#### GSR CHEAT SHEET

- **14/50** home groups had GSRs in attendance.
- **2** CASC service positions remain vacant Secretary and Alt. Secretary. Subcommittees also need help.
- NA ND PM home group needs support, and will close next week if not received.
- Let The Healing Begin home group is requesting donations of 30/60/90 key tags and beginners IPs.
- 1 motions/proposals were carried.
- 1 motion/proposal went back to home groups and will be up for a vote at the Dec. CASC meeting.
- **12/8/2019** will be the next CASC meeting, due to 12/1 falls on holiday weekend.

#### Call to order

The Chair called the meeting to order at 2:05 PM.

#### Serenity prayer

#### Readings

The Twelve Traditions, Twelve Concepts and the Service Prayer was read.

#### Roll call

Present:

- 14 out of 50 home groups
- 6 out of 8 officers\*
- 6 out of 6 subcommittee chairs

<sup>\*</sup>Secretary and Alt. Secretary position is vacant.

| Home Groups                    |   |                               |   |
|--------------------------------|---|-------------------------------|---|
| A New Beginning                | Х | Our Common Welfare            |   |
| Basic Text Study Group         |   | Out To Lunch                  | Х |
| Came to Believe                |   | Peace in the AM               | Х |
| Candlelight Recovery           |   | Principles and Traditions     | Х |
| Constantly Searching           |   | Principles B4 Personalities   |   |
| Daily Reprieve                 | Х | Recovery in The Hood          |   |
| Expect A Miracle               |   | Rediscovery Thru Recovery     | Х |
| Experience, Strength, and Hope |   | Seeking Similarities          |   |
| Faith Through Principles       | Х | Serenity in the Morning       |   |
| Freedom Thru Recovery          | Х | Southside Recovery            |   |
| I Can't We Can                 |   | Spiritual Change              |   |
| In From The Storm              |   | Spiritually Connected         |   |
| Let The Healing Begin          |   | Sunday Serenity Group         |   |
| Life On Life's Terms           | Х | The Journey Continues         |   |
| Living Clean & Serene          |   | The Primary Purpose Group     |   |
| Lunatic Fringe                 |   | The Seekers Group             |   |
| Man Up                         |   | Together We Can               |   |
| Mid Day Miracles               | Х | Trust The Process             |   |
| Miracles In Progress           |   | Tuesday Night Live            |   |
| NA at Noon                     |   | Way to Grow Group             | Х |
| NA ND PM                       |   | We Do Recover                 | Х |
| NA Way Group                   | Х | Welcome Home                  |   |
| Never Alone Never Again        |   | Why Are We Here               |   |
| New Horizons Group             |   | Women In Recovery             |   |
| New Way Of Life II             | Х | Young Connections To Recovery |   |
|                                |   |                               |   |

| Officers       |          |
|----------------|----------|
| Chair          | Х        |
| Alt. Chair     | Х        |
| Secretary      | [vacant] |
| Alt. Secretary | [vacant] |
| Treasurer      | Х        |
| Alt. Treasurer | Х        |
| RCM            | Х        |
| Alt. RCM       | Х        |

| Subcommittee<br>Chairs |   |
|------------------------|---|
| H&I Chair              | Х |
| PR Chair               | Х |
| Outreach Chair         | Х |
| Activities Chair       | Χ |
| Policy Chair           | Χ |
| Convention             | Х |

#### Minutes of previous months' meeting

Motion to approve Oct. minutes made, seconded and carried w/no amendments.

#### ❖ Old business – 2:18 PM

Motion to amend policy voting method by 'show of hands and anonymous ballot'. (This was sent back homegroups last month for home group conscience decision.)

#### Discussion

Danny / Out To Lunch asked for a copy of policy. A copy was provided.

Janice / Principles and Traditions recommended adding counting twice to procedure. Policy Chair suggested this be brought to the next CASC meeting in motion form.

#### Voting result:

#### Carried (y-13 / n-0 / a-1).

#### New business

Proposal from Activities Subcommittee requesting \$100 toward facility for the Capital Area anniversary celebration in January. Proposal attached. (Secretary's note: This proposal was submitted on a motion form).

#### **Discussion**

- Proposal was amended on the floor by request of GSRs from \$100 to \$200, because facility is \$100 rent +
   \$100 deposit. Deposit is refundable assuming facility is left according to the contract following the event.
- Concerns raised regarding that the total budget is unknown.
- Suggested that Activities Subcommittee seek home group donations of money, service and/or other items to meet event needs.
- The original charter of the Activities Subcommittee was to work directly with home groups to put on 3 functions defined in policy.

#### Proposal goes back to home groups for a vote.

#### Officer reports

Note: All reports are attached unless otherwise noted.

#### Chair

Report given verbally and in writing.

#### Discussion

Chair was asked to repeat which home group(s) need key tags and literature, which is Let The Healing Begin
at Healing Transitions, Women's Campus, Thursdays at 7:30 PM, 3304 Glen Royal Dr., Raleigh. Outreach
chair added that what they need most is 30/60/90 key tags and beginners IPs. It was mentioned by a GSR

that typically key tags are not donated in this scenario because they are not essential in the same way that literature is. Need for this home group is ongoing.

 Request was made to include GSR name/contact info on reports. Temporary secretary offered to include along with minutes.

#### Report was accepted.

#### > Alternate Chair

Report was given verbally – no written report was tendered.

#### Report was accepted.

#### Treasurer

Report was given verbally and in writing.

#### Discussion

- Question What was last months take in? Answer - \$497.
- Question Status of repayment plan?
   Answer Is now part of Convention Subcommittee treasury and reporting.
- Question How will amount over prudent reserve be spent?
   Answer World/Region as defined in policy (40/60 split).

#### Report was accepted.

#### ➢ RCM

Report was given verbally and in writing, by both the RCM and RCM Alt.

#### Discussion

- A big hullabaloo about RCM-A doing things 'un-collaboratively' was then rebutted by RCM Alt.
- Another big hullabaloo happened about the CASC providing lunch at the next regional meeting, which will be in Raleigh at the Westover Methodist Church at 300 Powell Dr. It was explained that although usually the ASC that is hosting the RSC meeting provides lunch, it is not a requirement.
- Question What are 'CAR' and 'NAWS'.
   Answer Conference Agenda Report (CAR) and Narcotics Anonymous World Service (NAWS).

#### Report was accepted.

#### Subcommittee reports

Note: All reports are attached unless otherwise noted.

#### ➤ H&I

Report was given verbally and in writing by the H&I Subcommittee Chair.

- A big hullabaloo over H&l's efforts to go into Wake Correctional Center.
  - Question Did H&I set up appointments with the before getting agreement from the PR chair for a PR presentation? Shouldn't it be the other way around?
    - Answer It's been done different ways at different times. PR chair is collab'ing w/former PR chair to train up for making administrative presentation. These presentations won't even start until January.
  - Reminder that no one person represents NA.
  - Question Was this the prison that asked us not to return a few years ago due to your objecting to their screening requirements?
    - Answer It was [secretary note: I didn't hear the name] prison they have highly restrictive entrance criteria.
  - Question If it's PRs responsibility then why is H&I leading the charge?
     Answer [secretary note: I didn't hear the response]

#### Report was accepted.

#### ➤ PR

Report was given verbally and in writing by a subcommittee member in the absence of the PR Chair.

#### Discussion

Question - Inquiry from prison is a new inquiry regardless of past history?
 Answer - Yes.

#### Report was accepted.

#### Activities

Report was given verbally and in writing by the Activities Subcommittee Chair.

#### Report was accepted.

#### Outreach

Report was given verbally and in writing by the Outreach Subcommittee Chair.

#### Report was accepted.

#### Convention

Report was given verbally and in writing by the Convention Subcommittee Chair.

#### Report was accepted.

#### Policy

Report was given verbally and in writing by the Policy Subcommittee Chair.

#### Report was accepted.

#### Group concerns

> NA ND PM needs support, and will close next week if no home group members join.

Suggestion was made to utilize website to communicate when a home group needs support.

#### ❖ Second home group roll call

Present:

7 out of 50 home groups

Circle up / serenity prayer – sometime after 4:30 PM



#### **GSR List**

|    | Name       | Home Group                 | Phone                  | Email                       |
|----|------------|----------------------------|------------------------|-----------------------------|
| 1  | Curtis J   | A New Beginning            | 919-208-9412           | johnsonkurtkurt@gmail.com   |
| 2  | Tanya H    | Basic Text Study           | 919-904-2525           | rufmly1975@yahoo.com        |
| 3  | Amy C      | Let The Healing Begin      | 919-591-6837           | amymouse1984@gmail.com      |
| 4  | Kelvin H   | Life on Life's Terms       | 919-931-8167           | kelvin_hardy1@yahoo.com     |
| 5  | Leah P     | Living Clean and Serene    | 440-532-9100           | LeahPierce2830@gmail.com    |
| 6  | Phillip E  | Man Up                     | 919-995-7687           | everette.phillip@gmail.com  |
| 7  | Nelson S   | Mid Day Miracles           | 252-363-2661           | nskinnerii10@gmail.com      |
| 8  | Kimberli B | Miracles In Progress       | 919-757-2438           | kbonnett0226@gmail.com      |
| 9  | Andrew R   | New Way of Life II         | 919-333-0929           | andrewrose75@gmail.com      |
| 10 | Ray L      | Primary Purpose            | 970-617-6207           | ray91593@hotmail.com        |
| 11 | Janice H   | Principles & Traditions    | 585-935-1637           | janiceholmes01@yahoo.com    |
| 12 | Susan G    | Recovery In The Hood       | 919-210-7728           | susgrego@aol.com            |
| 13 | John B     | Spiritual Change           | 252-281-5996           |                             |
| 14 | Annette W  | The Journey Continues      | 919-527-4675           | lildot1962@gmail.com        |
| 15 | Julius J   | Together We Can            | 252-289-8923           | juliusjenkins50@gmail.com   |
| 16 | Lorraine R | Trust the Process          | 919-247-0487           | lorrainerivera590@yahoo.com |
| 17 | Michele W  | Way To Grow                | 347-406-1164           | bellkamar55@yahoo.com       |
| 18 | Anita L    |                            |                        | anitalancy@gmail.com        |
| 19 | Clay C     | Please em                  | ail                    | ClayJCastillo@gmail.com     |
| 20 | James H    | coorotom/@conitolor        | oonene co <del>m</del> | james5975hayes@gmail.com    |
| 21 | Richard J  | secretary@capitalar        | eantha.com             | rjones9144@msn.com          |
| 22 | Sarah R    | with <i>Home Group</i> and | d <i>Phone</i> info.   | sarahrhodes1214@hotmail.com |
| 23 | Saroya R   |                            |                        | saroyaw@yahoo.com           |

