# **Return of Organization Exempt From Income Tax**

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

Department of the Treasury

►

►

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

2 5 0 **Open to Public** . Inspection

OMB No. 1545-0047

A	For the		lendar year, or tax	k vear begin	nina	9/1/2	2015	. a	nd er	nding		8/31/2	016		
		applicable:	C Name of organizat		JRCH HILL A								ntification	number	
<b>—</b>	Address of		Doing business as						-,		-	-			
			Number and stree		f mail is not delive	red to street	t address)	Room/su	uite		20-0220	263			
	Name cha	ange	3015 N STREET	-							E Teleph	none nu	mber		
Ц	Initial retu	urn	City or town				ate	ZIP code			804-236	-4964			
	Final return	/terminated	RICHMOND			V		23223			001 200	1001			
$\square$			Foreign country n	ame	Foreign provin	ce/state/cou	unty	Foreign	postal		•		•	0.0	10 400
	Amended	l return									<b>G</b> Gross	receipts	\$\$	2,0	016,462
<u> </u>	Applicatio	on pending	F Name and address	s of principal of	ficer:					H(a) Is this	s a group rel	turn for s	ubordinates?	Yes	X No
			PERCY STRICK	LAND 601 I	N. 31ST STR	EET, RIC	HMOND,	VA 232	223	H(b) Are	all subordi	inates in	cluded?	Yes	No
1 1	Fax-exem	pt status:	X 501(c)(3)	501(c) (	) ◀ (inse	ert no.)	4947(a)(1	) or	527	lf "N	No," attach	a list. (s	see instructi	ons)	
		•	W.CHATRICHM		, (	, L		,	-		up exempt	ion num	her 🕨		
					A	011-01	<u> </u>		1						
_		rganization:		Trust	Association	Other	•		L rea	r of forma	tion: 20	03	M State of	legal domicile	v: VA
P	Part		mmary						_						
Φ	1		lescribe the organ		ssion or most	significai	nt activitie	s:	loe	quip and	d serve t	he you	uth of Ch	urch Hill	
anc		то таке	transformative de	ecisions.											
Governance															
Š	2		his box ► if	•			•	•				÷	1	sets.	
ଏ ଅ	3		of voting membe												13
ŝ	4		of independent v									4			13
<u>, iti</u>	5		mber of individua		-										84
Activities	6		Imber of voluntee									6	-		
∢	7a		related business									7			0
	b	netune	elated business ta	ixable incon	ne irom Form	990-1, 11	ie 34				Prior Yea	7	a	Current Yea	0
	8	Contribu	itions and grants	(Part \/III liv	ne 1h)							950,76	86		363,392
Revenue		<ul> <li>8 Contributions and grants (Part VIII, line 1h)</li></ul>									1,	82,3 <sup>2</sup>		1,0	68,879
ver		<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d).						*			-69			599	
Re	11									67,45			58,188		
	12		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).								2	099,83		1 (	991,058
	13		and similar amour								۷.,	000,00	0	1,	001,000
	14		paid to or for me						*		0				0
s			other compensation							-				1.3	334,292
Expenses	16a		ional fundraising f				. ,	,	*		.,		0	.,.	0
per	b		ndraising expense					173					-		
ы́	17		xpenses (Part IX,	•		,						492,96	61	Ę	560,816
	18		penses. Add lines						1			729,1			395,108
	19		e less expenses.									370,7 <sup>-</sup>			95,950
Net Assets or Fund Balances			•							Beginni	ing of Curi	rent Yea	ar	End of Yea	r
sets alan	20	Total as	sets (Part X, line	16)							1,	546,62	25	1,7	759,078
t As	21	Total lia	bilities (Part X, lin	e 26)								219,64	49	3	336,152
		Net ass	ets or fund baland	es. Subtrac	t line 21 from	line 20 .					1,	326,97	76	1,4	422,926
	art II		nature Block												
	•		y, I declare that I have				•						•		
anu	Dellei, It i		ect, and complete. Decl			liicer) is bas		JITTALION O	I WHICH	i preparer	nas any ki	lowledg	е.		
Się	gn		Signature of officer								Da	to			
He	re	, i	STEPHEN WEIF			)R					Du				
			Type or print name ar		VE DIRECTO										
		Prin	t/Type preparer's name		Prepa	arer's signat	ure			Date		1		PTIN	
Ра	id											Chec			
	eparer	Susan H Andrews								4/2017		employed	P0060594	19	
	e Only		n's name 🕨 🕨 Andre	ews Accoun	ting and Book	keeping,	Inc.				Firm's EIN	▶ 54	-175076	0	
			Firm's address ► 12130 Wexwood Drive, Richmond, VA 23236								Phone no.	80	4-794-04	120	
Ма	y the IF	RS discus	s this return with	the prepare	r shown abov	e? (see ii	nstruction	s)						X Yes	No
	-		uction Act Notice												<b>90</b> (2015)
HTA		Nork iteu	ACTIVITACE NOTICE	, 300 110 30											. 🛥 (2013)

Form 9	90 (2015)	CHURCH HILL ACTIVITIES AND TUTORING, INC.	20-0220263	Page <b>2</b>
Pa	rt III	Statement of Program Service Accomplishments		<b></b>
		Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	•	escribe the organization's mission:		
		a myriad of programs that include an independent high school, a pre-school, after		
		itoring, life skills classes, leadership training, mentoring, student led neurships, summer camps and more.		
2		organization undertake any significant program services during the year which were not listed on		
-		Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O.		<u> </u>
3		organization cease conducting, or make significant changes in how it conducts, any program		
		?	Yes	X No
	lf "Yes,"	describe these changes on Schedule O.		
4	Describe	the organization's program service accomplishments for each of its three largest program services	, as measured by	
		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	ocations to others	,
	the total	expenses, and revenue, if any, for each program service reported.		
4a	(Code:	) (Expenses \$ 554,038 including grants of \$ ) (Revenue)	e \$ 554	1,038 )
	After Sci	nool Program - During the 2015-2016 school year the after school program operated six		
		sites. CHAT's tutoring program served an average of 75 youth using 55 volunteers every		
	woluntoo	and Tuesday. Wednesday life skills classes served and average of 70 youth using 42 rs. During the summer, CHAT hosted 16 interns, living in the community and assisting with		
		mor day compo conving approximately 60 youth 20 student leaders were calested for		
	leadersh	ip positions over the summer, serving in CHAT's summer camps and as entrepreneurs working		
		dworking, screen printing and urban farming agtricultural businesses.		
4b		) (Expenses \$559,387 including grants of \$) (Revenue)	e\$ 559	9,387)
		rivate Christian education during the 2015-2016 school year. The Academy held its sixth		
		on ceremony for five of its students in June 2016. Over 200 people attended the ceremony ate the achievements and futures of these youth. Graduates are have gone on to pursue		
		I further education at institutions including Longwood University, Richard Bland College,		
		State University and J. Sargeant Reynolds Community College.		
	virginia			
4c		) (Expenses \$179,866 including grants of \$) (Revenue)	e\$ 179	9,866)
		es is a preschool program committed to fostering a love of learning through a		
		entered, creative, community-focused education. The Tiny Tykes program served 24 students		
	and utiliz	red 35 volunteers during the 2015-2016 school year.		
4d	-	ogram services. (Describe in Schedule O.)		
	(Expens		154,637 )	
4e	Total pro	ogram service expenses ► 1,447,928		

Form 990 (2015) CHURCH HILL ACTIVITIES AND TUTORING, INC.

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	х	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			<u> </u>
Ŭ	candidates for public office? If "Yes," complete Schedule C, Part I.	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			1
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			1
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	<u> </u>		<u> </u>
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
19		45		v
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III.	19		х

Form **990** (2015)

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Part IV Checklist of Required Schedules (continued) Yes No **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*.... 20a Х 20b **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.... 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. Х 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a Х 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? **c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?.... 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Х h Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Х 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28a а A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete h 28b Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) С was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c Х Did the organization receive more than \$25,000 in non-cash contributions? *If "Yes," complete Schedule M*.... 29 Х 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 34 34 Х 35a **b** If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note. All Form 990 filers are required to complete Schedule O. . . . . . 38

#### Form 990 (20<sup>2</sup>

5)	CHURCH HILL	ACTIVITIES	AND TUT	ORING,	INC.

