vice President 5.00 0. <	Coc	sa <u>Snedegar</u> ordinator	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	Ь	contributions to employ enefit plans and defer compensation	red	other compensation
Vice President 5.00 0. 0. 0. 0. Kay Davis Secretary 5.00 0. 0. 0. 0. 0. 0.	<u>Coc</u>	sa <u>Snedegar</u> ordinator nne Bostic	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to employ enefit plans and defer compensation	23.	other compensation
Kay Davis Secretary 5.00 0. 0. 0. Lee Daniel 0. 0. 0. 0. Treasurer 5.00 0. 0. 0. Bernice Brackens 0. 0. 0. 0. Director 3.00 0. 0. 0. William E Belcher 0. 0. 0. 0. Director 3.00 0. 0. 0. Janice Johnson 0. 0. 0. 0. Director 3.00 0. 0. 0. Janet Turner 0. 0. 0. 0. Director 3.00 0. 0. 0.	Coo Lyr Pre	Sa Snedegar ordinator ine Bostic esident	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to employ enefit plans and defer compensation	23.	other compensation
Secretary S.00 O. O. O.	Coc Lyr Pre Mar	sa Snedegar ordinator nne Bostic esident cie Vaughan	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to employ enefit plans and defer compensation	23. 0.	O .
Lee Daniel	Lyr Pre Mar Vic	sa Snedegar ordinator ine Bostic esident cie Vaughan ce President	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to employ enefit plans and defer compensation	23. 0.	O .
Treasurer 5.00 0. 0. 0. Bernice Brackens 0. 0. 0. 0. Director 3.00 0. 0. 0. Director 3.00 0. 0. 0. Milliam E Belcher 0. 0. 0. 0. Janice Johnson 0. 0. 0. 0. Janet Turner 0. 0. 0. 0. Director 3.00 0. 0. 0.	Lyr Pre Mar Vic	sa Snedegar ordinator ine Bostic esident cie Vaughan ce President / Davis	20.00 -5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to employ enefit plans and defer compensation	23. 0.	O .
Bernice Brackens 3.00 0. 0. 0. 0. Debra_Matheny 3.00 0. 0. 0. Director 3.00 0. 0. 0. William E_Belcher 3.00 0. 0. 0. Director 3.00 0. 0. 0. Director 3.00 0. 0. 0. Janet_Turner 0. 0. 0. Director 3.00 0. 0. 0. 0. 0. Director 3.00 0. 0. 0. 0. 0. 0.	Lyr Pre Mar Vic Kay	Sa Snedegar Drdinator Ine Bostic Esident Cie Vaughan Ce President Z Davis	20.00 -5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to employ enefit plans and defer compensation	23. 0.	O .
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Debra Matheny 3.00 0. </td <td>Lyr Pre Mar V10 Kay Sec Lee</td> <td>Sa Snedegar Drdinator Ine Bostic Esident Cie Vaughan Ce President Z Davis Cretary Daniel</td> <td>week devoted to position 20.00 5.00 5.00</td> <td>(Forms W-2/1099-MISC) (If not paid, enter -0-)</td> <td>0.</td> <td>contributions to employ enefit plans and defer compensation</td> <td>23. 0.</td> <td>O .</td>	Lyr Pre Mar V10 Kay Sec Lee	Sa Snedegar Drdinator Ine Bostic Esident Cie Vaughan Ce President Z Davis Cretary Daniel	week devoted to position 20.00 5.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to employ enefit plans and defer compensation	23. 0.	O .
William E Belcher 3.00 0. 0. 0. Janice Johnson 0. 0. 0. 0. Director 3.00 0. 0. 0. Director 3.00 0. 0. 0.	Coc Lyr Pre Mar Vic Kay Sec Lee Tre Ber	Sa Snedegar Drdinator Inne Bostic Esident Cole Vaughan De President V Davis Cretary Daniel Easurer Thice Brackens	week devoted to position 20.00 5.00 5.00 5.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to employ enefit plans and defer compensation	23. 0. 0.	O .
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Director 3.00 0. 0. 0. Janet Turner 0. 0. 0. 0. Director 3.00 0. 0. 0.	Lyr Pre Mar V10 Kay Sec Lee Tre Ber Dir	Sa Snedegar ordinator ne Bostic esident cie Vaughan ce President Davis cretary e Daniel easurer cnice Brackens crector ora Matheny	week devoted to position 20.00 5.00 5.00 5.00 3.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to employ enefit plans and defer compensation	23. 0. 0. 0.	O .
Janet Turner 3.00 0. 0. 0.	Lyr Pre Mar V10 Kay Sec Tre Ber Dir Der Dir Will	Sa Snedegar ordinator ne Bostic esident cie Vaughan ce President / Davis cretary e Daniel easurer cnice Brackens crector ora Matheny cector liam E Belcher	week devoted to position 20.00 5.00 5.00 5.00 3.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to employ enefit plans and defer compensation	23. 0. 0. 0.	O . O . O . O .
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	Les Mar Vic Sec Tre Ber Dir Der Mi	Sa Snedegar ordinator ne Bostic esident Cie Vaughan ce President / Davis cretary e Daniel easurer cnice Brackens cector ora Matheny cector liam E Belcher cector nice Johnson	week devoted to position 20.00 5.00 5.00 5.00 3.00 3.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to employ enefit plans and defer compensation	0. 0. 0. 0. 0.	0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .
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	Coc Lyr Pre Mai Vic Kay Sec Lee Dii Det Dii Jar Dii Jar	Sa Snedegar Ordinator Ine Bostic esident Cie Vaughan ce President / Davis Cretary 2 Daniel easurer Inice Brackens rector Ora Matheny rector Liam E Belcher rector ince Johnson rector net Turner	week devoted to position 20.00 5.00 5.00 5.00 3.00 3.00 3.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to employ enefit plans and defer compensation	0. 0. 0. 0. 0. 0. 0.	0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .
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7754000 447740	Coc Lyr Pre Mai Vic Kay Sec Lee Dii Det Dii Jar Dii Jar	Sa Snedegar Ordinator Ine Bostic esident Cie Vaughan ce President / Davis Cretary 2 Daniel easurer Inice Brackens rector Ora Matheny rector Liam E Belcher rector ince Johnson rector net Turner	week devoted to position 20.00 5.00 5.00 5.00 3.00 3.00 3.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	0.	contributions to employ enefit plans and defer compensation	0. 0. 0. 0. 0. 0. 0.	0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .
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	990-EZ (2013) Family Resource Network of Greenbrier County, Inc. 55-074217	2	P.	age 3
Par	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		•	. []
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
34	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
ээa	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		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	35 b		<u> </u>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice			
36	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c	<u> </u>	X
27 -	disposition of net assets during the year? If 'Yos,' complete applicable parts of Schedule N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 b		,,
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	376		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations Enter	-		
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	1		
40 a	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	40 b	- 2	,
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	400	,	X
d	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	40 e		Х
42 a	The organization's books are in care of Lisa Snedegar [Felephone no (304)] Localed at P.O. Box 623 [Lewisburg] WV ZIP+4 24901	646	-362	22
			Yes	No
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 account)?	42 b		Х
	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			x
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		
	If 'Yes,' enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		- [
	and enter the amount of tax-exempt interest received or accrued during the tax 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	44 a	_	Х
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	44 b		х
С	Did the organization receive any payments for indoor tanning services during the year?.	44 c		Х
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?			
	If 'No,' provide an explanation in Schedule O	44 d 45 a		
	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		X
b	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)	45 b	<u></u>	X
		orm 990)-EZ (2013)