#### **CASC Officers and Subcommittee Chairs**

| Position                    | Name         | Phone          | Email                       |  |
|-----------------------------|--------------|----------------|-----------------------------|--|
| Chair                       | Darren L.    | (919) 798-2723 | darrenlockett@ymail.com     |  |
| Chair Alt.                  | Sam C.       | (202) 441-0544 | samuelconyers@yahoo.com     |  |
| Secretary                   |              | HEL            | P!                          |  |
| Secretary Alt.              |              | HEL            | P!                          |  |
| RCM                         | Kay W.       | (919) 756-4674 | kaychambers26@gmail.com     |  |
| RCM Alt.                    | Elizabeth    | (919) 610-7277 | itis@nc.rr.com              |  |
| Activities Subc. Chair      | Delphine     | (919) 527-4484 | delphyne58@gmail.com        |  |
| Activities Subc. Chair Alt. |              | HEL            | P!                          |  |
| Convention Subc. Chair      | Teresa P.    | (919) 328-9126 | tapearson66@gmail.com       |  |
| Convention Subc. Chair Alt. | Jasper       | (919) 523-1512 | jahzlewishair@yahoo.com     |  |
| H&I Subc. Chair             | Stephanie G. | (919) 413-9912 | gootnickgal@gmail.com       |  |
| H&I Subc. Chair Alt.        |              | HEL            | LP!                         |  |
| Outreach Subc. Chair        | Andrew V.    | (919) 931 4262 | AndrewBVincent@gmail.com    |  |
| Outreach Subc. Chair Alt.   |              | HEL            | P!                          |  |
| Policy Subc. Chair          | Sebastian D. | (919) 627-7607 | j.sebastian.dorin@gmail.com |  |
| Policy Subc. Chair Alt.     |              | HEI            | Pļ                          |  |
| PR Subc. Chair              | Maria M.     | (919) 641-8128 | marsolinoml@gmail.com       |  |
| PR Subc. Chair Alt.         |              | HEL            | P!                          |  |



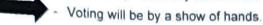
## Capital Area Service committee Proposal Form

| roposed by                  | Sebastian D. / Policy Subcommittee Chair   |
|-----------------------------|--|
|                             | ng proposed?:  |
|                             | n 5.03 (g) to reflect current practice at CASC meetings.   |
|                             | *** SEE ATTACHMENT ***   |
| 10.3 (0.5)                  |  |
|                             |  |
| Reason for<br>CASC Policy ( | this Proposal: doesn't accurately reflect current practice of anonymous voting at CASC meetings. |
|                             |  |
| Intent:<br>Amend CASC       | policy to reflect the collective group conscience of the home groups of CASC.                    |
|                             |  |
|                             |  |
| Result:                     | 11/3/2019 CARRIED (y-13 / n-0 / a-1)   |

# CASC policy section 5.03 (g) current

#### Voting

- Each member has but one vote.
- The Chairperson only votes in cases of a tie.



- Members may vote 'yes', 'no', or 'abstain'. No other votes will be considered valid.
- Amendments are voted on before the motion itself is voted on.
- After an amendment has been voted on, the motion is then voted on.
- If the motion is not carried then related amendments, if any, automatically do not carry as well.

#### CASC policy section 5.03 (g) proposed

Voting

- Each member has but one vote.

- Voting will be by anonymous ballogor slow of hands.

- Members may vote 'yes', 'no', or 'abstain'. No other votes will be considered valid.
- Amendments are voted on before the motion itself is voted on.
- After an amendment has been voted on, the motion is then voted on.
- If the motion is not carried then related amendments, if any, automatically do not carry as well.

#### Hello.

The Policy Subcommittee upheld all responsibilities defined in policy section 3.04 (d) (that's the section on the Policy Subcommittee). We at 12:30, and we welcome *any* NA members with questions, comments, concerns or suggestions for CASC Policy and how it is applied. I'm also available in between CASC meetings at (919) 627-7607 and j.sebastian.dorin@gmail.com.

#### Activity since last report

- Clarifications sent via email to GSRs and CASC / CASC subcommittee members.
  - Policy manual printing.
  - H&I / Activities (a NA member called me to discuss).
- Participated on CASC officer and subcommittee chair interim meeting focus was unity.
- Reviewed all subcommittee guidelines (as posted on our website).
  - o PR and Convention up to date and aligned with CASC Policy.
  - Outreach the current guidelines are aligned with CASC Policy, however new guidelines are in progress.
  - o Activities guidelines don't match CASC policy and need updating. Help offered.
- Began recruiting for a policy work group two willing members so far.
- Made multiple attempts to connect with regional policy chair, but have not received promised follow-up.

#### Asks

- Anyone interested in being a party of the Policy Subcommittee policy DRAFT working group, please contact me.
- Please consider running your motions (GSRs) or proposals (service committee and subcommittee chairs) by the Policy Subcommittee before submitting. This is not about approval, but about considering the impact to policy overall.
- Asking for anyone has any knowledge of where we can find archives of past policy motions and policy manuals to please contact me.

#### Signed,

Jesas .

#### Capital Area Chairperson Report

Good afternoon Capital area ASC, I hope everybody had a great month and a good weekend so far. I would like to thank the ASC for allowing me to serve as the area chairperson. I believe with the GRS and our elected area officers; the Capital area will continue moving in a positive direction. The Capital area still faces challenges in some area, but this area has elected new people that will continue moving our area in a positive direction. I also attended our subcommittee chairperson mid-month meeting that was schedule by our area vice-chair, this meeting was very informative with new ideals for our area. Also, this month I attended the regional meeting that was hosted in the Greater Charlotte area with our alt. RCM. I would like to say the Capital area was well represented at the regional meeting and in-fact the region is looking to host its next regional meeting here in the capital which will be further talked about from our regional RCM. I received a phone call about one of this area homegroup that is really struggling with homegroup members attendance, I have informed our Outreach chair and area vice chair about this situation and it will come up in home groups concerns for further discussion. Also this area has been in a lecture drive because another homegroup which has attendance, but have not been able to get enough donation from the 7th tradition basket to buy lecture or key tag so we have been asking any home group who can please donate to the area so we can give this home group what it needs. And lastly there is a motion that we will discuss about our area activities committee having a budget more about that motion will be discuss during motion presentations. Thank you again for allowing to serve our area.

Darren L.

Capital Area Chairperson 11/3/19



#### CASC TREASURERS REPORT

Date: 11/03/2019

From: FitzGerald V., CASC Treasurer

Re: Treasury Report for the month of OCTOBER 2019

Dear Capital Area,

I would like to thank the Capital Area for allowing me to serve in this position. Service work is a suggestion of the program of Narcotics Anonymous and I am grateful to be doing so. Attached are the Income and Expense statements for OCTOBER 2019.

October 2019 STATEMENT

The beginning balance on 10/01/2019 was: \$2,007.00

Deposits in July totaled: oct \$479.00

Checks and deductions totaled: \$637.93 - See attached detailed Income & Expense Report

Ending balance on 10/30/2019: \$1848.00 - See attached PNC Bank Statement

Outstanding checks not cleared: \$201.87 – Regional and WSC Donations

Available balance on 10/30/19: \$1848.07

This available balance puts us \$4**\$**8.07 **ABOVE** the policy mandated prudent reserve of \$1,800.00. See attached PNC bank activity report and the Income and Expense statement.

Thanks for allowing me to be of service.

Your trusted servant,

FitzGerald V., CASC Treasurer

#### Attachments:

- October 2019 Income & Expense reports
- PNC Bank Statement

|                                |        |                              | 10010  |                               |         |
|--------------------------------|--------|------------------------------|--------|-------------------------------|---------|
| Home Group Name                | Amount | Home Group Name              | Amount | Home Group Name               | Amount  |
| A New Beginning                | \$25   | Lunatic Fringe               |        | Seeking Similarities          |         |
| Basic Text Study Group         |        | Man Up                       | \$20   | Serenity In The Morning       |         |
| Came to Believe                |        | Mid Day Miracles             | \$39   | South side Recovery           |         |
| Candlelight Recovery           |        | Miracles In Progress         |        | Spiritual Change              |         |
| Constantly Searching           |        | NA At Noon                   |        | Spiritually Connected         | \$10.00 |
| Daily Reprieve                 | \$40   | NA In the PM                 |        | The Seekers Group             | \$50    |
| Expect a Miracle               |        | NA Way Group                 | \$15   | The Journey Continues         | \$10    |
| Experience, Strength, and Hope |        | Never Alone Never Again      |        | The Primary Purpose Group     | \$10    |
| Faith Thru Principles          |        | New Horizons Group           |        | Together We Can               |         |
| Freedom Through Recovery       | \$36   | New Way of Life II           |        | Trust the Process             |         |
| I Can't, We Can                | ==     | Our Common Welfare           |        | Tuesday Night Live            | St. 88  |
| Hard Core Group                | 7 88   | Out To Lunch                 |        | Way to Grow Group             | \$101   |
| In From The Storm              |        | Peace in The AM              |        | We Do Recover                 |         |
| Let The Healing Begin          |        | Principles & Traditions      | 43 88  | Welcome Home                  |         |
| Life on Life's Terms           |        | Principles B4 Personalities  |        | Why Are We Here               |         |
| Living Clean & Serene          | \$23   | Recovery In the Hood         |        | Women In Recovery             |         |
|                                |        | Rediscovery Through Recovery | \$50   | Young Connections to Recovery | terse i |

Total Other Income \$50.00

\$50.00

Other Income

\$479.00

Total Home Group Donations

Misc:

Capital Area NA
Treasurers Report Income Expense

| Beginning Balance:                     | 10/1/2019    | \$2,007.00    |                 | Period: 10/1/19-10/30/19                       |  |
|--|--------------|---------------|-----------------|--|--|
|  | ĭ            | ncome/ Rever  | nue Section 1   | i-Non  |  |
| Type of Deposit/debit                  | Date         | Amount        | Notes           | Description                                    |  |
| Group Donations/ Repayments - CASH     | 10/6/2019    | \$479.00      |                 | Group donations received at Area Meeting       |  |
| Total Income/ Revenues                 |              | \$479.00      |                 |  |  |
|  | Repay        | ment of Mis-  | Appropiated I   | f donations above                              |  |
|  |              |               |                 | Description                                    |  |
| Type of Deposit/debit                  | Date         | Amount        | Balance         | 8 Repayments to date - last payment on 08/5/18 |  |
| Nikki                                  |              |               | \$1,529.43      | 8 Repayments to date 1995 ps,                  |  |
| Sub Total Income/ Revenues             |              | Expense       | \$1,529.43      |  |  |
|  | Date         | Check #       | Amount          | Notes Policy Description                       |  |
| Type of Bill or Payment SUB COMMITTIES | Date         | CHECK #       | Amount          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,        |  |
| 1&I Committee                          |              |               |                 |  |  |
| H&I Literature                         |              |               | \$110.51        | H&I Literature -                               |  |
| H&I Office Supplies                    |              |               |                 | H&I - Office Supplies                          |  |
| H&I Learning Day one per year          |              |               |                 | One Learning Day - per Policy                  |  |
|  |              |               |                 |  |  |
| PR and Website                         | 5th monthly  | AD            | \$33.87         | varies slightly - averages \$30.93/            |  |
| Phone Line - Auto Draft Monthly        | Sulfillorium | No            | \$33.07         | Varies slightly - Quarterly Printing           |  |
| Meeting Directories                    |              |               |                 | On Autodraft                                   |  |
| Website - Auto Draft Go Daddy          | 16th monthly | AD            |                 |  |  |
| Text Blasting-Auto Draft Monthlly      | 9th monthly  | AD            | \$10.00         | On Autodraft-TEXTEDLY.COM                      |  |
| PR Literature                          |              |               |                 | \$75 Monthly Budget-\$65 facebook              |  |
| PR Chair Travel Expenses               |              |               |                 |  |  |
| Outreach                               |              |               | \$33.79         | \$35 Monthly allocation per policy             |  |
| Policy                                 |              |               | \$21.90         | \$30 Monthly allocation per policy             |  |
| Activities Committee available         |              |               |                 | \$500 For Area Aniversary Function(s           |  |
| AREA SERVICE COMMITTE                  |              |               |                 |  |  |
| Fairmont United Methodist Church       | 1st monthly  |               | \$50.00         | ASC - Rent                                     |  |
| Secretary                              |              |               |                 | Varies slightly                                |  |
| Treasurer - Office Supplies            |              |               | \$22.99         | Checks Replenished/Harland Clarke              |  |
| Treasurer -Storage Rent                | 9th monthly  | AD            | \$105.00        | Security Self Storage                          |  |
| Chairperson                            |              |               |                 |  |  |
| RCM Travel/ Expenses                   |              |               | \$45.00         | Refund Reciepts                                |  |
| Bank Fees                              |              | AD            | \$3.00          | Service charge - Bank Account                  |  |
| Mail Box - Due yearly on Nov 1st       |              |               |                 | CASC Mailbox at Cameron Village                |  |
| Misc. Lit Donation                     |              |               |                 |  |  |
|  |              |               |                 |  |  |
| Convention deposit                     |              |               | \$121.12        | Per Policy                                     |  |
| Regional Donations - 60% - CRNA        |              |               | \$80.75         | World Donation Per Policy                      |  |
| World Donations - 40% - NAWS           |              |               | \$637.93        |  |  |
| Total of All Expenses                  |              | \$479.00      | 7,557,155       |  |  |
| Revenue                                | 95**         |               |                 |  |  |
| DIFFERENCE: Income-Expenses            | 4.7          | -\$158.93     | -               |  |  |
| Ending Balance                         |              | \$1,848.07    | andrea Nacional | Classed and other man                          |  |
|  | _            | us Month's Ch | Amount          | Description                                    |  |
| Check Payable to:                      | Date         | Check #       | Amount          | Description                                    |  |
| Regional World Donations               | -            |               |                 | 1  |  |
| WOULD DOUBLOUIS                        |              | TOTAL:        | \$0.00          |  |  |
| Available Balance                      |              | \$1,848.07    |                 |  |  |

# Capital Area NA Treasurers Report Income Expense

|                             | reasarcis Report | . Income Expense |
|-----------------------------|------------------|------------------|
| Prudent Reserve- Per Policy | \$1,800.00       | ment             |
| Amount Above/ Below P.R.    | \$48.07          |                  |



**Account Activity** 

Wednesday, October 30, 2019

Business Checking XXXXXX

Available Balance: \$2,086.81

#### Account Summary

| Available Balance:   | \$2,086.81 | Interest Paid to Date:   | \$0.00                   |
|----------------------|------------|--------------------------|--------------------------|
| Ledger Balance:      | \$2,086.81 | Interest Paid Last Year: | \$0.00                   |
| Pending Withdrawals: | \$0.00     | Last Deposit Amount:     | \$479.00<br>10/07/2019   |
| Pending Deposits:    | \$0.00     | Last Statement Balance:  | \$2,043.87<br>09/30/2019 |

#### **Account Details**

None
Type: Business Checking
Text Banking Nickname: Not Enrolled
Address: PO BOX 10953
RALEIGH, NC 27605 - 0953

#### **Pending Transactions**

These transactions have been submitted to us since the last business day and are not yet posted to your account. When they have posted, they will be reflected in your Posted Transactions. Pending items may affect your Available Balance and are not a statement of your account.

| Date | Description                      | Withdrawals | Deposits |
|------|----------------------------------|-------------|----------|
|      | You have no pending transactions |             |          |

#### **Posted Transactions**

| Date       | Description  | Withdrawals | Deposits | Balance    |
|------------|--|-------------|----------|------------|
| 10/22/2019 | CHECK 1948 083305774   | \$45.00     |          | \$2,086.81 |
| 10/17/2019 | #00819 1LWC5570 CHK ORDER HARLAND<br>CLARKE                      | \$22.99     |          | \$2,131.81 |
| 10/09/2019 | DEBIT CARD PURCHASE XXXXX8669 SECURITY SELF STORAGE XXXXX3870 NC | \$105.00    |          | \$2,154.80 |
| 10/08/2019 | CHECK 1951 086787837   | \$33.79     |          | \$2,259.80 |
| 10/08/2019 | DEBIT CARD PURCHASE XXXXX0758 TEXTEDLY HTTPSTEXTED CA            | \$10.00     |          | \$2,293.59 |
| 10/07/2019 | CHECK 1950 086615985   | \$21.90     |          | \$2,303.59 |
| 10/07/2019 | CHECK 1949 086100071   | \$110.51    |          | \$2,325.49 |
| 10/07/2019 | CHECK 1947 086113667   | \$50.00     |          | \$2,436.00 |
| 10/07/2019 | DEPOSIT XXXXX5617  |             | \$479.00 | \$2,486.00 |
| 10/04/2019 | RECURRING DEBIT CARD XXXXX8277 J2 ONEBOX SERVICES XXXXX5400 CA   | \$33.87     |          | \$2,007.00 |
| 10/01/2019 | SERVICE CHARGE PERIOD ENDING 09/30/2019                          | \$3.00      |          | \$2,040.87 |
| 09/09/2019 | CHECK 1946 085027482   | \$50.00     |          | \$2,043.87 |

| 09/09/2019 | DEST CARD BURN AND AND AND AND AND AND AND AND AND AN                 |          | \$2,073.87 |
|------------|---|----------|------------|
| canarnia   | DEBIT CARD PURCHASE XXXXXXXII/58 TEXTEDLY HTTPSTEXTED CA              | \$10.00  |            |
| 09/09/2019 | DEBIT CARD FURCHASE X000000669 SECURITY<br>SELF STORAGE X000000570 NC | \$105.00 | 52,103.87  |
| 09/09/2019 | DEPOS/T XXXXXX4299  | \$729 00 | \$2,208.87 |
| 09/04/2019 | RECUIRRING DEBIT CARD XXXXXX247 JZ ONESOX<br>SERVICES XXXXXX5400 CA   | \$33.87  | \$1,479.57 |
| 09/03/2019 | SERVICE CHARGE PERIOD ENDING 08/30/2019                               | \$3.00   | \$1,513.74 |
| 06/09/2019 | DESIT CARD PURCHASE XXXXXSGS9 SECURITY<br>SELF STORAGE XXXXXSS70 NC   | \$105.00 | 51,516.74  |
| 06/06/2019 | OHEOK 1943 063232564  | \$39.45  | \$1,621.74 |
| 08/08/2019 | DEBIT CARD PURCHASE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              | \$10.00  | \$1,661.19 |
| 06/05/2019 | OHEOK 1945 094301622  | \$175.00 | \$1,671.19 |
| 08/05/2019 | CHECK 1942 064329641  | \$50.00  | \$1,546.19 |
| 08/05/2019 | RECURRING DEBIT CARD XXXXXXX216 J2 ONEBOX<br>SERVICES XXXXXXX400 CA   | \$33.87  | \$1,896.19 |
| 08/05/2019 | DEPOSIT XXXXXXXXXXX   | \$452.00 | \$1,930.05 |
|            |   |          |            |

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11-3-19 What information the part of the first part of the second November 3, 2019

RCMA report on The Regional meeting held October 12, 2019 Weddington NC

The meeting convened at 10:30am with readings and the serenity prayer. Minutes from the previous meeting were approved. 15 of the 19 Areas were present.

Proposal #1 to send \$6,639.48 to NAWS passed

Proposal #2 for the 2019/2020 budget passed

Proposal #3 was withdrawn (AD/RD found the money in their budget for travel to the Mid-Western Zonal

Group concerns: The Gap Area had concerns regarding Web Anonymity. A search pulled up and connected an addict in their Area to Narcotics Anonymous from his/her phone number on an NA flyer posted on their website. After brainstorming it was suggested that an Indigo for Google voice phone number would be untraceable. And using the Area email address would eliminate a personal email address would also help eliminate the program of broken anonymity.

The next Zonal meeting will be hosted by the Carolina Region in Charlotte NC. The focus of the meeting will be preliminary CAR workshop. This Zonal meeting is open to all addicts and will be held Saturday December 7, 2019 from 8am until 1pm. For exact location see our Regional website. Minutes from the last SE Zonal forum can be read on our Regional Website.

Area Homegroups are asked to discuss and brainstorm what our vision for our Zone is.

Examples: fellowship development, how the zone can be a resource to its regions, and the opportunities to addicts as another avenue of service.

Areas need to discuss a CAR/CAT video available to all Areas that might not be able to attend workshops.

We discussed the expense of printing CAR reports. Two for the Region and one for each Area will be approximately \$900.

Our Regional Delegate are planning to do four CAR workshops in addition to a fifth that will be held in Charlotte. They are requesting Areas to host.

Motions in the CAR concern our FITC (Fellowship Intellectual Property Trust) Copyright with NAWS and Logo

To adopt additional needs guidelines in line with Federal requirements.

There was discussion over a proposal to reimburse our AD \$133. As he went over his allotted travel expenses. The proposal did pass but it was suggested he should have talked to the treasurer before he spent the money.

Open positions at Region are: H&I Chair, Alt. Treasure, Finance Chair, alt Finance Chair, PR alt. chair, Alt secretary. It is requested we talk to our Sponsees and Homegroup members about getting involved in service (at all levels).

The Add hock committee headed by the GAP Area to research the feasibility of a Regional help line report was given along with their recommendations. See attached report and proposal. This proposal needs to be taken back to Homegroups by their GSR's and discussed. A copy of this proposal has also been provided to our Public Relations committee by me for their discussion and input.