Form §	20-022 CHURCH HILL ACTIVITIES AND TUTORING, INC. 20-022	0-0220263		age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
-	gaming (gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	~	
	Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b>			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
~	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)		~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		~
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	50		
та	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		х
b	,	τa		_
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
с 6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
0a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0a		
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
ŭ	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		~	
-	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<b>—</b>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.).			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
-				

Part VI       Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and the a 'No' response to lines 2, the or 'No' response '	Form 9	90 (2015) CHURCH HILL ACTIVITIES AND TUTORING, INC. 20-022			age <b>6</b>				
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check f Schedule O contains are response or note to any line in this Part VI.       Image: Schedule O. See instructions.         3 Enter the number of voting members of the governing body, or if there are matrial differences in voting rights among members of the governing body, or if there are matrial differences in voting rights among members of the governing body, or if there are matrial differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, circles or, trustee, or key employee have a family reidonship or a busines relationship with any other officer, firetor, trustee, or key employees to its governing documents since the right for the direct supervision of officers, director, trustees, or key employees to a management during for the organization sesset?       2       X         4 Did the organization networks wightfair changes to its governing documents since the right form 900 ws filed?       3       X         5 Did the organization networks stockholders.       6       X         4 Did the organization networks of the governing body?       6       X         5 Did the organization networks of the governing body?       7       X         4 Did the organization networks of the governing body?       8       8       X         5 Did the organization networks of the governing body?       8       8       X         6 Did the organizatio	Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No	1					
Check if Schedule O contains a response or note to any line in this Part VI.       Section A. Governing Body and Management         Section A. Governing Body and Management       Imagement         1 Enter the number of voling members of the governing body, at the end of the tax year.       Imagement         1 The governing body degraded boad authority to an executive committee or similar committee, explain in Schedule O.       Imagement         2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee to an angement on company or other person?       3         2 Did the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during body?       3         3 Did the organization become aware during body?       5       X         4 Did the organization become aware during body?       5       X         5 Did the organization have members or stochiders?       5       X         6 Did the organization have members or stochiders?       5       X         7 Did the organization have amagement during body?			e insi	ructio	ons.				
Section A. Governing Body and Management       Yes       No         1a Enfer the number of voling members of the governing body, or if there are matrial differences in voling rights among members of the governing body, or if the governing body delepated broad authority to an executive committee or similar committee, explain in Schedule O.       1a       13         2 Did any officer, director, trustee, or key employees thave a family relationship part on delegate control over maragement dudes catsomally parformed by or under the direct supervision of flotes, director, or trustees, or key employees to a management company or other person?       2       X         3 Did the organization become aware during the vegor of a spintar duversion of the organization saes?       5       X         4 Did the organization become aware during the vegor of a spintar duversion of the organization saes?       5       X         4 Did the organization nave methers, stockholders?, or other persons who had the power to elect or appoint one or more members, stockholders?, or other persons who had the power to elect or appoint one or more members, stockholders?, or other persons who had the power to elect or appoint one or more members, stockholders?, or other persons who had the power to elect or appoint one or more members, stockholders?, provide the names and addresses if Schedule 0       7         4 Edit the organization nave during the typolyse listed in PaVIII, Section A, who cannot be reached at the organization nave ensure ther operating body?.       8       X         5 Extion B. Policies (This Section B requests information about policies not requirely by bin following: a The operating body?.		Check if Schedule O contains a response or note to any line in this Part VI			Х				
Image: second	Sect								
1a       Enter the number of voting members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in St-modelle O.       1a       13         2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?       3       X         3       Did the organization delegate control over management duies customally performed by or under the direct       3       X         4       Did the organization delegate control over management duies customally performed by or under the direct       3       X         4       Did the organization have members or stockholders?       5       X         5       Did the organization have members, stockholders?       6       X         6       Did the organization have members, stockholders?       7       X         7       Did the organization have members, stockholders?       7       X         8       Did the organization new members, stockholders?       7       X         9       Did the organization new members, stockholders?       7       X         8       Did the organization new members, stockholders?       7       X         9       Did the organization new members, stockholders?       7       X       8				Yes	No				
If the governing body degreated toroad subtrol to an executive committee or similar committee, explain in Schedule O.       1b       13         2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a managument company or other parson?       3       X         3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officer, director, trustee, or key employees to a managument company or other parson?       3       X         4 Did the organization become aware during the year of a significant diversion of the organization sasets?       5       X         5 Did the organization have members sitekholders?       5       X         70 Did the organization have members sitekholders?       5       X         71 Did the organization have members sitekholders?       6       X         72 Did the organization have members sitekholders?       7       X         73 Did the organization aver during the year of the presons who had the power to elect or appoint one or more methers of the trans the organization reserved to (or subject to approval by) members.       7         8       X and the organization reserves to proval by members.       7       X         8       Did the organization have have preserves to (or subject to approval by) members.       7       X         9       Each commolite with authority to act on behalf of the	1a	Enter the number of voting members of the governing body at the end of the tax year							
if the governing body delegated broad authority to an executive committee or similar committee, explain is Schedule O.       1b       13         2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?       2       X         3       Did any officer, director, trustee, or key employees to a management company or other person?       4       X         4       Did the organization delegate control over management duies austomaria performed by or under the person?       4       X         5       Did the organization bave members, stockholders?       5       X         6       Did the organization have members or stockholders?       6       X         7       Did the organization have members or stockholders?       7       X         8       Did the organization have members or stockholders?       7       X         9       Did the organization have members. stockholders?       7       X         9       Did the organization have members. stockholders?       7       X         9       Did the organization have members. stockholders?       7       X         9       Did the organization have members. stockholders?       7       X         9       Did the organization have manife and brook point is thave and brook? </th <th></th> <th></th> <th></th> <th></th> <th></th>									
committee, explain in Schedule O.       13         2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee is a management company or other person?       3         3       Did the organization degrade control over management dules customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?       3       X         4       X       Did the organization become aware during the year of a significant diversion of the organization's assets?       6       X         5       Did the organization have members, stockholders?       6       X         7       Did the organization have members, stockholders?       6       X         8       Did the organization have members, stockholders?       6       X         9       Did the organization ave any endowed by document since the proform 900 was fleet?       7       X         9       A re any governance decisions of the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8       X         9       Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have written policies and procedures governing body?       8       X         9       Is there any officer, director, trustee, sinchoreadi									
b       Enter the number of voling members included in line 1a, above, who are independent.       10									
2       Did any officer, director, trustee, or key employee?       2       X         3       Did the organization delegate control over management dulies customarily performed by or under the direct.       3       X         4       Did the organization make any significant changes to its governing documents since the prior Form 930 was filed?       4       X         5       Did the organization make any significant changes to its governing documents since the prior Form 930 was filed?       4       X         6       Did the organization have members or stockholders?       6       X         7a       Did the organization make members or stockholders?       6       X         7a       Did the organization nave members or stockholders?       7a       X         7b       Ave any governance decisions of the organization reserved to (ar subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         8       Did the organization notemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         8       Bate argo officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization nave local chapters, branches, or affiliates?       9a       X         9a       Did the organization have written onblices and procedures governing body before filing the form?       10a       X </th <th>h</th> <td></td> <td></td> <td></td> <td></td>	h								
any other officer, director, trustee, or key employee?.       2       X         3       Did the organization degate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?.       3       X         4       Did the organization become aware during the year of a significant diversion's assets?       5       X         5       Did the organization become aware during the year of a significant diversion's assets?       5       X         6       Did the organization have members or stockholders?.       6       X         7a       Did the organization become aware during anglinicant diversion's assets?       6       X         7b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year of significant diversion dy become the eached at the organization maining address? If "Yes," provide the manes and addresses in Scheduel O.       9       X         9       Is there any officer, director, trustee, or key employees governing the activities of such chapters, affiliates, and branches to ensure their organization to requiration the advector or spanization the advector or spanization the advector or spanization the advector or spanization the advector organization the advector.       9       10a<	_								
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<ul> <li>4 Did the organization make any significant changes to its governing documents since the prior FOrm 990 was filed?</li> <li>5 Did the organization have members or stockholders?</li> <li>6 X</li> <li>6 Did the organization have members, stockholders?</li> <li>7 Did the organization have members, stockholders?</li> <li>7 Did the organization have members, stockholders?</li> <li>8 A any governance decisions of the governing body?</li> <li>8 A ary governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>8 The governing body?</li> <li>8 The governing body?</li> <li>9 Is there any officer, drector, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If "Yes." provide the names and addresses in Schedule O.</li> <li>9 Is there any officer, drector, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?</li> <li>10 Did the organization have written policies and procedures governing the activities of such chapters, affiliates?</li> <li>11 Ha X be containation in their operations are consistent with the organization's exempt purposes?</li> <li>12 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?</li> <li>12 Did the organization have a written policies and procedures governing hody?</li> <li>13 Did the organization have written policies and procedures governing body?</li> <li>14 X to a such a document reterition and destruction policy?</li> <li>14 X</li> <li>15 Did the organization have a written policies and procedures governing body?</li> <li>16 Did the organization hav</li></ul>	3				Ň				
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stockholders, or persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         a       The governing body?       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O       9       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?       10a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?       10a       X         10       Did the organization have local chapters, branches, or affiliates?       10b       11a       X         11       Has the organization have a written policies and procedures governing body before filing the form?       10b       11a       X         12       Did the organization have a written conflict of interest policy? If "No," go to line 13.       11a       X         12       Did the organization have a written conflict of interest policy? If "No," go to line 13.       12a       X         13 <td< th=""><th></th><td>one or more members of the governing body?</td><td>7a</td><td></td><td>Х</td></td<>		one or more members of the governing body?	7a		Х				
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10a       Did the organization have local chapters, branches, or affiliates?       10a       X         b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b       11a       X         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10b       11a       X         12a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X         2b       Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done       12c       X         12b       Did the organization have a written whistleblower policy?       13       X       14       X         14       Did the organization have a written whistleblower policy?       13       X       14       X         15       Did the organization in have a written whistleblower policy?       13       X       14       X         16       Did the organization in a a written whistleblower policy?       13       X       14       X         15       Did the organization invest in, contribute assets to, or participate in a joint venture or simillar arrangement with a taxable entity during the ye	0000		/040.		No				
b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.       10b         12a       Describe in Schedule O the process, if any, used by the organization to review this Form 990.       12a         12b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b         c       Did the organization have a written whistleblower policy?       13a         13       Did the organization have a written document retention and destruction policy?       13x         14       Did the organization have a written document retention and destruction policy?       13x         14       X       14x         15       Did the organization ing compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       14x         16       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15b         16a       X       15b       X       15b         16a       Vif "Yes," did the organizatio	10a	Did the organization have local chapters, branches, or affiliates?	10a						
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12a       Did the organization have a written conflict of interest policy? If "No," go to line 13.       12a       X         12b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X         12c       X       12b       X         13c       Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes,"       12c       X         13       Did the organization have a written document retention and destruction policy?       13       X       14       X         15       Did the organization have a written document retention and destruction policy?       14       X       14       X         15       Did the organization sceo, Executive Director, or top management official.       15a       X       15b       X       15c       X       15b       X	_		11a	~					
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Listwella Donaldson 804-236-4964	20		►						
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Form 990 (2015)	CHURCH HILL ACTIVITIES AND TUTORING, INC.	20-0220263	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