Form 990-E	Z(2013) Family Resource Net	work of Green	orier County, Ir	ic. 55-07	12172	P	age 4
46 Did th	ne organization engage, directly or indirectly	, in political campaign	activities on behalf of or in	opposition to		Yes	No
	dates for public office? If 'Yes,' complete So		<u> </u>	· · · · · · · · · · · · · · · · · · ·	. 46		X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.		estions 47-49b and 5	2, and complete the	e tables		
	Check if the organization used Schedule	O to respond to any qu	estion in this Part VI .			<u></u>	
47 Did th	ne organization engage in lobbying activities	or have a section 501	(h) election in effect during	the tax year? If 'Yes,'		Yes	No
comp	lete Schedule C, Part II				. 47	<u> </u>	X
	organization a school as described in secti		·		. 48	<u> </u>	X
	ne organization make any transfers to an ex	•	•		. 49a	 	X
50 Comp	s,' was the related organization a section 52 plete this table for the organization's five high	hest compensated emp	oloyees (other than officers	s, directors, trustees and	<u> 49 b</u> d key	<u> </u>	<u> </u>
emplo	byees) who each received more than \$100,	J00 of compensation fr	om the organization of the	re is none, enter None	т		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans and deferred compensation	(e) Estimate other com		
none							
					-		
	number of other employees paid over \$100		- 1				
51 Comp	plete this table for the organization's five hig ensation from the organization. If there is n	hest compensated indi one, enter 'None '	ependent contractors who	each received more tha	n \$100,000 d)†	
	(a) Name and business address of each independent con	tractor	(b) Type	of service	(c) Com	pensatio	n
none					1		
					ļ		
			_				
					ļ		
			_				
							