Subcommittee reports were given.

Public Relations Zoom meeting will be held on the Fourth Sunday of the month henceforth as that is the day most of the members can attend.

Regional Subcommittees will meet On Saturday December 14th, in Rock Hill SC at 10am

A proposal was put forth by the Capital Area to host the next Regional meeting and it passed

We will be meeting at the United Methodist Church 300 Powell Drive, Raleigh on January 11, 2020

At 10am. All addicts are welcome, and this is a great opportunity for anyone to learn more about service at the Regional level. We encourage you to attend and please make announcements at your Homegroups.

Western Carolina Area submitted a proposal to Host the April meeting in Asheville NC and that motion passed. After discussion the meeting was moved up a week to April 4,2020 so as not to conflict with the Easter weekend.

The literature committee requested \$60 for travel expenses the purpose to conduct workshops in various areas. If our Area would like a lit review workshop here, we can make that request.

The H&I committee Vice Chair requested \$60. For travel expenses to Charlotte to host an H&I workshop in December at the next Zonal Forum.

These proposals passed.

As RCMA I am requesting the Area provide Money for lunch and coffee supplies when we host the Region in January. It is my understanding they will be covering the cost of rent at the Church which is \$60 for the day.

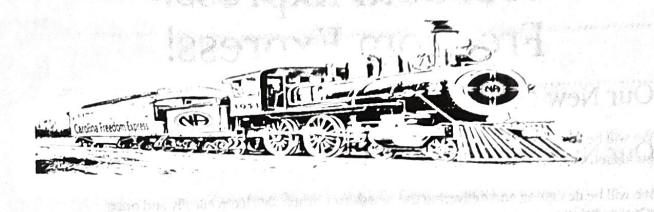
I am willing to gain experience from other subcommittees who may have an idea what the cost might be, and price chick Filet and/or a sub shop as well. Based on this information I will submit the request at the December CASC meeting. The head count is approximately 20-30 people.

COTTCO (aprox \$100-)

Thank you for an opportunity to serve our Area. Also, a special thank you to our Area Chair for attending the first portion of the Regional meeting with me as our RCM has been unable to attend the last two Regional meetings.

In Loving Service,

Elizabeth D.



Literature Review & Development Committee Presents:

# The Revival of The Carolina Freedom Express!

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#### Our New Format

We will be designing and delivering the newsletter primarily electronically and once published will be available to the fellowship via our regions website.

#### Our First Issue

We will be releasing our first issue in January of 2020!

The topic will be Living Clean Through Reservations

#### We Need YOU!

X

This is a WE program, and we intend on representing that in our upcoming issues. We are now accepting submissions! We are looking for your personal stories, poems, art (drawings, crossword puzzles, cartoons, etc.) relating to the topic of Living Clean Through Reservations. The committee will be accepting Submissions until December 13th 2019. Please send your submissions to litrev.chair.org

Annouce This at AREA is meetings



# Carolina Region H&I Subcommittee Sponsorship Behind the Walls Project Report 09/06/2019 Reported by Taggart Fitzgerald

We are an NA step writing sponsorship project operating under the Hospitals and Institutions Subcommittee of the Carolina Region of Narcotics Anonymous. The primary purpose of this project is to provide Sponsorship, through written Narcotics Anonymous step guidance, for any incarcerated addict desiring recovery within Narcotics Anonymous. It is our purpose to provide Sponsors who are willing to correspond with any inmate who has the desire to work the Steps. Our sponsors are required to use pen names to remain anonymous. It is our hope, that in our correspondence we will help the suffering addict find the solution that we have found. We operate under existing state and federal Correctional Facilities rules regarding mail and correspondence and have required no special permission from individual facilities. Our service is for and to the incarcerated addict seeking recovery.

When an incarcerated addict writes us, we send out a letter explaining the program and requesting release information, etc. The addict seeking a sponsor is then asked to write sequential essays on three IP's. Am I an Addict, Welcome to Narcotics Anonymous, and Sponsorship. Once we receive the third essay, we assign them a sponsor. All correspondence passes through the CRSBTW mailbox in Charleston, SC or CRSBTW@GMAIL.COM. Once a sponsor is assigned, we no longer read the letters. We just scan, forward, print, and/or mail them.

We currently have 5 NA volunteers manning the program. There is a Port City NA member in Charleston who picks up the mail and scans it to our gmail address. He has two backup volunteers. Then we have another NA member who forwards scanned letters to sponsors, prints out and mails scanned letters from sponsors, and responds to essay letters and requests with form letters or modified form letters. This person currently has one backup. We are normally accountable to the CRNA H&I Mobile Unit Chair who is accountable to the H&I chair, but at this time both of those positions are vacant.

Currently we are receiving about 8 letters a week, but we have had spikes of 15 or more. Earlier this year we took over three sponsees from Greater San Jose area's Writing Steps with Inmates program. They had overflowed their available sponsors list and we had some spare. Our essay system is modeled after theirs.

#### Our current stats follow:

| Current Oriented Male Sponsors               | - | 12 |
|--|---|----|
| Incarcerated Male Addicts with Sponsors      |   | 8  |
| Incarcerated Male Addicts Active in Essays   | • | 5  |
| Current Oriented Female Sponsors             | - | 10 |
| Incarcerated Female Addicts with Sponsors    | - | 2  |
| Incarcerated Female Addicts Active in Essays | - | 9  |
| Total Letters Received in August             |   | 36 |

Our PO Box is paid up for another year. We do have a need for a less than \$200 scanner printer for our mailbox volunteer in Charleston to use. We've been using one we have personal access to, but that one has issues.

With this report, I intend to provide a flyer with contact information for any incarcerated addicts your area H&I subcommitees may know of who would benefit from this service. We will do our best to provide anonymous sponsorship by mail to incarcerated addicts that request it. If the incarcerated addict has less than 90days remaining in their facility, we will do our best to provide them with a meeting schedule and contact information for NA in the area where they will be released.

I also intend to provide a flyer for volunteers to help with sponsorship. Willing Sponsors can reach out to our email or can also enter their info on <a href="https://www.crna.org"><u>WWW.CRNA.ORG</u></a>. There is a two year clean time requirement and you must have worked through steps one through 5 in writing with a sponsor. How your take your sponsee through the steps is up to you as long as it is within the 12 Steps and 12 Traditions of Narcotics Anonymous.

Taggart Fitzgerald CRSBTW 706-969-0120 Taggart.L.Fitzgerald@GMAIL.COM

**CRSBTW** 

520 Folly Rd. STE 25 PMB 269 Charleston, SC 29412 CRSBTW@GMAIL.COM

# CRNA YAP ADHOC COMMITTEE RECOMMENDATION PRESENTATION

THIS IS A RECOMMENDATION TO FORM A STANDING YAP HELPLINE SUBCOMMITEE AND UTILIZE THE YAP SYSTEM AS A REGION. IT IS RECOMMENDED THIS SUBCOMMITEE BEGIN THE NEXT CYCLE. THE SUBCOMMITTE CAN ALLOCATE THE FUNDS TO BEGIN THE REGIONS USAGE OF THE HELPLINE SYSTEM.

#### WHAT IS A YAP HELPLINE?

The YAP helpline is a fully customize-able, region-wide helpline system that each, individual area can model to meet its own needs.

#### WHAT ARE SOME OF THE FEATURES OF THE YAP HELPLINE SYSTEM?

A caller reaches the helpline through a designated toll free number purchased through Twillio that costs \$1.00 a month. They can choose to speak to a live, scheduled person or get meetings for an area by using the zip code. The individual areas set up their own scheduled service volunteers or they can choose to just have their listed meetings. This system also texts the meetings to the caller with their addresses and times. The system currently translates into English, Spanish, French and Polynesian. The caller can specify gender as well. The Just For Today Daily Meditation is also available to be read or text to the caller. If an area has a service volunteer or volunteers that are fluent in a language other than English and they are willing, they can share that person as a group with other areas. The YAP helpline system gives meeting information to any area that utilizes BMLT format. All information used in the YAP helpline system is pulled straight from the BMLT. All changes and updates are reflected just as they are in the BMLT.

#### WHO CONTROLS THE YAP HELPLINE SYSTEM?

The web-team will only do the setup and manage the YAP application that was designed for the system. The area keeps its autonomy in the way their helpline calls are routed. The area will manage their own scheduled shift volunteers. The area will decide whether they have scheduled volunteers to answer calls or just have their meeting schedules available to callers. The YAP will be managed just like the BMLT. The BMLT admin logs into the YAP just like they do the BMLT. If there area does not have someone available, the Regional Subcommittee can then provide that support. The phone line guidelines should be followed for training purposes with Regional Subcommittee support being there if it is needed.

#### WHAT ABOUT AREA EXISTING HELPLINE NUMBERS?

Some areas have had their existing helpline numbers for decades and are not willing to part with them. The good news is if your area does not currently own its existing helpline number, you have the option of purchasing it in most cases. You would have to contact your current service provider for that information. On average the cost to purchase the number is \$50 to \$70. Any areas that use the Ring Central provider, for example, do in fact own their helpline number and just have to request them to release it. Areas can keep their existing helpline numbers and port to their area and vice versa.

### WHAT IS THE COST AND SAVINGS?

To you

As an ADHOC Committee we compiled information on what areas were paying annually for their current helpline providers. We were able to get that information for a little over half of the region. It is estimated that as a region we spend collectively over \$8500 annually for helpline services. It is the suggestion of this ADHOC committee that \$1,500 be set aside by the proposed newly formed Regional Subcommittee for the YAP helpline system annually, with an option to make a motion if more funds need to be allocated. Costs are based on minute usage at .09 per minute. The numbers will only truly be reflected by how many areas use the YAP helpline. The NC Region is actively using the YAP system and pays approximately \$600 annually as a whole.

#### HOW WOULD AREAS BE BILLED?

Areas will not be billed individually. The cost of the helpline shifts from the area to the region. It has been the NC Region's experience that areas are able to donate more to support the region with this financial shift. There are areas that are larger than others and have higher call volumes. There are also areas that bring in less donations. In the spirit of unity and in using the principle that we are all in this together, the YAP system is provided to everyone in the Carolina Region equally and fairly. We go on faith that areas will donate.

#### THE FINAL YAP ADHOC COMMITTEE RECOMMENDATION

The final recommendation to the Carolina Region of Narcotics Anonymous by this committee is that a YAP Helpline Subcommittee be formed to begin the next cycle. This would allow funds to be allocated and allow for the region to sign up for a Twillio account and acquire a region-wide toll free phone number. The YAP instance is the Southeastern zonal forum. It already exists. It doesn't have to be created, it just has to be utilized.