<b>(A)</b> Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						<b>(D)</b> Reportable compensation	(E) Reportable compensation	( <b>F)</b> Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Percy Strickland	40.00									
President	0.00	Х		Х				26,923		
(2) Stephen Weir	40.00									
Executive Director	0.00	Х		Х				48,338		
(3) Don Coleman	5.00									
Chairman	0.00	Х		Х						
(4) Susan Andrews	5.00									
Treasurer	0.00			Х						
(5) Tommy Blanchard	1.00									
Director	0.00									
(6) Esther Choi	1.00	1								
Director	0.00									
(7) Rob Lanphear	1.00	1								
Director	0.00									
(8) Michelle Macklin	1.00									
Director	0.00	Х								
(9) Nadine Marsh-Carter	1.00									
Director	0.00	Х								
(10) Ward Marstiller	1.00									
Director	0.00	Х								
(11) Everett Reveley	1.00									
Director	0.00									
(12) Angie Strickland	1.00									
Director	0.00									
(13) Todd Waldo	1.00	1								
Director	0.00									
(14) G.F. Pendleton	1.00	1								
Director Emeritus	0.00	Х								

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Pa	art VII	Section A. Officers, Directors,	Trustees, Key Em	ploye	ees,			ghes	t Co	ompensated Em	ployees (cont	inued)		
		<b>(A)</b> Name and title	<b>(B)</b> Average hours per	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation		<b>(F)</b> Estimate amount (	
				Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	) ) a	other impensa from the rganization and relate ganization	ition e ion ed
(15)				-										
(16)				-										
(17)				-										
(18)				-										
(19)				-										
(20)				-										
(21)				-										
(22)				-										
(23)				-										
(24)				-		-								
(25)				-										
1b										75,261		0		0
c d		n continuation sheets to Part VII I lines 1b and 1c).								0 75,261		0 0		0
2	Total num	ber of individuals (including but no	t limited to those li			ve) v						0		0
		compensation from the organizati				0							Yes	No
3	-	ganization list any <b>former</b> officer, of on line 1a? <i>If "Yes," complete Sch</i>		•		-		•		t compensated		3		Х
4	the organiz	dividual listed on line 1a, is the sur zation and related organizations g	reater than \$150,0								h	4		X
5	Did any pe	erson listed on line 1a receive or a	ccrue compensatio											
Soc		s rendered to the organization? If pendent Contractors	"Yes," complete S	chedi	ile J	f for	suc	h per	son	1		5		Х
1	Complete	this table for your five highest control tion from the organization. Report										s tax		
		(A) Name and business	address							<b>(B)</b> Description of ser	vices		<b>C)</b> ensation	
														0
														0
														0
2	Total nume	har of independent contracts	oluding but not limi	tod t-	, the -		iota	ط دلب		who received				0
2		ber of independent contractors (in \$100,000 of compensation from t	-		, u 10	50 I	1516	d abd 0	ve)					

orm 990 Dort V			S AND TUTOR	RING, INC.			20-0220	263 Page
Part V	/111	Statement of Revenue Check if Schedule O contains	a response or	note to any line in	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns						
	b	Membership dues		-				
δŭ	С	Fundraising events						
liar di	d	Related organizations						
Sim .	е	Government grants (contribution		<b>e</b> 0				
contributions, onto, orants and Other Similar Amounts	f	All other contributions, gifts, gran						
ē		similar amounts not included abo						
and	g	Noncash contributions included in li			4 000 000			
	h	Total. Add lines 1a–1f		► Business Code	1,863,392			
Program Service Revenue	2-				45.274			
eve		PROGRAM TUITION AND FEES		900099 900099	45,374 17,040			
e R	b	PRODUCT SALES			,			
izi	C a	WORK GROUP FEES		900099	6,465			
ו Se	d				0			
Jran	e	All other program convice revenue			0			
roc		All other program service revenu			68,879			
3	<u>g</u>	Total. Add lines 2a–2f			00,079			
	)	other similar amounts).			599			
4	1	Income from investment of tax-ex			0			
5					0			
	,	Royalties	(i) Real	(ii) Personal	0			
	6a	Gross rents	7,29					
	b	Less: rental expenses	1,23	0				
	c	Rental income or (loss)	7,29	0 0				
	d	Net rental income or (loss)			7,290			
		Gross amount from sales of	(i) Securities	(ii) Other	1,200			
		assets other than inventory		0 0				
	b	Less: cost or other basis		<u> </u>				
		and sales expenses		0 0				
	с	Gain or (loss)........		0 0				
	d	Net gain or (loss)		<b>. &gt;</b>	0			
en	8a	Gross income from fundraising						
en		events (not including \$	1,880					
Š		of contributions reported on line						
2		See Part IV, line 18.....	a	72,193				
Other Revenue		Less: direct expenses		-, -				
-		Net income or (loss) from fundra		. <u> •</u>	46,789			
	9a	Gross income from gaming activ						
		See Part IV, line 19		0				
	b	Less: direct expenses						
	С	Net income or (loss) from gaming	g activities	· <u>···</u> ▶	0			
1	0a	<b>,</b> ,						
		returns and allowances						
		Less: cost of goods sold		-				
	С	Net income or (loss) from sales of	of inventory		0			
	_	Miscellaneous Revenue		Business Code				
1		MISCELLANEOUS		900099	4,109			-
	b				0			+
	C				0			+
	d	All other revenue			0			
	e	Total. Add lines 11a–11d			4,109			
11	2	Total revenue. See instructions.		🚩	1,991,058	0		D Form <b>990</b> (201