			_				
d Total	number of other independent contractors e	ach recoving over \$10	0.000		<u>.l</u>		
52 Did th	ne organization complete Schedule A? Note table trusts must attach a completed Sched	e. All section 501(c)(3)	•	(1) nonexempt	► XYes		No
Under penaltie	s of perjury, I declare that I have examined this return, including complete. Declaration of preparer (other than officer) is	uding accompanying schedule	s and statements and to the best	of my knowledge and belief, it is			
iide, correct, a	decomplete Declaration of preparer (other trial onicer) is	based on all mormation of wr	iich preparer nas any knowledge	512-15			
Sign Here	Signature of officer LISA Shedesa Type or print name and title	FRNDic	ector	Date			
	Print/Type preparer's name	Pregarer's signature	Date .	. F 67 11	PTIN		
Paid	Johnathan P. Rice	Jokut 8	Su 5/91	15 Check A if	P0036514	0	
Preparer	Firm's name JOHNATHAN P. RI	CE, CPA					
Use Only	Firm's address ► PO BOX 269 UNION		MW 24002	Phone no	55-0769	1134	
May the IP	S discuss this return with the preparer show	in ahove? See instruct	WV 24983	I none no	▶ □v-		No
	o diacess this return with the preparer show	m above - See mstructi	UII5	· · · · · ·	Form 99		
					Form 99	ひーピム ((८୮७১)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasuly Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047 2013

Open to Public Inspection

Employer identification number

Family Resource Network of Greenbrier County, Inc. 55-0742172 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) 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h Type III — Functionally integrated Type I Type II C d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (1) 11g(i) below, the governing body of the supported organization? A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above?. 11 g (iii) Provide the following information about the supported organization(s) h (i) Name of supported (vii) Amount of monetary (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in column (i) of your support? (vi) Is the organization in column (i) organized in the (iv) is the organization in column (i) listed in your governing document? Yes No Yes No 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 i	rou chacked the boy on line 5	7 or 9 of Port Lor of the ergonic	ration foiled to availfuunder	Dort III If the
(Complete offix if	you checked the box on line 3,	7, or 8 of Part I or if the organiz	zanon ianeo io quanty under	raitin. II the
organization fails t	o qualify under the tests listed	helow please complete Part III	1)	

Sec	tion A. Public Support						
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	58,578.	57,659.	62,232.	61,011.	56,852.	296,332.
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	58,578.	57,659.	62,232.	61,011.	56,852.	296,332.
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).	<				`	
	Public support. Subtract line 5 from line 4						296,332.
<u>Sec</u>	tion B. Total Support			ı · · · · · · · · · · · · · · · · · · ·		ү	
Cale begii	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	58,578.	57,659.	62,232.	61,011.	56,852.	296,332.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	68.	37.	37.	33.	35.	210.
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)						
11	Total support. Add lines 7 through 10						296,542.
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	for the organization for the o	on's first, second, t	third, fourth, or fifth	tax year as a sect	tion 501(c)(3)	▶ 🔲
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 2013	3 (line 6, column (f) divided by line 11	l, column (f))	· · · · · · · ·	14	99.93 %
15	Public support percentage from 20	12 Schedule A, Pa	art II, line 14 · · ·			15	<u>99.95 %</u>
16 a	33-1/3% support test — 2013. If and stop here. The organization of				ne line 14 is 33-1/3		his box
b	33-1/3% support test — 2012. If to and stop here. The organization of	he organization did qualifies as a publi	d not check a box o	on line 13 or 16a, a nization	nd line 15 is 33-1/ 	3% or more, check	this box
17 a	10%-facts-and-circumstances to or more, and if the organization method organization meets the 'facts-a	eets the 'facts-and-	-circumstances' tes	st, check this box a	nd stop here. Exp	lain in Part IV how	 1
	10%-facts-and-circumstances to or more, and if the organization more organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' tes t=The organization	st, check this box a n qualifies as a pub	nd stop here. Exp licly supported org	plain in Part IV how ganization	the ▶
18	Private foundation. If the organiz	ation did not check	k a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ns ▶ 📗
BAA	·				0-1	adula A (Form 990	1 000 EZ\ 2012