ILS, Laura G. (828) 598 - 1021 L. good 0308 e gmail. com

# Carolina Regional Service Committee Profit and Loss

FYE 2019 (August 2018 - July 2019)

|                                       | Total        |
|---------------------------------------|--------------|
| Income                                |              |
| Contributions Income                  |              |
| Area Contributions                    |              |
| Borderline Area                       | 2,516.69     |
| Capital Area                          | 368.20       |
| Catawba Valley Area                   | 16.22        |
| Central Poldmont Area                 | 1,000.00     |
| Coestal Carolina Area                 | 358.24       |
| Keep It Simple Area                   | 1,800.00     |
| Lake Norman Area                      | 1,007.59     |
| North Central Carolina Area           | 7,428.55     |
| Port City Area                        | 80.00        |
| South Coastal Area                    | 1,652.44     |
| Southern Foothillis Area              | 1,752.19     |
| Sun City Area                         | 1,196.72     |
| Twin City Area                        | 3,500.00     |
| Upper South Carolina Area             | 1,087.89     |
| Western North Carolina Area           | 14,800 00    |
| Total Area Contributions              | \$ 38,564.73 |
| Home Group Contributions              |              |
| All Kidding Aside Group               | 203.76       |
| Clean Living Group                    | 138.85       |
| Flowertown Group                      | 149.00       |
| Grassroots Group                      | 41.00        |
| Halls of Freedom Group                | 74.60        |
| Lounge Around Group                   | 200.00       |
| Surrender To Win Group                | 425.00       |
| Total Home Group Contributions        | \$ 1,232.21  |
| Total Contributions Income            | \$ 39,796.94 |
| Total Income                          | \$ 39,796.94 |
| Gross Profit                          | \$ 39,796.94 |
| Expenses                              |              |
| General Business Expenses             |              |
| Accounting Software                   | 794.10       |
| Deproclation Expense                  | 90.00        |
| Donation Expense                      | 0.00         |
| Insurance Expense                     | 2,114.61     |
| License & Filing Fees                 | 51.85        |
| Postage & Delivery                    | 190.29       |
| H&I postage                           | 268.00       |
| Treasurer Postage expense             | 81.04        |
| Total Postage & Delivery              | \$ 539.33    |
| · · · · · · · · · · · · · · · · · · · |              |

| Polonia -                       |  |          |
|---------------------------------|--|----------|
| Printing Expense                |  | 260.00   |
| Policy Printing expense         |  | 222.50   |
| RD Printing expense             |  | 555.03   |
| Secretary printing Expense      | <del>-</del>   | 1,037.53 |
| Total Printing Expense          |  | 500.00   |
| Professional Fees               |  | 976.45   |
| Storage Facility Rental         |  | 28.49    |
| Supplies Expense                | <u> </u>   | 6,132.36 |
| Total General Business Expenses |  | 0,102.00 |
| RSC Operating Expenses          |  |          |
| Administrative Committee        |  | -330.76  |
| AD - Alternate Delegate         |  | -330.70  |
| Lodging Allowance               |  | 474.46   |
| AD Lodging CSRC                 |  | 471.46   |
| AD SEZF Lodging                 |  | 1,122.51 |
| Total Lodging Allowance         | \$   | 1,593.97 |
| Meal Allowance                  |  |          |
| AD CSRC meals                   |  | 40.00    |
| AD SEZF Meals                   | <u> </u>   | 241.90   |
| Total Meal Allowance            | \$   | 281.90   |
| Travel/Gas Allowance            |  |          |
| AD CSRC Travel                  |  | 105.32   |
| AD SEZF Travel                  | and the state of t | 1,841.04 |
| Total Travel/Gas Allowance      | \$   | 1,946.36 |
| Total AD - Alternate Delegate   | \$   | 3,491.47 |
| Alt. Secretary                  |  |          |
| Lodging Allowance               |  | 273.10   |
| Meal Allowance                  |  | 10.00    |
| Travel/Gas Allowance            |  | 31.00    |
| Total Alt. Secretary            | \$   | 314.10   |
| Alt. Treasurer                  |  |          |
| Lodging Allowance               |  | 223.74   |
| Meal Allowance                  |  | 20.00    |
| Travel/Gas Allowance            |  | 27.00    |
| Total Alt. Treasurer            | \$   | 270.74   |
| Co-Facilitator                  |  |          |
| Lodging Allowance               |  | 532.62   |
| Meal Allowance                  |  | 50.00    |
| Travel/Gas Allowance            |  | 185.30   |
| Total Co-Facilitator            | \$   | 767.92   |
| Facilitator                     |  |          |
| Lodging Allowance               |  | 475.49   |
| Meal Allowance                  |  | 40.00    |
| Travel/Gas Allowance            |  | 162.45   |
| Total Facilitator               | \$   | 677.94   |
|                                 |  |          |

P&L FYE 2019

| RD - Regional Delegate                      | 496.41       |
|---|--------------|
| Area mtgs-travel/gas Allowance              | 597.72       |
| Lodging Allowance                           |              |
| RD Lodging CSRC                             | 551.81       |
| RD SEZF Lodging                             | 1,346.75     |
| Total Lodging Allowance                     | \$ 1,898.56  |
| Meal Allowance                              |              |
| RD Meals CSRC                               | 10.94        |
| RD SEZF Meals                               | 690.00       |
| Total Meal Allowance                        | \$ 700.94    |
| Travel/Gas Allowance                        |              |
| RD CSRC Travel/fuel                         | 351.86       |
| RD SEZF Travel/Fuel                         | 1,313.20     |
| Total Travel/Gas Allowance                  | \$ 1,665.06  |
| Total RD - Regional Delegate                | \$ 5,358.69  |
| Secretary                                   |              |
| Travel/Gas Allowance                        | 96.54        |
| Total Secretary                             | \$ 96.54     |
| Treasurer                                   |              |
| Lodging Allowance                           | 345.82       |
| Total Treasurer                             | \$ 345.82    |
| Total Administrative Committee              | \$ 11,323.22 |
| CRSC meeting meals                          | 374.11       |
| RCM-Regional Committee Members              |              |
| Lodging Allowance                           | 112.86       |
| Total RCM-Regional Committee Members        | \$ 112.86    |
| Rental Space-Meetings                       |              |
| CSRC meeting space rental                   | 270.00       |
| Total Rental Space-Meetings                 | \$ 270.00    |
| Subcommittees                               |              |
| Finance Subcommittee                        |              |
| Finance Chairperson                         |              |
| Lodging Allowance                           | 414.37       |
| Meal Allowance                              | 49.05        |
| Travel/Gas Expense                          | 349.62       |
| Total Finance Chairperson                   | \$ 813.04    |
| Total Finance Subcommittee                  | \$ 813.04    |
| Hospitals & Institutions Subcommittee       |              |
| Hospitals & Institutions Chairperson        |              |
| Lodging Allowance                           | 616.23       |
| Meal Allowance                              | 60.94        |
| Travel/Gas Allowance                        | 49.46        |
| Total Hospitals & Institutions Chairperson  | \$ 726.63    |
| Literature Expense                          | 125.75       |
| Total Hospitals & Institutions Subcommittee | \$ 852.38    |

| Literature Review & Development Subcommittee       |               |
|--|---------------|
| Lodging Allowance                                  | 226.00        |
| Travel/Gas Allowance                               | 709.92        |
| Total Literature Review & Development Subcommittee | \$ 935.92     |
| Policy Subcommittee                                |               |
| Lodging Allowance                                  | 440.81        |
| Travel/Gas Allowance                               | 98.02         |
| Total Policy Subcommittee                          | \$ 538.83     |
| Public Relations Subcommittee                      |               |
| CRNA.org-Hosting/Regist/Maint.                     | 201.35        |
| PR Literature Expense                              | 862.86        |
| PR Special Event expense                           | 3,195.90      |
| Public Relations Chairperson                       |               |
| Lodging Allowance                                  | 587.08        |
| Meal Allowance                                     | 65.67         |
| Travel/Gas Allowance                               | 113.48        |
| Total Public Relations Chairperson                 | \$ 766.23     |
| Web Team   |               |
| Web Team Lodging                                   | 215.90        |
| Web Team Meals                                     | 10.00         |
| Web Team Travel                                    | 31.80         |
| Total Web Team                                     | \$ 257.70     |
| Total Public Relations Subcommittee                | \$ 5,284.04   |
| Total Subcommittees                                | \$ 8,424.21   |
| Total RSC Operating Expenses                       | \$ 20,504.40  |
| Total Expenses                                     | \$ 26,636.76  |
| Net Operating Income                               | \$ 13,160.18  |
| Other Expenses                                     |               |
| NAWS Donations                                     | 10,900.00     |
| Total Other Expenses                               | \$ 10,900.00  |
| Net Other Income                                   | -\$ 10,900.00 |
| Net Income   | \$ 2,260.18   |
|  |               |

Tuesday, Oct 08, 2019 04:51:24 PM GMT-7 - Accrual Basis

#### Carolina Regional Service Committee Profit and Loss

May - July, 2019

|                                 | Total        |
|---------------------------------|--------------|
| Income                          |              |
| Contributions Income            |              |
| Area Contributions              |              |
| Coastal Carolina Area           | 101.0        |
| Keep It Simple Area             | 900.00       |
| North Central Carolina Area     | 2,693.20     |
| Port City Area                  | 80.00        |
| South Coastal Area              | 1,652.4      |
| Southern Foothills Area         | 840.7        |
| Twin City Area                  | 500.00       |
| Upper South Carolina Area       | 379.00       |
| Western North Carolina Area     | 3,000.00     |
| Total Area Contributions        | \$ 10,146.54 |
| Home Group Contributions        |              |
| Clean Living Group              | 37.76        |
| Flowertown Group                | 89.00        |
| Lounge Around Group             | 150.00       |
| Surrender To Win Group          | 111.00       |
| Total Home Group Contributions  | \$ 387.70    |
| Total Contributions Income      | \$ 10,534.30 |
| Total Income                    | \$ 10,534.30 |
| Gross Profit                    | \$ 10,534.30 |
| Expenses                        |              |
| General Business Expenses       |              |
| Accounting Software             | 199.10       |
| Depreciation Expense            | 90.00        |
| Insurance Expense               | 501.68       |
| Postage & Delivery              |              |
| Treasurer Postage expense       | 12.9         |
| Total Postage & Delivery        | \$ 12.94     |
| Printing Expense                |              |
| Secretary printing Expense      | 203.63       |
| Total Printing Expense          | \$ 203.63    |
| Storage Facility Rental         | 252.90       |
| Total General Business Expenses | \$ 1,260.2   |