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other or	rganizations must co	omplete column (A).	
	Check if Schedule O contains a response or note	to any line in this Pa	nt IX......		🔲
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16.......	0			
4	Benefits paid to or for members..........	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	75,261	45,157	15,052	15,052
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,077,352	816,922	158,310	102,120
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	98,638	59,175	29,911	9,552
10	Payroll taxes	83,041	62,109	12,584	8,348
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
С	Accounting	8,500		8,500	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	30,051	30,051	0	0
12	Advertising and promotion	0			
13	Office expenses	41,848	14,482	14,955	12,411
14	Information technology	0			
15	Royalties	0			
16	Occupancy	124,630	117,621	6,909	100
17	Travel	0			
18	Payments of travel or entertainment expenses	-			
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	46,380	28,197	0	18,183
20		1,372	1,372		
21	Payments to affiliates	0	· · _ · -		-
22	Depreciation, depletion, and amortization	51,349	44,715	6,634	0
23		14,475	4,832	9,643	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	70.007	74.005	4.040	0.000
a L	PROGRAM PAY, CURRICULUM, MATERIALS & SUPP	78,227	71,385	4,810	2,032
b		40,560	40,560	0	0
C	SPECIAL EVENTS, MEALS & SNACKS, REWARDS	78,132	73,057	4,891	184
d	DUES, SUBSCRIPTIONS AND SCHOLARSHIPS	42,823	37,229	569	5,025
e	All other expenses MISC	2,469	1,064	1,405	0
25	Total functional expenses. Add lines 1 through 24e	1,895,108	1,447,928	274,173	173,007
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if				
	following SOP 98-2 (ASC 958-720)				Fam. 000 (0045)

6	art X	Balance Sheet Check if Schedule O contains a response o	r note to	any line in this Part X .			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			404,993	1	552,634
	2	Savings and temporary cash investments			0	2	
	3	Pledges and grants receivable, net			354,594	3	320,600
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and f					
		trustees, key employees, and highest compens					
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pers				-	
	-	4958(f)(1)), persons described in section 4958(c)(3)(B),					
		sponsoring organizations of section $501(c)(9)$ voluntary					
ន		organizations (see instructions). Complete Part II of Sch				6	
Assets	7	Notes and loans receivable, net			0	7	0
As	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			6,777	9	12,038
	9 10a	Land, buildings, and equipment: cost or	1 · · ·		0,777	3	12,030
	IUa	other basis. Complete Part VI of Schedule D	100	1 050 702			
	L		10a 10b	1,059,702	780,261	10-	072.006
	b					10c	873,806
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities. See Part IV, line			0	12	0
	13	Investments—program-related. See Part IV, lin			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equ			1,546,625	16	1,759,078
	17	Accounts payable and accrued expenses .	38,031	17	7,849		
	18	Grants payable		18			
	19				19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and forme					
iit		trustees, key employees, highest compensated					
iab		disqualified persons. Complete Part II of Scheo				22	
	23	Secured mortgages and notes payable to unrel			146,819	23	291,922
	24	Unsecured notes and loans payable to unrelate			0	24	0
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line					
		Part X of Schedule D			34,799		36,381
	26	Total liabilities. Add lines 17 through 25			219,649	26	336,152
es		Organizations that follow SFAS 117 (ASC 95 complete lines 27 through 29, and lines 33 a		ck here ► 🗙 and			
nc	07				700 400	07	4 047 507
ala	27	Unrestricted net assets			783,139		1,047,507
B	28	Temporarily restricted net assets			543,837	28	375,419
ŭ	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958) complete lines 30 through 34.	), check ł	nere   and			
s	30	Capital stock or trust principal, or current funds				30	
3Se	30 31	Paid-in or capital surplus, or land, building, or e				<u> </u>	
Ř	32	Retained earnings, endowment, accumulated in				32	
Net	33	Total net assets or fund balances			1,326,976	33	1,422,926
_	33 34				1,546,625		
	J4	Total liabilities and net assets/fund balances .			1,040,025	54	1,759,078

Form **990** (2015)

Form	990 (2015) CHURCH HILL ACTIVITIES AND TUTORING, INC.	2	0-02202	263	Pag	e <b>12</b>
Par						
	Check if Schedule O contains a response or note to any line in this Part XI				[	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	,991	,058
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,895	5,108
3	Revenue less expenses. Subtract line 2 from line 1.	3			95	5,950
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,326	6,976
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		1	,422	2,926
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. [1	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		_			
	reviewed on a separate basis, consolidated basis, or both:		_			
	Separate basis Consolidated basis Both consolidated and separate basis		_			
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			-		
	separate basis, consolidated basis, or both:		_			
	X Separate basis Consolidated basis Both consolidated and separate basis		_			
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		_			
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in	• • •	· ·   -	20	^	
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
Ja	the Single Audit Act and OMB Circular A-133?		.   .	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• •	· ⊢	Ja		~
5	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		

Form **990** (2015)

SCHEDULE A	Du	blic Charity Status and Public Supp				ort L	OMB No. 1545-0047
		-	if the organization is a section 501(c)(3) organization or a se				2015
		-	(1) nonexempt charital				
Department of the Treasury	Information		to Form 990 or Form 9		- 4		Open to Public
Internal Revenue Service Name of the organization	Informatio	n about Schedule A (For	m 990 or 990-EZ) and its ins	tructions is	at www.irs.g	ov/form990. Employer identification	Inspection on number
CHURCH HILL ACTIVIT	IES AND TUTO	RING, INC.					20263
			ganizations must co				
The organization is not a	•	· ·	0	-	•	,	
			of churches described i			(A)(I).	
			ach Schedule E (Form			i)	
	•		zation described in <b>sec</b>	•			star tha
	e, city, and state		nction with a hospital c	lescribed	Section	170(b)(1)(A)(iii). Ei	
5 An organization		e benefit of a colleg	e or university owned	or operate	ed by a go	vernmental unit des	cribed in
6 A federal, state	, or local goverr	nment or governmer	ntal unit described in <b>s</b> e	ection 170	)(b)(1)(A)(	(v).	
		eceives a substantia <b>(A)(vi).</b> (Complete F	al part of its support fro Part II.)	om a gove	rnmental ເ	unit or from the gene	eral public
			A)(vi). (Complete Part				
receipts from a support from g	ctivities related to ross investment	to its exempt function income and unrelated	nan 33 1/3% of its supp ons—subject to certain ed business taxable in See <b>section 509(a)(2)</b> .	exception come (les	is, and (2) is section	no more than 33 1/3 511 tax) from busine	3% of its
	C C		ly to test for public safe	· ·	,		
11 An organization of one or more	n organized and publicly support	operated exclusive ted organizations de	ly for the benefit of, to escribed in <b>section 50</b> 9 bes the type of suppor	perform th 9(a)(1) or s	ne function section 50	ns of, or to carry out to <b>09(a)(2).</b> See <b>sectio</b>	n 509(a)(3).
the supporte	d organization(		pervised, or controlled l llarly appoint or elect a <b>tions A and B.</b>				
control or m	anagement of th		r controlled in connecti ization vested in the sa ections A and C.				
c Type III fun	ctionally integr	ated. A supporting of	organization operated i You must complete F				grated with,
that is not fu	inctionally integr	ated. The organizat	ting organization opera tion generally must sat plete Part IV, Sections	isfy a distr	ibution ree	quirement and an at	
e Check this b	ox if the organiz	zation received a wr	itten determination from	n the IRS	that it is a		e III
	• •		ally integrated supportin	ng organiz	zation.		0
		n about the support					
(i) Name of supported o	organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total						0	0

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

#### Schedule A (Form 990 or 990-EZ) 2015 CHURCH HILL ACTIVITIES AND TUTORING, INC. Part II Support Schedule for Organizations Described in Sections 1

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.)

Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total (f) Total (f) GR, grans, contabutions, and membership fees received. (Do not include any "unusual grants")		tion A. Public Support						
membership fees recoved. (Do not include any Nussual grants).       1.219.352       1.334.331       1.280.478       2.013.701       1.910.181       7.758.043         2       Tar verveue levels for the organization's bandifi and either paid to or expanded on its behall.       0       0         3       The value of services or challities fumilised by apoertinental unit to the organization without charge.       0       0         4       Total. Add inset 1 through 3       1.219.352       1.334.331       1.280.478       2.013.701       1.910.181       7.758.043         5       The portion of ball contributions by each person (other than a governmental unit or publicly supported organization) included on the 11th accessed 2% of the amount shown on line 11. column (f).       1.219.352       1.334.331       1.280.478       2.013.701       1.910.181       7.758.043         5       The portion of focal year beginning (n) of the amount shown on line 11. column (f).       (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         4       Total Support       5 free momention interest, withere or not the business activities, whether or not the business a column without or not the subiness a column without or not the business a column without or not the subiness a column without or not the subiness a column without or not the subiness a column without of Public Support Percentage	Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	<b>(f)</b> Total
benefit and either patit to or expended on its behalf.       0         3       The value of services or facilities furnished by a governmental unit to the organization whoto therage.       0         4       Total. Add lines 1 through 3       1,219,352         5       The point of bial contributions by sech person (other than a governmental unit or publicly supported organization) included on the 1 that exceeds 2% of the amount shown on line 11.       1,219,352         6       Public support 2       (c) 2013       (d) 2014       (e) 2015         7       Amount shown on line 1.       500,000         7       Amount shown on line 4.       1219,352         7       Amount shown on line 1.       500,000         8       Gross income from line 4.       1219,352         9       Total Support       (f) Total         1       1,219,352       1,344,331       1,280,478       2,013,701       1,910,181       7,758,043         8       Gross income from intreat.       1,720       885       736       0       599       3,940         9       Net income from unrelated business is regularly carifed on	1	membership fees received. (Do not	1,219,352	1,334,331	1,280,478	2,013,701	1,910,181	7,758,043
further by a governmental unit to the organization without charge.       0         4       Total. Add lines 1 through 3       0         5       The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on time 1 that exceeds 2% of the amount shown on line 11, column (f).       1.219.352       1.344.331       1.280.476       2.013,701       1.910,181       7.758.043         5       The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on time 1 that exceeds 2% of the amount shown on line 11, column (f).       500.000       500.000         6       Public support. Subtrat line 5 from line 4.       7.258.043       7.258.043         7       Amounts from line 4.       1.219.352       1.334.331       1.280.476       2.013,701       1.910,181       7.758.043         8       Gross income from interest, dividends, payments received on securities loans, rens, royalities and income from similar success       1.720       885       736       0       599       3.940         9       Net income from unrelated business is regularity carried on .       1.720       885       736       0       599       3.940         10       Other income. Do not include gain or .       .       .       0       0       0       .       7.758,043	2	benefit and either paid to or expended on						0
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).       500,000         6       Public support. Subtract line 5 from line 4.       500,000         7       Amounts from on line 4.       7,258,043         Section B. Total Support       (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         7       Amounts from line 4.       1,219,352       1,334,331       1,280,478       2,013,701       1,910,181       7,758,043         8       Gross income from line*st, dividends, payments received on securities loans, rents, royalius and income from similar sources.       1,219,352       1,334,331       1,280,478       2,013,701       1,910,181       7,758,043         9       Net income from unrelated business a certified on similar sources.       1,720       805       736       0       599       3,940         10       Other income. Do not include gin or loss from the sale of capital assets       0       7,761,983       0       12         12       Gross recepts from related achivities, etc. (see instructions).       12       12       14       14       93,51%         14       Total support. Add lines 7 through 10.       1.4       93,131% support test-2015	3	furnished by a governmental unit to the						0
column (f).       500,000         6       Public support. Subtract line 5 from line 4.       7,258,043         Section B. Total Support       (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         7       Amounts from line 4.       1,219,352       1,334,331       1,280,478       2,013,701       1,910,181       7,758,043         8       Gross income from interest, dividends, payments received on securities toans, rents, royatiles and income from similar sources.       1,219,352       1,334,331       1,280,478       2,013,701       1,910,181       7,758,043         9       Net income from nurelated business is regularly carried on .       1,720       885       736       0       599       3,940         9       Net income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       0       1       7,761,983         12       Gross receipts from related activities, etc. (see instructions).       12       1       7,761,983         12       Gross receipts from related activities, as a sublicly support experimate for 2015 (line 6, column (f) divided by line 11, column (f)).       14       14       93,51%         14       Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)).       14       93,13%       99,91%       14	_	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2%	1,219,352	1,334,331	1,280,478	2,013,701	1,910,181	7,758,043
6       Public support. Subtract line 5 from line 4.       7,258,043         Section B. Total Support       (d) 2014       (e) 2015       (f) Total         7       Amounts from line 4.       1,219,352       1,334,331       1,280,478       2,013,701       1,910,181       7,758,043         8       Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from similar sources.       1,720       885       736       0       5999       3,940         9       Net income from unrelated business a regulary carried on.       1,720       885       736       0       5999       3,940         10       Other income. Do not include gain or loss from the sale of capital assets       0       0       0         11       Total support. Add lines 7 through 10.       12       7,761,983         12       Gross receipts from related activities, etc. (see instructions).       12       12         13       First fly upot percentage from 2014 Schedule A, Part II, line 14.       15       99,91%         14       Public support percentage from 2014 Schedule A, Part II, line 14.       14       93,17% or more, and stop here. The organization qualifies as a publicly supported organization.       14       93,17% or more, and stop here. The organization qualifies as a publicly supported organization.       14       93,17% or more, and								
Section B. Total Support         Calondar year (or fiscal year beginning in) <ul> <li>(a) 2011</li> <li>(b) 2012</li> <li>(c) 2013</li> <li>(d) 2014</li> <li>(e) 2015</li> <li>(f) Total</li> </ul> 7 Amounts from line 4								,
Calendar year (or fiscal year beginning in)       (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         7       Amounts from line 4.       1,219,352       1,334,331       1,280,478       2,013,701       1,910,181       7,758,043         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.       1       1,219,352       1,334,331       1,280,478       2,013,701       1,910,181       7,758,043         9       Net income from unrelated business a activities, whether or not the business is regularly carried on.       1       1       7       0       599       3,940         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).       0       1       0       0         11       Total support. Add lines 7 through 10.       12       12       7,761,983         12       Gross receipts from related activities, etc. (see instructions).       12       12         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       14       93.51%.         14       Public support Percentage for 2015 (line 6, colurm (f) divided by line 11, colurn (f)).       14       99.91%.								7,258,043
7       Amounts from line 4       1,219,352       1,334,331       1,280,478       2,013,701       1,910,181       7,758,043         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       1,219,352       1,334,331       1,280,478       2,013,701       1,910,181       7,758,043         9       Net income from unrelated business is regularly carried on       1,720       885       736       0       599       3,940         9       Net income. Do not include gain or loss from the sale of capital assets (Explain in Part V1).       0       0       0       0         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part V1).       12       7,761,963         12       Total support. Add lines 7 through 10.       12       14       93,51%         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       14       93,51%         14       Public support percentage for 2015 (line 6, colurum (f) divided by line 11, colurn (f)).       14       93,51%         15       Public support percentage for 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization did not check the box on line 13, end line 14 is 33 1/3% or more, d			(-) 0044	(1-) 0040	(-) 0040	(-1) 0044	(-) 0045	(6) T - 4 - 1
8       Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
payments received on securities loans, rents, royalties and income from similar sources.       1,720       865       736       0       599       3,940         9       Net income from unrelated business activities, whether or not the business is regularly carried on       0       1,720       865       736       0       599       3,940         9       Net income, Do not include gain or loss from the sale of capital assets (Explain in Part VI).       0       0       0       0       0       0       0         11       Total support. Add lines 7 through 10.       12       12       12       0         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       1       14       93.51%         14       Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)).       14       93.51%         15       Public support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization.       \scale X         17a       10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here.		E E E E E E E E E E E E E E E E E E E	1,219,352	1,334,331	1,280,478	2,013,701	1,910,181	7,758,043
sources       1,720       885       736       0       599       3,940         9       Net income from unrelated business is activities, whether or not the business is regularly carried on       0	8							
9       Net income from unrelated business activities, whether or not the business is regularly carried on		rents, royalties and income from similar						
activities, whether or not the business is regularly carried on		sources	1,720	885	736	0	599	3,940
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9	activities, whether or not the business is						
loss from the sale of capital assets   (Explain in Part VI.).   11   Total support. Add lines 7 through 10.   12   Gross receipts from related activities, etc. (see instructions).   13   First five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)   organization, check this box and stop here   14   Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)).   14   99.91%   16a   33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.   17a   10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, nor 16a, and line 14 is 33 1/3% or more, and stop here. The organization did not check a box on line 13, nor 16a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization.   17a   10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organiza								0
11 Total support. Add lines 7 through 10. 7,761,983   12 Gross receipts from related activities, etc. (see instructions). 12   13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)   organization, check this box and stop here >   Section C. Computation of Public Support Percentage   14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)).   15 Public support percentage form 2014 Schedule A, Part II, line 14.   15 99.91%   16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.   17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.   17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and	10	loss from the sale of capital assets						0
12 Gross receipts from related activities, etc. (see instructions). 12   13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)   organization, check this box and stop here								•
13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         Section C. Computation of Public Support Percentage         14       Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))       14       93.51%         15       Public support percentage for 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization       15       99.91%         16a       33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       1         17a       10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       1         17a       10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how t			instructions)				12	7,701,903
organization, check this box and stop here <b>Section C. Computation of Public Support Percentage</b> 14   Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))   15   Public support percentage from 2014 Schedule A, Part II, line 14   16a   33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization   17a   10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "f			,					
14       Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)).       14       93.51%         15       Public support percentage from 2014 Schedule A, Part II, line 14.       15       99.91%         16a       33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization       ▶ X         b       33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       ▶ X         17a       10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization tight not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .       ▶ □         18       Private foundation. If the organization did not check		organization, check this box and stop here .			•			
15       Public support percentage from 2014 Schedule A, Part II, line 14       15       99.91%         16a       33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization       ×       ×         b       33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       ×       ×         17a       10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly suppor								00.54%
<ul> <li>16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization</li></ul>								
<ul> <li>and stop here. The organization qualifies as a publicly supported organization</li></ul>							15	39.91%
<ul> <li>b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li></ul>	10a							
<ul> <li>box and stop here. The organization qualifies as a publicly supported organization .</li> <li>17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see</li> </ul>	h			-				
<ul> <li>is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see</li> </ul>	b				-			
<ul> <li>15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li></ul>	17a	is 10% or more, and if the organization meets Part VI how the organization meets the "facts-	the "facts-and-cire and-circumstance	cumstances" test, s" test. The organ	check this box and ization qualifies as	stop here. Explai a publicly supporte	n in ed	
	b	15 is 10% or more, and if the organization mere Part VI how the organization meets the "facts-	ets the "facts-and- and-circumstance	circumstances" te s" test. The organ	st, check this box a ization qualifies as	ind <b>stop here.</b> Ex a publicly		····•
	18	Private foundation. If the organization did no	ot check a box on	line 13, 16a, 16b, <sup>-</sup>	17a, or 17b, check	this box and see		
		-					<u></u>	<u> </u>