| 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)

								
	tion A. Public Support							
Calen 1	dar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
	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	7 100						
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			10.00				
6	Total. Add lines 1 through 5							
	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 .							
	Public support (Subtract line 7c from line 6)	\$57	, , , , , , , , , , , , , , , , , , ,	`	<u></u>			
Sec	tion B. Total Support							
	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	<u> </u>	(f) Total
10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total Support. (Add Ins 9,10c, 11 and 12)							
14	First five years. If the Form 990 is organization, check this box and s	for the organizati		hird, fourth, or fift		on 501(c)(3)		▶ [
Sec	tion C. Computation of Pu	blic Support F	Percentage					
	Public support percentage for 201			, column (f)) .			15	ર્જ
	Public support percentage from 20		•	,			16	ફ
	tion D. Computation of Inv							
	Investment income percentage for				(f))		17	
18	Investment income percentage fro		•				18	8
	33-1/3% support tests — 2013. If is not more than 33-1/3%, check the	the organization d	lid not check the bo	x on line 14, and ion qualifies as a	line 15 is more than publicly supported of	L n 33-1/3%, ar organization		• [
t	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%, o	the organization d	lid not check a box I stop here. The or	on line 14 or line ganization qualifi	19a, and line 16 is ees as a publicly sup	more than 33 ported organ	-1/3%, ar zation	ıd . ► [
20	Private foundation. If the organization	ation did not check	k a box on line 14,	19a, or 19b, chec	k this box and see ii	nstructions		▶

Schedule A	(Form 990 or 990-EZ) 2013	Family Resou	rce Network of	Greenbrier Count	ty, 1nc. 5	5-0742172	Page 4
Part IV	Supplemental Inform or 17b, and Part III, lin (See instructions).	nation. Provide t	he explanations	s required by Part	II, line 10, Pa	art II, line 17a	
	··			·			
			-				
	 						
			*				
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				- 			
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·SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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 2013

Open to Public Inspection ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number Family Resource Network of Greenbrier County, Inc 55-0742172

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2013

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No

Name(s) shown on return Identifying number Family Resource Network of Greenbrier County, Inc. 55-0742172 Business or activity to which this form relates Form 990 / Form 990EZ Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) . . 1 2 2 Total cost of section 179 property placed in service (see instructions). Threshold cost of section 179 property before reduction in limitation (see instructions) . . 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions. (a) Description of property (c) Elected cost 6 (b) Cost (business use only) Listed property Enter the amount from line 29 . . . Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. 12 12 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 13 13 Note. Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) . . 16 Part III | MACRS Depreciation (Do not include listed property) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2013 17 391 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (a) (b) Month and (C) Basis for depreciation (d) (g) Depreciation Classification of property year placed in service (business/investment use only — see instructions) Recovery period Convention deduction 19 a 3-year property . . **b** 5-year property . . c 7-year property d 10-year property . e 15-year property f 20-year property 25 yrs g 25-year property S/L 27.5 yrs h Residential rental MM S/L property . 27.5 yrs MM S/L S/L i Nonresidential real 39 yrs MM MM S/L property . . Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20 a Class life S/L **b** 12-year 12 yrs S/L c 40-year 40 yrs MM S/L Part IV | Summary (See instructions) Listed property Enter amount from line 28 . . . 21 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

the appropriate lines of your return. Partnerships and S corporations — see instructions.