| RSC Operating Expenses                    |              |          |
|---|--------------|----------|
| Administrative Committee                  |              |          |
| AD - Alternate Delegate                   |              |          |
| Lodging Allowance                         |              |          |
| AD Lodging CSRC                           |              | 126.56   |
| AD SEZF Lodging                           |              | 243.20   |
| Total Lodging Allowance                   | \$           | 369.76   |
| Meal Allowance                            |              |          |
| AD CSRC meals                             |              | 20.00    |
| AD SEZF Meals                             |              | 51.00    |
|   | <u>s</u>     | 71.00    |
| Total Meal Allowance                      |              |          |
| Travel/Gas Allowance                      |              | 48.08    |
| AD CSRC Travel                            |              | 459.13   |
| AD SEZF Travel                            | \$           | 507.21   |
| Total Travel/Gas Allowance                | <u> </u>     | 947.97   |
| Total AD - Alternate Delegate             |              | 547.167  |
| Alt. Treasurer                            |              | 223.74   |
| Lodging Allowance                         |              | 20.00    |
| Meal Allowance                            |              | 27.00    |
| Travel/Gas Allowance                      | <u> </u>     | 270.74   |
| Total Alt. Treasurer                      |              | 2.0      |
| Co-Facilitator                            |              | 165.85   |
| Lodging Allowance                         |              | 20.00    |
| Meal Allowance                            |              | 40.66    |
| Travel/Gas Allowance Total Co-Facilitator | <u>s</u>     | 226.51   |
|   |              |          |
| Facilitator                               |              | 202.39   |
| Lodging Allowance<br>Meal Allowance       |              | 20.00    |
| Travel/Gas Allowance                      |              | 40.66    |
| Total Facilitator                         | \$           | 263.05   |
| RD - Regional Delegate                    |              | 200.00   |
| Area mtgs-travel/gas Allowance            |              | 597.72   |
| Lodging Allowance                         |              |          |
| RD Lodging CSRC                           |              | 165.85   |
| RD SEZF Lodging                           |              | 243.20   |
| Total Lodging Allowance                   | 5            | 409.05   |
| Meal Allowance                            | •            | 100.00   |
| RD SEZF Meals                             |              | 165.00   |
| Total Meal Allowance                      | \$           | 165.00   |
| Travel/Gas Allowance                      | · ·          | 100.00   |
| RD CSRC Travel/fuel                       |              | 71.82    |
| RD SEZF Travel/Fuel                       |              | 96.60    |
| Total Travel/Gas Allowance                | <u> </u>     | 168.42   |
| Total RD - Regional Delegate              | \$           | 1,340.19 |
| Total Administrative Committee            | <del>,</del> | 3,048.46 |
| Committee                                 |              | 3,040.40 |

P&L Q4 FYE 2019

| CRSC mooting meals                                 | 239.82      |
|--|-------------|
| Rental Space-Meetings                              |             |
| CSRC meeting space rental                          | 35.00       |
| Total Rental Space-Meetings                        | \$ 35.00    |
| Subcommittees                                      |             |
| Finance Subcommittee                               |             |
| Finance Chairperson                                |             |
| Lodging Allowance                                  | 165.85      |
| Meal Allowance                                     | 20.00       |
| Travel/Gas Expense                                 | 43.00       |
| Total Finance Chairperson                          | \$ 228.85   |
| Total Finance Subcommittee                         | \$ 228.85   |
| Literature Review & Development Subcommittee       |             |
| Lodging Allowance                                  | 103.92      |
| Travel/Gas Allowance                               | 205.14      |
| Total Literature Review & Development Subcommittee | \$ 309.06   |
| Policy Subcommittee                                |             |
| Lodging Allowance                                  | 165.85      |
| Travel/Gas Allowance                               | 20.66       |
| Total Policy Subcommittee                          | \$ 186.51   |
| Public Relations Subcommittee                      |             |
| CRNA.org-Hosting/Regist/Maint.                     | 32.85       |
| Public Relations Chairperson                       |             |
| Lodging Allowance                                  | 202.38      |
| Travel/Gas Allowance                               | 17.00       |
| Total Public Relations Chairperson                 | \$ 219.38   |
| Total Public Relations Subcommittee                | \$ 252.23   |
| Total Subcommittees                                | \$ 976.65   |
| Total RSC Operating Expenses                       | \$ 4,299.93 |
| Total Expenses                                     | \$ 5,560.15 |
| Net Operating Income                               | \$ 4,974.15 |
| Net Income   | \$ 4,974.15 |

Tuesday, Oct 08, 2019 04:56:55 PM GMT-7 - Accrual Basis

# Carolina Regional Service Committee Profit and Loss

Q1TD FY 2020 (August - September 30, 2019)

|                                 | Total          |
|---------------------------------|----------------|
| Income                          |                |
| Contributions Income            |                |
| Area Contributions              |                |
| North Central Carolina Area     | 585.27         |
| South Coastal Area              | 333.38         |
| Southern Foothillis Area        | 382.33         |
| Sun City Area                   | 629.75         |
| Upper South Carolina Area       | 2,688.43       |
| Total Area Contributions        | \$<br>4,619.16 |
| Home Group Contributions        |                |
| All Kidding Aside Group         | 49.00          |
| Clean Living Group              | 16.65          |
| Flowertown Group                | 44.00          |
| Grassroots Group                | 14.28          |
| Total Home Group Contributions  | \$<br>123.93   |
| Individual Contributions        | 152.80         |
| Total Contributions Income      | \$<br>4,895.89 |
| Total Income                    | \$<br>4,895.89 |
| Gross Profit                    | \$<br>4,895.89 |
| Expenses                        |                |
| General Business Expenses       |                |
| Accounting Software             | 149.80         |
| Postage & Delivery              |                |
| Treasurer Postage expense       | 19.01          |
| Total Postage & Delivery        | \$<br>19.01    |
| Printing Expense                |                |
| Policy Printing expense         | 198.00         |
| PR printing expense             | 58.00          |
| RD Printing expense             | 111.00         |
| Total Printing Expense          | \$<br>367.00   |
| Professional Fees               | 595.00         |
| Storage Facility Rental         | 182.00         |
| Total General Business Expenses | \$<br>1,312.81 |
| RSC Operating Expenses          |                |
| Administrative Committee        |                |
| Co-Facilitator                  |                |
| Lodging Allowance               | 200.82         |
| Meal Allowance                  | 20.00          |
| Travel/Gas Allowance            | 64.32          |
| Total Co-Facilitator            | \$<br>285.14   |
| Total Administrative Committee  | \$<br>285.14   |

| Rental Space-Meetings               |   | na na |
|-------------------------------------|---|-------|
| CSRC meeting space rental           |   | 50.00 |
| Total Rental Space-Meetings         | \$  | 60.00 |
| Subcommittees                       |   |       |
| Public Relations Subcommittee       |   | n 47  |
| PR Lodging                          | [발생: [발생: 12] [발생: 12] [발생: 12] [발생: 12] [발생: 12] | 9.42  |
| PR Special Event expense            | 7.  | 00.00 |
| Public Relations Chairperson        |   |       |
| Lodging Allowance                   |   | 9.42  |
| Meal Allowance                      |   | 1.31  |
| Travel/Gas Allowance                |   | 8.00  |
| Total Public Relations Chairperson  | \$ 37   | 8.73  |
| Total Public Relations Subcommittee | \$ 1,36   | 8.15  |
| Total Subcommittees                 | \$ 1,36   | 8.15  |
| Total RSC Operating Expenses        | s 1,70  | 3.29  |
| otal Expenses                       | \$ 3,01   | 6.10  |
| let Operating Income                | S 1,87  | 9.79  |
| let Income                          | \$ 1,87   | 9.79  |
|                                     |   |       |

Tuesday, Oct 08, 2019 05:25:47 PM GMT-7 - Accrual Basis

#### Form 990-EZ

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

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

OMB No. 1545-1150 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

 Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

| A             | For the 2      | 2018 calenda                            | r year, or tax year beginning 08-01, 2018, and $\epsilon$                      | ending           |             | 07-31 ,201        |               |
|---------------|----------------|---|--|------------------|-------------|-------------------|---------------|
|               | Check if ap    |   | C Name of organization   |                  | D Employ    | yer identificatio | n number      |
|               | Address ch     | ange                                    | CAROLINA REGIONAL SERVICE COMMITTEE  |                  | 56-         | 1664381           |               |
|               | Name char      |   |  | toom/suite       | E Teleph    | one number        |               |
|               | Initial return |   | market bullet  |                  |             |                   |               |
|               |                | /terminated                             | 2764 PLEASANT RD SUITE A PMB 10541   | 4.143            | (33         | 6)813-2351        |               |
| $\overline{}$ | Amended r      |   | City or town, state or province, country, and ZIP or foreign postal code       | 1.0.2            | F Group     | Exemption         |               |
|               | Application    | 500000                                  | FORT MILL, SC 29708  |                  | Numbe       | er 🕨              |               |
| -             |                | ng Method:                              | Cash X Accrual Other (specify) ▶   | Н                | Check ► [   | X if the organi   | zation is not |
|               | Website        | _                                       |  | -                | required to | attach Schedule   | В             |
|               |                |   | check only one) - 🗶 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or       |                  |             | 990-EZ, or 990-   |               |
|               |                |   | ☐ Corporation ☐ Trust ☐ Association ☐ Other                                    |                  |             |                   |               |
|               |                |   | b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo | re or if total a | assets      | 1 25/22           |               |
|               |                |   | 5500,000 or more, file Form 990 instead of Form 990-EZ                         |                  |             | . <b>&gt;</b> S   | 39,797        |
| <u> </u>      | art I          |   | e, Expenses, and Changes in Net Assets or Fund Balance                         | es (see the      | instruction | ns for Part I)    |               |
|               | aiti           | Check if t                              | he organization used Schedule O to respond to any question in this             | s Part I         |             |                   | <b>x</b>      |
| _             | 1              | Contributions                           | gifts, grants, and similar amounts received                                    | or until .       |             | 1                 | 39,797        |
|               |                |   | vice revenue including government fees and contracts                           |                  |             | 2                 |               |
|               | 2              |   | dues and assessments   |                  |             | 3                 |               |
|               | 3              |   | ncome  |                  |             | 4                 |               |
|               | 4              |   |  |                  |             | <b>4</b>          | -             |
|               | 5a             |   | nt from sale of assets other than inventory                                    |                  |             |                   |               |
|               |                |   | other basis and sales expenses   |                  |             | -                 |               |
|               | С              |   | ) from sale of assets other than inventory (Subtract line 5b from line 5a)     |                  |             | 5c                |               |
|               | 6              |   | fundraising events:  |                  |             |                   |               |
|               | a              |   | e from gaming (attach Schedule G if greater than                               | 1                |             |                   |               |
| JE.           |                |   |  |                  |             |                   |               |
| Revenue       | b              |   | E Holli fallationing over the transfer of                                      | of contribution  | S           |                   |               |
| å             |                | from fundrais                           | sing events reported on line 1) (attach Schedule G if the                      | 1                |             |                   |               |
|               |                |   | gross income and contributions exceeds \$15,000) 6b                            | 15.374           | -31         |                   |               |
|               | С              | Less: direct of                         | expenses from gaming and fundraising events                                    | 2.1              |             |                   |               |
|               | d              | Net income of                           | or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra   | ct               |             |                   |               |
|               |                | line 6c)                                |  |                  |             | 6d                |               |
|               | 7a             | Gross sales                             | of inventory, less returns and allowances                                      |                  | 2.74        |                   |               |
|               | b              | Less: cost of                           | goods sold   |                  |             |                   |               |
|               |                |   | or (loss) from sales of inventory (Subtract line 7b from line 7a)              |                  |             | 7c                | allor of ma   |
|               | 8              |   | ie (describe in Schedule O)  |                  |             | 8                 |               |
|               | 9              |   | ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and &                                    |                  |             | 9                 | 39,797        |
|               | -              |   | imilar amounts paid (list in Schedule O)                                       |                  |             | 10                |               |
|               | 11             |   | I to or for members  |                  |             | 11                |               |
|               | 12             |   | er compensation, and employee benefits   |                  |             | 12                |               |
| es            | 13             |   | fees and other payments to independent contractors                             |                  |             | 13                | 500           |
| Expenses      | 14             |   | rent, utilities, and maintenance   |                  |             | 14                | 3,361         |
| х             | 15             | 20 8000                                 | lications, postage, and shipping   |                  |             | 15                | 1,577         |
|               | 16             | • | ses (describe in Schedule O).  |                  |             | 16                | 32,099        |
|               | 100000         |   |  |                  |             |                   |               |
| _             | 17             |   | ses. Add lines 10 through 16   |                  |             | 17                | 37,537        |
| N             | 18             |   | eficit) for the year (Subtract line 17 from line 9)                            |                  |             | 18                | 2,260         |
| Net Assets    | 19             |   | r fund balances at beginning of year (from line 27, column (A)) (must agree w  |                  |             | 40                |               |
| t As          |                | 1500                                    | igure reported on prior year's return)   |                  |             | 19                | 15,604        |
| Ne            | 20             |   | es in net assets or fund balances (explain in Schedule O)                      |                  |             | 20                |               |
|               | 21             | Net assets o                            | r fund balances at end of year. Combine lines 18 through 20                    |                  | >           | 21                | 17,864        |