Schedule A (Form 990 or 990-EZ) 2015

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Page **2** 

Schedule A (For	rm 990 or 990-EZ) 2015	CHURCH HILL ACTIVITIES AND TUTORING, INC	).
Part III	Support Schedul	Ile for Organizations Described in Section 5	0

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Page **3** 

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A Public Support

		() 0044	(1) 0040	( ) 0040	( 1) 0044	( ) 0045	(0 T )
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")						0
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						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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						0
~	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	Ű	0		0	0	<u> </u>
U	line 6.).						0
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
	Gross income from interest, dividends,					0	
IVa	payments received on securities loans,						
	rents, royalties and income from similar sources .						0
h	Unrelated business taxable income (less						<u> </u>
D.	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
~	Add lines 10a and 10b	0	0	0	0	0	0
	Net income from unrelated business	0	0	0	0	0	0
11	activities not included in line 10b, whether						
	'						0
40	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						0
40	(Explain in Part VI.).						0
13	<b>Total support.</b> (Add lines 9, 10c, 11,	0	0	0	0	0	0
14	and 12.)		-		-	-	0
14	organization, check this box and <b>stop here</b> .					,	
<b>S</b> 00	tion C. Computation of Public Sup						
				5))		15	0.00%
15	Public support percentage for 2015 (line 8, co	()		,,		16	
<u>16</u>	Public support percentage from 2014 Schedul tion D. Computation of Investment					10	0.00%
				(f)		17	0.00%
17 19	Investment income percentage for <b>2015</b> (line		-			18	0.00%
18 19a	Investment income percentage from 2014 Sch 33 1/3% support tests—2015. If the organize						0.00%
130	not more than 33 1/3%, check this box and <b>st</b>						
b	33 1/3% support tests—2014. If the organize						🖛 🛄
~	line 18 is not more than 33 1/3%, check this b						▶ 🗖
20	Private foundation. If the organization did no	-	-				· · · · ▶ □
	5		, -				

Schedule A (Form 990 or 990-EZ) 2015

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If* "*No*," *describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "*Yes*," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? *If* "Yes," *explain in Part VI what controls the organization put in place to ensure such use.*
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
_		
5b 5c		
50		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990 or 990-EZ) 2015

Part	ale A (Form 990 or 990-EZ) 2015 CHURCH HILL ACTIVITIES AND TUTORING, INC. 20-02202	263	P	age <b>5</b>
	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in <b>Part</b></i>			
	<i>VI</i> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
oct	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
4	the supported organization(s).	1		
ect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
3				
3				
3	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		c).	

- **a** The organization satisfied the Activities Test. *Complete* **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "*Yes*," *describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2015

2a

2b

3a

3b

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	on Nov. 20, 1970. <b>See ins</b>	tructions. All
other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		-
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	lv_intear	ated Type III supporting of	organization (see

CHURCH HILL ACTIVITIES AND TUTORING, INC.

Schedule A (Form 990 or 990-EZ) 2015

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

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Page **6** 

Part	V Type III Non-Functionally Integrated 509(a)(3			D-0220263 Page (				
	on D - Distributions	) Supporting Organi		Current Year				
1	Amounts paid to supported organizations to accomplish exe	amnt nurnoses		Guilent real				
2	Amounts paid to perform activity that directly furthers exemption							
-	organizations, in excess of income from activity							
3	<ul> <li>3 Administrative expenses paid to accomplish exempt purposes of supported organizations</li> </ul>							
<u> </u>	Amounts paid to acquire exempt-use assets	es of supported organiza	10115					
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in <b>Part VI</b> ). See instructions.							
7	Total annual distributions. Add lines 1 through 6.			C				
8	Distributions to attentive supported organizations to which the	ne organization is respor	nsivo	C				
0	(provide details in <b>Part VI</b> ). See instructions.	ie organization is respon	13170					
٩	Distributable amount for 2015 from Section C, line 6			C				
10				0.000				
10	Line 8 amount divided by Line 9 amount		(ii)	(iii)				
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2015	Distributable Amount for 2015				
1	Distributable amount for 2015 from Section C, line 6			C				
2	Underdistributions, if any, for years prior to 2015							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2015:							
а								
b								
С								
d	From 2013 0							
е	From 2014 0							
f	Total of lines 3a through e	0						
g	Applied to underdistributions of prior years		0					
h	Applied to 2015 distributable amount			(				
i	Carryover from 2010 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0						
4	Distributions for 2015 from Section							
	D, line 7: \$ 0							
а	Applied to underdistributions of prior years		0					
b	Applied to 2015 distributable amount			(				
С	Remainder. Subtract lines 4a and 4b from 4.	0						
5	Remaining underdistributions for years prior to 2015, if							
	any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).		0					
6	Remaining underdistributions for 2015. Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see							
	instructions).			(				
7	Excess distributions carryover to 2016. Add lines 3j							
	and 4c.	0						
8	Breakdown of line 7:							
а								
b								
C	Excess from 2013 0							
-								
d	Excess from 2014 0							

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Fo	orm 990 or 990-EZ) 2015 CHURCH HILL ACTIVITIES AND TUTORING, INC.	20-0220263 Page	<u>.</u> 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, line 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	17b; Part , Section s 1c, 2a, 2b,	_
	lines 2, 5, and 6. Also complete this part for any additional mormation. (See instructions.)		