For assets shown above and placed in service during the current year, enter

391.

Section A Description	Form	n 4562 (2013)	Family Res	source Ne	etwork	of G	reenb	rı.e	er (Coun	ιτy	, In	c.		55-0	7421	72		Page 2
Note: For any vehicle for which you are using the standard mileage rate of deflucting lease expense, complete only 24a, 24b, southern (a) through 150 (a) through 250 (b) content and 50 (b) content and 150 (c) content and 150 (Pai	t V Listed	Property (Incl	ude automobi	iles, certa	ın other	vehicles,	cer	taın d	ompu	iter	s, and	oroperty	used fo	or enter	aınmen	t,		
24 a By op 1995 we devoted to be support the business without the second of the second		Note: Fo	or any vehicle for (a) through (c) of	which you are f Section A, al	l of Section	on B, and	d Section	C ii	f appi	lıcable	9							,	
Complete the section for vehicles used by a selectronic Consultation in Section Color of June 2 in Section B - Information on Use of Vehicle 3 Vehicle 5 Vehicle 5 Vehicle 6 Vehicle 5 Vehicle 6 Veh		Section	n A – Depreciati	on and Othe	r Informa	tion (Ca	ution: S	ee t	he ın	struct	ion.	s for lın	nts for p	asseng	er autoi	nobiles	<u>) </u>		
Type of presently Type of prese	24 a	Do you have evider	nce to support the bus	siness/investmer	nt use claim	ed?		_ Y	'es_	N	0	24b If '	Yes,' is th	e eviden	ce written	? .	<u></u> `	Yes	No
gest more than 50% in a qualified business use 28 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1 29 Enter here and on line 7, page 1 29 Section B – Information on Use of Vehicles Complete lihs section for vehicles used by a sole proprietor, partner, or other finer han 5% owner, or related person if you provided vehicles to your employees, lifest envier the questions in Section C to 5ee ft you meet an exception to completing this section for those vehicles 30 Total business/investment miles driven during the year (do not indire) the year (do not indir		Type of property	Date placed	Business/ investment	Cost	or	(busine	or dep	preciat vestme			Recovery		ethod/		preciation		Ele secti	ected ion 179
27 Property used more than 50% in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 21, page 1 20 Total business/investment miles driven during the diversion in column (h), lines 26 Enter here and on line 21, page 1 20 Total business/investment miles driven during the diversion in column (h), lines 26 Enter here and on line 21, page 1 20 Total business/investment miles driven during the diversion in column (h), lines 26 Enter here and on line 21, page 1 20 Total business/investment miles driven during the diversion in column (h), lines 26 Enter here and on line 21, page 1 20 Total cities presonal used driven during the diversion in column (h), lines 26 Enter here and on line 21, page 1 20 Total cities presonal used (hours and lines 20 Enter here and on line 21, page 1 20 Total cities	25							ice (durin	g the	tax	year a	nd	105					
27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1 29 Section 8 — Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other more than 5% owner; or rolated parson if you provided vehicles to your employees, sirst answer the questionis in Section C to see if you meet an exception to completing this section for flow or wholes to your employees, sirst answer the questionis in Section C to see if you meet an exception to completing this section for flow provided vehicles to your employees, sirst answer the questionis in Section C to see if you meet an exception to completing this section for flow provided vehicles commuting miles driven during the year. 30 Total business/investment miles driven during the year. 31 Total commuting miles driven during the year. 31 Total miles driven during the year. 32 Total other personal (neno-personal) (neno-muting) miles driven during the year. 33 Total miles driven during the year. 34 Was the vehicle available for personal use. 35 Was the vehicle available for personal use. 36 Is another vehicle available for personal use. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles used by employees who are not more than 5% owners or related persons. 39 Do you use than 1% owners or related persons? 39 Do you use than 1% owners of the miles used by composition of the vehicles of the miles of the seed of vehicles to your employees who are not more than 5% owners or related persons. 40 Do you mentain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 41 Do you mentain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees? 42 Amortization of costs that begins during your 2013 tax year (see instructio	26						s)					•	_:	25	_l				