| Part II Balance Sheets (see the instructions for Part II)   | CE COMMITTEE   |   |  |               | 672  |
|---|--|---|--|---------------|--|
| Check if the organization used Schedule O to res  | pond to any question   | n in this Part II   |  |               | 🔀  |
| 5   | pond to dry quar   | (A) E   | Beginning of year  | 1             | (B) End of year  |
| 22 Cash, savings, and investments   |  |   | 12,386   | 22            | 15,676   |
| 23 Land and buildings   |  |   | 0  | 23            | 0  |
| 24 Other assets (describe in Schedule O)  |  |   | 3,218  | 24            | 3,199  |
| 25 Total assets   |  |   | 15,604   | 25            | 18,875   |
| 26 Total liabilities (describe in Schedule O)   |  |   | 0  | 26            | 1,011  |
| 27 Net assets or fund balances (line 27 of column (B) must agree  |  |   | 15,604   | 27            | 17,864   |
| Part III Statement of Program Service Accomplishme  | ents (see the instruc  | tions for Part III)   |  |               | Expenses   |
| Check if the organization used Schedule O to res  | enond to any questic   | on in this Part III   | 🛮  | (0            |  |
| What is the organization's primary exempt purpose? NARCOTICS  |  |   |  |               | quired for section   |
|   |  |   | Zana di Himer  |               | (c)(3) and 501(c)(4)   |
| Describe the organization's program service accomplishments for each as measured by expenses. In a clear and concise manner, describe the   | e services provided, the   | ogram services,<br>e number of  |  | orga          | nizations; optional for<br>rs.)  |
| persons benefited, and other relevant information for each program title  |  | 0.7   |  |               | 1082   |
| 28 THE CAROLINA REGION OF NARCOTICS ANONYMOUS   |  |   |  | 1             |  |
| THE CAROLINAS AND IS REPRESENTED IN THE NA  | SERVICE STRUC  | TURE  |  | -             |  |
| BY THE CRSC   | alimba faralan arasta al   | hadi hasa   | • •  | 28a           | 16,375   |
|   | cludes foreign grants, cl  | neck nere   |  | 200           | 20,01  |
| 29  |  |   |  |               |  |
|   |  |   |  | 100           |  |
| NAME  | -1-1   | harda barra   |  | 29a           |  |
| (C.C.)  | cludes foreign grants, cl  | neck nere   | • 📙  | 250           |  |
| 30  |  |   |  |               |  |
|   |  |   |  |               |  |
| . Val   | aludas faraías avesta a  | haala baaa  |  | 30a           |  |
|   | cludes foreign grants, c   |   |  | Sua           | 111 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                               |
|   |  |   |  | 1             | 1  |
| 31 Other program services (describe in Schedule O)  | aludas foreign araste el   | hoek horo   |  | 240           |  |
| (Grants \$ ) If this amount in  | cludes foreign grants, c   | heck here   | ▶ 📙  | 31a           |  |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  | cludes foreign grants, c   | heck here   | <u>.</u> .   | 32            | 16,375   |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Emplo  | cludes foreign grants, cl<br>oyees (list each one ex   | heck here   | ▶ ☐ ated - see the inst  | 32<br>tructio | 16,375   |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  | cludes foreign grants, cl<br>oyees (list each one ex   | heck here  ven if not compens  art IV   | ated - see the inst  | 32<br>tructio | 16,375   |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employees (Check if the organization used Schedule O to respond to the organization of the org | oyees (list each one exto any question in this P   | heck here   | ▶ ☐ ated - see the inst  | 32<br>tructio | 16,375   |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Emplo  | cludes foreign grants, cl<br>oyees (list each one ev<br>to any question in this P                            | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | ated - see the inst  | 32<br>tructio | 16,375   |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employees (a) Name and title   | oyees (list each one exto any question in this P   | ven if not compens Part IV  (c) Reportable compensation                       | ated - see the inst  | 32<br>tructio | 16,375 ins for Part IV) (e) Estimated amount of                        |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employees (a) Name and title  PAMELA HINTON  | oyees (list each one exto any question in this P   | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | ated - see the inst  | 32<br>tructio | 16,375 Ins for Part IV) (e) Estimated amount of other compensation     |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employees (a) Name and bile  PAMELA HINTON  TREASURER  | oyees (list each one exto any question in this P   | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | ated - see the inst  | 32<br>tructio | 16,375 ins for Part IV) (e) Estimated amount of                        |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employees (a) Name and title  PAMELA HINTON  TREASURER  JANIS KEYZER   | oyees (list each one exto any question in this P  (b) Average hours per week devoted to position             | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | ated - see the inst  | 32<br>tructio | 16,375 ins for Part IV)  (e) Estimated amount of other compensation    |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employers (a) Name and title  PAMELA HINTON  TREASURER  JANIS KEYZER  CHAIR  | oyees (list each one exto any question in this P   | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | ated - see the inst  | 32<br>tructio | 16,375 Ins for Part IV) (e) Estimated amount of other compensation     |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employers (a) Name and bille  PAMELA HINTON  TREASURER  JANIS KEYZER  CHAIR  DAVE PRUETT   | oyees (list each one exto any question in this P  (b) Average hours per week devoted to position  5.00       | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | ated - see the inst  | 32<br>tructio | 16,375 Ins for Part IV)  (e) Estimated amount of other compensation    |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employers (a) Name and title  PAMELA HINTON  TREASURER  JANIS KEYZER  CHAIR  DAVE PRUETT  VICE CHAIR   | oyees (list each one exto any question in this P  (b) Average hours per week devoted to position             | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | ated - see the inst  | 32<br>tructio | 16,375 ins for Part IV)  (e) Estimated amount of other compensation    |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employers (a) Name and title  PAMELA HINTON  TREASURER  JANIS KEYZER  CHAIR  DAVE PRUETT  VICE CHAIR  JONIE GOBLET   | oyees (list each one exto any question in this P  (b) Average hours per week devoted to position  5.00       | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | (d) Health benefit contributions to employ benefit plans, and deferred compensu              | 32<br>tructio | 16,375 Ins for Part IV)  (e) Estimated amount of other compensation    |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employers (a) Name and bile  PAMELA HINTON  TREASURER  JANIS KEYZER  CHAIR  DAVE PRUETT  VICE CHAIR  JONIE GOBLET  SECRETARY   | oyees (list each one exto any question in this P  (b) Average hours per week devoted to position  5.00       | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | ated - see the inst  | 32<br>tructio | 16,375 Ins for Part IV)  (e) Estimated amount of other compensation    |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employers (a) Name and title  PAMELA HINTON  TREASURER  JANIS KEYZER  CHAIR  DAVE PRUETT  VICE CHAIR  JONIE GOBLET  SECRETARY  MICHELLE JOHNSEN  | oyees (list each one exto any question in this P  (b) Average hours per week devoted to position  5.00  5.00 | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | (d) Health benefit contributions to employ benefit plans, and deferred compensu              | 32<br>tructio | 16,375 Ins for Part IV)  (e) Estimated amount of other compensation    |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employers (a) Name and bile  PAMELA HINTON  TREASURER  JANIS KEYZER  CHAIR  DAVE PRUETT  VICE CHAIR  JONIE GOBLET  SECRETARY   | oyees (list each one exto any question in this P  (b) Average hours per week devoted to position  5.00       | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | (d) Health benefit contributions to employ benefit plans, and deferred compensu              | 32<br>tructio | 16,375 Ins for Part IV)  (e) Estimated amount of other compensation    |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employers (a) Name and title  PAMELA HINTON  TREASURER  JANIS KEYZER  CHAIR  DAVE PRUETT  VICE CHAIR  JONIE GOBLET  SECRETARY  MICHELLE JOHNSEN  | oyees (list each one exto any question in this P  (b) Average hours per week devoted to position  5.00  5.00 | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | (d) Health benefit contributions to employ benefit plans, and deferred compensu              | 32<br>tructio | 16,375 Ins for Part IV)  (e) Estimated amount of other compensation    |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employers (a) Name and title  PAMELA HINTON  TREASURER  JANIS KEYZER  CHAIR  DAVE PRUETT  VICE CHAIR  JONIE GOBLET  SECRETARY  MICHELLE JOHNSEN  | oyees (list each one exto any question in this P  (b) Average hours per week devoted to position  5.00  5.00 | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | (d) Health benefit contributions to employ benefit plans, and deferred compensu              | 32<br>tructio | 16,375 Ins for Part IV)  (e) Estimated amount of other compensation    |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employers (a) Name and title  PAMELA HINTON  TREASURER  JANIS KEYZER  CHAIR  DAVE PRUETT  VICE CHAIR  JONIE GOBLET  SECRETARY  MICHELLE JOHNSEN  | oyees (list each one exto any question in this P  (b) Average hours per week devoted to position  5.00  5.00 | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | (d) Health benefit contributions to emphasize the first benefit plans, and deferred compensu | 32<br>tructio | 16,375 Ins for Part IV)  (e) Estimated amount of other compensation    |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employers (a) Name and title  PAMELA HINTON  TREASURER  JANIS KEYZER  CHAIR  DAVE PRUETT  VICE CHAIR  JONIE GOBLET  SECRETARY  MICHELLE JOHNSEN  | oyees (list each one exto any question in this P  (b) Average hours per week devoted to position  5.00  5.00 | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | (d) Health benefit contributions to emphasize the first benefit plans, and deferred compensu | 32<br>tructio | 16,375 Ins for Part IV)  (e) Estimated amount of other compensation    |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employers (a) Name and title  PAMELA HINTON  TREASURER  JANIS KEYZER  CHAIR  DAVE PRUETT  VICE CHAIR  JONIE GOBLET  SECRETARY  MICHELLE JOHNSEN  | oyees (list each one exto any question in this P  (b) Average hours per week devoted to position  5.00  5.00 | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | (d) Health benefit contributions to emphasize the first benefit plans, and deferred compensu | 32<br>tructio | 16,375 Ins for Part IV)  (e) Estimated amount of other compensation    |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employers (a) Name and title  PAMELA HINTON  TREASURER  JANIS KEYZER  CHAIR  DAVE PRUETT  VICE CHAIR  JONIE GOBLET  SECRETARY  MICHELLE JOHNSEN  | oyees (list each one exto any question in this P  (b) Average hours per week devoted to position  5.00  5.00 | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | (d) Health benefit contributions to emphasize the first benefit plans, and deferred compensu | 32<br>tructio | 16,375 Ins for Part IV)  (e) Estimated amount of other compensation    |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employers (a) Name and title  PAMELA HINTON  TREASURER  JANIS KEYZER  CHAIR  DAVE PRUETT  VICE CHAIR  JONIE GOBLET  SECRETARY  MICHELLE JOHNSEN  | oyees (list each one exto any question in this P  (b) Average hours per week devoted to position  5.00  5.00 | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | (d) Health benefit contributions to emphasize the first benefit plans, and deferred compensu | 32<br>tructio | 16,375 Ins for Part IV)  (e) Estimated amount of other compensation  0 |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employers (a) Name and title  PAMELA HINTON  TREASURER  JANIS KEYZER  CHAIR  DAVE PRUETT  VICE CHAIR  JONIE GOBLET  SECRETARY  MICHELLE JOHNSEN  | oyees (list each one exto any question in this P  (b) Average hours per week devoted to position  5.00  5.00 | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | (d) Health benefit contributions to emphasize the first benefit plans, and deferred compensu | 32<br>tructio | 16,375 Ins for Part IV)  (e) Estimated amount of other compensation    |
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| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employers (a) Name and title  PAMELA HINTON  TREASURER  JANIS KEYZER  CHAIR  DAVE PRUETT  VICE CHAIR  JONIE GOBLET  SECRETARY  MICHELLE JOHNSEN  | oyees (list each one exto any question in this P  (b) Average hours per week devoted to position  5.00  5.00 | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | (d) Health benefit contributions to emphasize the first benefit plans, and deferred compensu | 32<br>tructio | 16,375 Ins for Part IV)  (e) Estimated amount of other compensation  0 |
| (Grants \$ ) If this amount inc.  32 Total program service expenses (add lines 28a through 31a).  Part IV List of Officers, Directors, Trustees, and Key Employers (a) Name and title  PAMELA HINTON  TREASURER  JANIS KEYZER  CHAIR  DAVE PRUETT  VICE CHAIR  JONIE GOBLET  SECRETARY  MICHELLE JOHNSEN  | oyees (list each one exto any question in this P  (b) Average hours per week devoted to position  5.00  5.00 | ven if not compens. Part IV  (c) Reportable compensation (Forms W-2/1099-MISC | (d) Health benefit contributions to emphasize the first benefit plans, and deferred compensu | 32<br>tructio | 16,375 Ins for Part IV)  (e) Estimated amount of other compensation  0 |