(Fori	EDULE D m 990)	► Complete if t	nental Financial Statemer the organization answered "Yes" on Form 9 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, ► Attach to Form 990.	90,	OMB No. 1545-0047
Internal	nent of the Treasury Revenue Service of the organization		e D (Form 990) and its instructions is at ww		Inspection
	•	IVITIES AND TUTORING, INC			0-0220263
Part			or Advised Funds or Other Similar I		nts.
	Comple	ete if the organization answ	rered "Yes" on Form 990, Part IV, line (a) Donor advised funds		nd other accounts
1	Total number a	at end of year			
2	Aggregate value	of contributions to (during year).			
3		e of grants from (during year) .			
4 5		ue at end of year	nor advisors in writing that the assets held	in donor advised	
•	-		to the organization's exclusive legal control		Yes No
6			ors, and donor advisors in writing that grant		
			the benefit of the donor or donor advisor, c efit?		Yes No
Part		rvation Easements.			
I all			rered "Yes" on Form 990, Part IV, line	7.	
1	Purpose(s) of	conservation easements held b	by the organization (check all that apply).		
	Preservatio	on of land for public use (e.g., recr		n of a historically in	•
		n of natural habitat	Preservatio	n of a certified histo	pric structure
•		ion of open space	ing bold a gualifical concernation contails the		
2	-	he last day of the tax year.	ion held a qualified conservation contribution		d at the End of the Tax Year
а		of conservation easements		2a	
b	-	-	ements		
с d			ified historic structure included in (a)	<u>2c</u>	
a			in (c) acquired after 8/17/06, and not on a	2d	
3			, transferred, released, extinguished, or ter		anization during
_	the tax year ►				
4 5			onservation easement is located   garding the periodic monitoring, inspection	bandling of	
5			on easements it holds?		Yes No
6			nspecting, handling of violations, and enforcing		ents during the year
_	•				
7	Amount of expe	nses incurred in monitoring, inspe	cting, handling of violations, and enforcing con-	servation easements	during the year
8	·	nservation easement reported (	on line 2(d) above satisfy the requirements	of section 170(h)(4	)(B)(i)
9			ports conservation easements in its revenu text of the footnote to the organization's fin		
		on's accounting for conservation	-	anciai statements t	nat describes
Part	III Organ	izations Maintaining Colle	ections of Art, Historical Treasures,		ır Assets.
			rered "Yes" on Form 990, Part IV, line		
1a	-	-	r SFAS 116 (ASC 958), not to report in its		
			ilar assets held for public exhibition, educa t of the footnote to its financial statements t		
b	•	•	r SFAS 116 (ASC 958), to report in its reve		
	works of art, h	istorical treasures, or other sim	ilar assets held for public exhibition, educa		
		ce, provide the following amour			
	(ii) Assets inclu	uded in Form 990, Part VIII,	line 1		·
2	• •		art, historical treasures, or other similar ass	ets for financial gai	n, provide the
	-		der SFAS 116 (ASC 958) relating to these		
a b			e1		; 
_		ction Act Notice, see the Instru			Schedule D (Form 990) 2015
HTA					

Sched	Ile D (Form 990) 2015 CHURCH HILL ACTIVIT	TIES AND TUTOR	RING, IN	NC.			20-022	20263		Page <b>2</b>
Part	III Organizations Maintaining Col	llections of Art	, Histo	orical Tr	easures, o	r Othe	er Similar Ass	ets (con	tinued	d)
3	Using the organization's acquisition, access	sion, and other rec	ords, c	heck any	of the followi	ng tha	t are a significan	t use of it	S	
	collection items (check all that apply):									
а	Public exhibition	c	k	Loan o	or exchange p	orograi	ms			
b	Scholarly research	e	• 🗌	Other						
с	Preservation for future generations									
4	Provide a description of the organization's o	collections and exp	olain ho	ow they fu	rther the orga	anizatio	on's exempt purp	oose in Pa	art	
	XIII.	·			Ū					
5	During the year, did the organization solicit	or receive donatic	ons of a	rt, historio	cal treasures,	or oth	er similar			
	assets to be sold to raise funds rather than							Ye	es	No
Part	IV Escrow and Custodial Arrange	ements								
T are	Complete if the organization ans		Form	990 Pa	rt IV line 9	or rei	norted an amo	unt on F	orm	
	990, Part X, line 21.		1 01111	000, i u	rerv, into o,				01111	
1a	Is the organization an agent, trustee, custoo	dian or other inter	modian	for contr	ibutions or of	hor as	sets not			
ia	included on Form 990, Part X?		-						<u></u>	No
b	If "Yes," explain the arrangement in Part XII					• • •				110
	······································							Amount		
с	Beginning balance					1	c			0
d	Additions during the year					1	d			
е	Distributions during the year					1	e			
f	Ending balance					1	f			0
2a	Did the organization include an amount on	Form 990 Part X	line 21	for escr	ow or custodi	al acco	ount liability?		s X	No
b	If "Yes," explain the arrangement in Part XII						•	L1		
										<u> </u>
Part	V Endowment Funds. Complete if the organization ans	word "Voo" on	Form	000 Do	rt IV line 10	h				
	· · · · ·	a) Current year	(b) Prio		(c) Two years		(d) Three years bad		ur years	book
1a	Beginning of year balance		( <b>D</b> ) PIIO	n year 0	(C) Two years	Dack 0	(u) Three years bad	лк <b>(е)</b> го	ui years	Dack
b	Contributions	0		0		0				
c	Net investment earnings, gains,									
C	and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
Ũ	and programs									
f	Administrative expenses									
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the cu	rrent vear end bal	ance (li	ine 1a. co	lumn (a)) hel	-		-		
а	Board designated or quasi-endowment	► Í	%	9,						
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.								
3a	Are there endowment funds not in the poss	ession of the orga	nizatio	n that are	held and adr	niniste	red for the			
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organized	zations listed as re	equired	on Sche	dule R?..			3b		
4	Describe in Part XIII the intended uses of the	ne organization's e	endown	nent funds	3.					
Part										
	Complete if the organization ans	wered "Yes" on	Form	990, Pa	rt IV, line 11	la. Se	e Form 990, F	Part X, lin	e 10.	
	Description of property	(a) Cost or other b		• •	st or other	• •	Accumulated	( <b>d</b> ) Bo	ook valu	е
		(investment)		basi	s (other)		depreciation			
1a	Land		0		97,983					97,983
b	Buildings		0		747,864		74,417		67	/3,447
C	Leasehold improvements		0		0		0			0
d			0		73,825		27,814			46,011
e Totol	Other		0 Dort V	ooluma /	140,030		83,665 ►			56,365
rotal	Add lines 1a through 1e. (Column (d) must	equal F0111 990, F	−ail X,	column (E	э), III (НЕ ТОС.).		🖛		ŏ/	73,806

Part VII	Investments—Other Securitie		90, Part IV, line 11b. See Form 990, Part X, line 12.
(a) [	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial d	lerivatives	0	
• •	ld equity interests	0	
(3) Other			
(A)			
<u>(B)</u>			
(C)			
(D)			
<u>(E)</u>			
(F)			
(G)			
(H)	nust equal Form 990, Part X, col. (B) line 12.)	0	
Part VIII	Investments—Program Relat	-	
			90, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
	nust equal Form 990, Part X, col. (B) line 13.)	0	
Part IX	Other Assets.	0	
		nswered "Yes" on Form 90	90, Part IV, line 11d. See Form 990, Part X, line 15.
		a) Description	(b) Book value
(1)	,		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	n (b) must equal Form 990, Part X, co	ol. (B) line 15.)	
Part X	Other Liabilities.		
	Complete if the organization ar line 25.	nswered "Yes" on Form 99	90, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
(1) Federal i	ncome taxes	0	
	L LIABILITIES	36,381	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	ust equal Form 990, Part X, col. (B) line 25.)	36,381	
2. Liability for u	incertain tax positions. In Part XIII, provid	de the text of the footnote to the	organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sched	ule D (Form 990) 2015 CHURCH HILL ACTIVITIES AND TUTORING, INC.	20-0220263	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,005,393
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	14,335
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,991,058
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> ).	5	1,991,058
Par		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	
1	Total expenses and losses per audited financial statements	1	1,909,443
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	14,335
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,895,108
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4-	0
с Е	Add lines <b>4a</b> and <b>4b</b> .	4c 5	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         t XIII         Supplemental Information.	5	1,895,108
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa		t X, line

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Schedule D (Form 990) 2015		CHURCH HILL ACTIVITIES AND TUTORING, INC.			
Part XIII Supplemental Information			(continued)		