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 Section B — Information on Use of Vehicles Complete its section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles Complete its section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles Total business/investment miles driven Uniformation on Use of Vehicles Total business/investment miles driven Uniformation on Use of Vehicles Total business/investment miles driven Uniformation on Use of Vehicles Total business/investment miles driven Uniformation on Use of Vehicles Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 3 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 7 Vehicle 9 Vehicle 8 Vehicle 9 Ve							T								T				
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 Section B — Information on Use of Vehicles Complete its section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles Complete its section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles Total business/investment miles driven Uniformation on Use of Vehicles Total business/investment miles driven Uniformation on Use of Vehicles Total business/investment miles driven Uniformation on Use of Vehicles Total business/investment miles driven Uniformation on Use of Vehicles Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 3 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 7 Vehicle 9 Vehicle 8 Vehicle 9 Ve																			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 Section B — Information on Use of Vehicles Complete its section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles Complete its section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles Total business/investment miles driven Uniformation on Use of Vehicles Total business/investment miles driven Uniformation on Use of Vehicles Total business/investment miles driven Uniformation on Use of Vehicles Total business/investment miles driven Uniformation on Use of Vehicles Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 3 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 7 Vehicle 9 Vehicle 8 Vehicle 9 Ve	07	Property used 5	09/ 05/000 12 0 0	ualified busine			<u> </u>								<u> </u>				
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43 Amortization of costs that began before your 2013 tax year		Des			Date ar	nortization		Amor	rtizable	•		Ċ	ode	٦	nortization period or			ortizatioi	
	42	Amortization of	costs that begins	during your 2	013 tax y	ear (see	ınstructı	ons))		<u>. </u>								
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Schedule O (Form 99 Form 990-EZ, Part I,	90 or 990-EZ), Supplemental Information to Form Line 16 Other Expenses	n 990 or 990-EZ	
Other expenses (des	cribe in Schedule O)	· · · · · · · · · · · · · · · · · · ·	
Insurance	,	5,880.	
Depreciation		391.	
Hope Coalition	Expense	287.	
Early Childhoo		96.	
Supplies		1,405.	
Telephone		1,279.	
Travel		300.	
Dues		. 70	
Meal Expense			
Conference Exp	ense	59.	
Misc		62.	
License/Fees		110.	
Teen Expo Expe	nse	320.	
Bank Charges			
Advertising		1,827.	
Grant & Alloca	tion Expense	546.	
Total		12,562.	
	00 or 990-EZ), Supplemental Information to Form Line 10 Grants and Similar Amounts Paid	n 990 or 990-EZ	
Form 990-EZ, Part I,	Line 10 Grants and Similar Amounts Paid		Amount Give
Form 990-EZ, Part I, Purpose of Payment Class of Activity	Utility bill assistance	ee Grantee's	Amount Give
Purpose of Payment Class of Activity Assistance to	Line 10 Grants and Similar Amounts Paid . Utility bill assistance Grantee's Name and Address	ee Grantee's	Amount Give
Purpose of Payment Class of Activity Assistance to individuals for	Line 10 Grants and Similar Amounts Paid . Utility bill assistance Grantee's Name and Address	ee Grantee's	Amount Give
Form 990-EZ, Part I, Purpose of Payment	Line 10 Grants and Similar Amounts Paid	e	
Form 990-EZ, Part I, Purpose of Payment Class of Activity Assistance to individuals for utility bills If property other than Description of Proper Date of Gift Book Value 6, 916. Ut	Cash was given, the following additional informaty Utility bill assistance Grantee's Name and Address Business Person . X cash was given, the following additional informaty Utility bills of qualifying individuals were Various How Book Value De	Grantee's Relationship atton needs to be prove paid by FRN directly	6,9
Purpose of Payment Class of Activity Assistance to Individuals for Utility bills If property other than Description of Proper Date of Gift Book Value 6,916. Ut. FMV 6,916. Ut.	Grantee's Name and Address Business Person . X cash was given, the following additional informaty dtility bills of qualifying individuals were various How Book Value Deally bill presented to FRN How FMV Determinantly bill presented to FRN How FMV Determinantly bill presented to FRN Of or 990-EZ), Supplemental Information to Form	Grantee's Relationship Ition needs to be proverpaid by FRN directly etermined	6,91

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Payroll taxes withheld & payable	2,153.	589.
Total	2,153.	589.