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990,					201 <b>5</b>		
	tment of the Treasury al Revenue Service	Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990		Open to nspect		lic	
Name	of the organization	Employ	yer identificatio	on numb	er		
		TIES AND TUTORING, INC. 20-022	0263				
Par	tl					ı —	
1	-	ation have a racially nondiscriminatory policy toward students by statement in its char			YES	NO	
2	Does the organiz brochures, catalo	verning instrument, or in a resolution of its governing body?	its	1	X		
3	Has the organiza during the period in a way that mak	cholarships?	gram,	2	X		
	Nondiscrimination	please explain. If you need more space, use Part II............... n policy is stated on registration materials		3	X		
4 a	Does the organiz	ation maintain the following? g the racial composition of the student body, faculty, and administrative staff?		4a	х		
b	Records docume	nting that scholarships and other financial assistance are awarded on a racially		4b	х		
с	Copies of all cata	logues, brochures, announcements, and other written communications to the public d issions, programs, and scholarships?	-	4c	х		
d	Copies of all mat If you answered '	erial used by the organization or on its behalf to solicit contributions?		4d	X		
5 a	Does the organiz	ation discriminate by race in any way with respect to: r privileges?		5a		x	
b	Admissions polic	es?		5b		х	
с	Employment of fa	aculty or administrative staff?		5c		х	
d	Scholarships or c	ther financial assistance?		5d		х	
e	Educational polic	ies?		5e		Х	
f	Use of facilities?			5f		Х	
g		\$?		5g		X	
h	If you answered '	ular activities?		5h		X	
6a		ation receive any financial aid or assistance from a governmental agency?		6a		х	
b	Has the organiza	tion's right to such aid ever been revoked or suspended?.............. 'Yes" on either line 6a or line 6b, explain on Part II.		6b		Х	

7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II . .

Schedule E (Form 990 or 990-EZ) 2015

7

Part II	<b>Supplemental Information.</b> Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

SCHEDULE G	Supplementa	I Information	Regardir	ng Fundra	aising or Gaming	g Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if th	-			Part IV, lines 17, 18, or 1 orm 990-EZ, line 6a.	19, or if the	2015
Department of the Treasury Internal Revenue Service		Atta	ch to Form 99	0 or Form 99	0-EZ.	(Factor)	Open to Public
Name of the organization	Information about	it Schedule G (Forn	n 990 or 990-E	Z) and its ins	structions is at www.irs	.gov/form990. Employer identificati	Inspection on number
CHURCH HILL ACTIVI						20-02	
					ered "Yes" on For	rm 990, Part IV, li	ne 17.
Form 990	-EZ filers are not				ng activities. Check a	all that apply	
a Mail solicitat	•		·		of non-government g		
	email solicitations				of government grant		
c Phone solici	tations				raising events		
d In-person so	licitations				-		
2a Did the organiza	tion have a written	or oral agreeme	nt with any	individual	(including officers, o	directors, trustees o	<u>r</u>
				-	ofessional fundraisi	-	Yes No
	en highest paid ind ted at least \$5,000			sers) pursu	ant to agreements ι	under which the fun	draiser is
(i) Name and addre or entity (fun		(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No			
1							
2					0	0	0
3					0	0	0
					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
Total		1			0	0	0
		ion is registered	l or license	d to solicit o	contributions or has	been notified it is e	

# Schedule G (Form 990 or 990-EZ) 2015 CHURCH HILL ACTIVITIES AND TUTORING, INC. Part II Fundraising Events. Complete if the organization answered "Yes

20-0220263 Page **2** 

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

			(a) Event #1 ANNUAL BANQUET	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through		
e			(event type)	(event type)	(total number)	col. <b>(c)</b> )		
Revenue	1	Gross receipts	74,073		0	74,073		
R	2	Less: Contributions Gross income (line 1	1,880		0	1,880		
	•	minus line 2)	72,193		0	72,193		
	4	Cash prizes			0	0		
6	5	Noncash prizes			0	0		
Direct Expenses	6	Rent/facility costs	6,197		0	6,197		
ct Exp	7	Food and beverages	17,336		0	17,336		
Dire	8	Entertainment			0	0		
	9	Other direct expenses	1,871		0	1,871		
De	10 11 art I	Net income summary. Subtrac	ct line 10 from line 3, colu	mn (d)		( 25,404) 46,789		
Γ¢		than \$15,000 on Form			90, Fait IV, iiile 19, 01	reported more		
P			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add		
Revenue				bingo/progressive bingo		col. <b>(a)</b> through col. <b>(c)</b> )		
Re	1	Gross revenue				0		
ses	2	Cash prizes				0		
Direct Expenses	3	Noncash prizes				0		
Direct	4	Rent/facility costs				0		
	5	Other direct expenses				0		
	6	Volunteer labor	└── Yes <u>%</u> └── No	Yes <u>%</u> No	Yes <u>%</u> No			
	7	Direct expense summary. Add	d lines 2 through 5 in colu	mn (d)		( 0)		
	8	Net gaming income summary	. Subtract line 7 from line	1, column (d)		0		
	a I		nduct gaming activities in	each of these states? .		. Yes No		
	<ul> <li>b If "No," explain:</li> <li>Oa Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?</li></ul>							

Schedule G (Form 990 or 990-EZ) 2015

Sched	ule G (Form 990 or 990-EZ) 2015 CHURCH HILL ACTIVITIES AND TUTORING, INC.	20-	0220263	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	[	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	[	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization $\blacktriangleright$ \$ 0 and the amount of gaming revenue retained by the third party $\triangleright$ \$ 0.	-		
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation   \$0			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	г	— . r	<b>-</b> 1
h	retain the state gaming license?	· · [	Yes	No
b	or spent in the organization's own exempt activities during the tax year <b>S</b>			0
Part	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional			-
	(see instructions).			

Schedule G (Form 990 or 990-EZ) 2015

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Employer identification number

#### CHURCH HILL ACTIVITIES AND TUTORING, INC.

Types of Property

►

20-0220263

		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	<b>(d)</b> of determir ntribution a		its
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	8	202,321	FMV			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18								
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens					-		
24	Archeological artifacts	V		40.000		-		
25	Other ► ( <u>BUILDING IMPRO</u> )	Х	4	19,002	FINIV			
26	Other $\blacktriangleright$ ()							
27	Other $\blacktriangleright$ ()							
28 29	Other ► ( ) Number of Forms 8283 received b	v the organ	ization during the tax year fr	ar contributions for				
29	which the organization completed				29			
	which the organization completed	1 0111 0200	, r art iv, Donee Acknowledg		23	Ye	e N	lo
30a	During the year, did the organization	on receive l	by contribution any property	reported in Part L lines 1 thr	ouah	16	5 1	
000	28, that it must hold for at least thr							
	to be used for exempt purposes fo					30a		
b	If "Yes," describe the arrangement					000		
31	Does the organization have a gift a		policy that requires the revie	ew of any non-standard				
	contributions?	•		-		31		
32a	Does the organization hire or use t					<u> </u>		
<b>5</b> 24	noncash contributions?	•	•	· · · ·		32a		
b	If "Yes," describe in Part II.							
33	If the organization did not report a	amount in	column (c) for a type of pro	perty for which column (a) is				
	checked describe in Part II							

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



Schedule M (F	orm 990) (2015) CHURCH HILL ACTIVITIES AND TUTORING, INC.	20-0220263 Page <b>2</b>
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, ar the organization is reporting in Part I, column (b), the number of contributions, the numbe or a combination of both. Also complete this part for any additional information.	nd 33, and whether

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	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.         Partment of the Treasury       Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990						
Name of the organization	/ITIES AND TUTORING, INC.	Employer identi 20-0220263	fication number				
	e 4d: Program Service Expenses: 154,637, Grants and allocations: 0,						
Revenue: 154,637 The Work Leadership Institute includes a woodworking shop, producing and							
selling picnic tables, bird feeders and other products; an Urban Garden project; producing							
and selling screen printed tee-shirts and partnerships with local employers to teach students							
work skills.							
Form 990, Part VI, Se	ction A, Line 2: Percy Strickland and Angie Strickland - Husband and Wife						
Form 990, Part VI, Se	ction B, Line 11: All board members receive a copy of the Form 990 via						
email to review.							
Form 990, Part VI, Section B, Line 12c: Each director annually signs a statement affirming							
that he or she has received a copy of the policy, understands the policy and agrees to comply							
with the policy.							
Form 990, Part VI, Se	ction B, Line 15: The Chairman or Executive Director surveys compensation						
of organizations simila	ar to CHAT to determine and substantiate salaries. Compensation is						
approved by the Boar	d of Directors.						
	ction C, Line 19: Governing documents and financial statements available						
upon request.	÷						

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
CHURCH HILL ACTIVITIES AND TUTORING, INC.	20-0220263