| Pa   | rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the  |           |             |          |
|------|--|-----------|-------------|----------|
|      | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V  |           | · · ·       | · L      |
|      |  |           | Yes         | No       |
| 33   | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a  |           |             | х        |
|      | detailed description of each activity in Schedule O  | 33        |             | A        |
| 34   | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed   |           |             |          |
|      | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the  | 74        |             | x        |
|      | change on Schedule O. See instructions   | 34        |             | A        |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business   | 35a       |             | X        |
|      | activities (such as those reported on lines 2, 6a, and 7a, among others)?  |           |             | 122      |
| b    | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C   | 35b       |             |          |
| c    | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,  | 35c       |             | X        |
|      | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  | 350       |             | A        |
| 36   | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets   | 36        |             | Х        |
|      | during the year? If "Yes," complete applicable parts of Schedule N   | 30        | 10000       | 21       |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions   | 37b       |             | Х        |
|      | Did the organization file Form 1120-POL for this year?   | 3/0       | 1 382 3     | 7500     |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were  | 38a       |             | X        |
|      | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   | 300       |             |          |
| b    | If "Yes," complete Schedule L. Part II and enter the total amount involved   | -         |             |          |
| 39   | Section 501(c)(7) organizations. Enter:  |           |             |          |
|      | Initiation fees and capital contributions included on line 9   |           |             |          |
| ь    | Gross receipts, included on line 9, for public use of club facilities  | 1         |             |          |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  |           |             |          |
|      | section 4911 ► ; section 4912 ► ; section 4955 ► ; section 4955 ►  |           |             |          |
| ь    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year  | ASSET COS | CONTRACT OF |          |
|      | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.I  | 40b       |             | X        |
|      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed  | 1.00      |             |          |
| c    | on organization managers or disqualified persons during the year under sections 4912,  |           |             |          |
|      | 4955, and 4958   |           |             |          |
|      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line  |           |             |          |
|      | 40c reimbursed by the organization   |           |             |          |
|      | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter   |           |             |          |
|      | transaction? If "Yes," complete Form 8886-T  | 40e       |             | X        |
| 41   | List the states with which a copy of this return is filed   SC   |           |             |          |
| 42 a | The organization's books are in care of ▶ PAMELA HINTON Telephone no. ▶ 336-8  | 13-23     | 351         |          |
|      | Located at ▶ 2764 PLEASANT RD SUITE A PMB 10541, FORT MILL, SC ZIP+4 ▶ 29708   | 1         |             |          |
| b    | At any time during the calendar year, did the organization have an interest in or a signature or other authority over  | ,         | Yes         | No       |
|      | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 42b       |             | X        |
|      | If "Yes," enter the name of the foreign country  |           |             |          |
|      | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and  |           |             |          |
|      | Financial Accounts (FBAR).   | E.C       |             |          |
| С    | At any time during the calendar year, did the organization maintain an office outside the United States?   | 42c       |             | <u>X</u> |
|      | If "Yes," enter the name of the foreign country  |           |             |          |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here  |           | •           |          |
|      | and enter the amount of tax-exempt interest received or accrued during the tax year  | 1         | ¥           | N-       |
|      | Did the second of the second o |           | Yes         | No       |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be  | 440       |             | v        |
|      | completed instead of Form 990-EZ.  | 44a       |             | X        |
| D    | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be   | 44b       |             | Х        |
| _    | completed instead of Form 990-EZ   | 44c       | -           | X        |
|      | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an   | 440       |             | Λ        |
| u    | explanation in Schedule O  | 44d       |             |          |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45a       | -           | X        |
|      | Did the organization receive any payment from or engage in any transaction with a controlled entity within the   | -Va       | -           |          |
| -    | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of   |           |             |          |
|      | Form 990-EZ. See instructions  | 45b       |             | Х        |
|      |  |           |             |          |

Form 990-EZ (2018)

Page 4

56-1664381

#### SCHEDULE A

### Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2018 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

| CAE  | 201 7  | NA DECIONAL CERVICE COM  | 1TTTD                      |  |                 |                     | 56-16643                  | 81                 |
|------|--------|--|----------------------------|--|-----------------|---------------------|---------------------------|--------------------|
|      | art I  | NA REGIONAL SERVICE COM<br>Reason for Public Chari                                       | v Status (All o            | organizations must o                                   | complete        | this par            | t.) See instruction       | is.                |
|      |        | nization is not a private foundation be  | cause it is (For line      | es 1 through 12, check or                              | nly one box     | (.)                 |                           |                    |
| 1    | Olga   | A church, convention of churches, of   | r association of ch        | ourches described in sec                               | tion 170(b      | )(1)(A)(i).         |                           |                    |
| 2    | H      | A school described in section 170(   | N(1)(A)(II) (Attacl        | h Schedule E (Form 990                                 | or 990-EZ       | ).)                 |                           |                    |
|      | H      | A hospital or a cooperative hospital   | service organizati         | on described in section                                | 170(b)(1)(      | A)(iii).            |                           |                    |
| .3   | Ц      | A medical research organization op   | service organizati         | on with a hospital descri                              | bed in sec      | tion 170(b          | )(1)(A)(III). Enter the   |                    |
| 4    |        |  | erated in conjunct         | on with a nospital desci.                              |                 | T.T. T. C. C. C. C. |                           |                    |
|      |        | hospital's name, city, and state:  An organization operated for the ber                  | ofit of a college of       | university owned or oper                               | rated by a      | governmer           | ntal unit described in    |                    |
| 5    | П      | An organization operated for the ber   | Port II )                  | unificially office of spe                              |                 |                     |                           |                    |
|      | П      | section 170(b)(1)(A)(iv). (Complete<br>A federal, state, or local government             | t os sovemmental           | unit described in section                              | 170(b)(1)       | (A)(v).             |                           |                    |
| 6    | H      | An organization that normally receive  | t or governmental          | t of its support from a go                             | vernmenta       | Lunit or fro        | om the general public     |                    |
| 7    |        |  |                            |  | Verificing      |                     | go                        |                    |
|      |        | described in section 170(b)(1)(A)(v  |                            |  |                 |                     |                           |                    |
| 8    |        | A community trust described in sec<br>An agricultural research organizatio               | , described is <b>50</b> 0 | vij. (Complete Fait II.)                               | erated in c     | oniunction          | with a land-grant coll    | ege                |
| 9    |        | An agricultural research organizatio   | n described in sec         | (non-instructions). Enter ti                           | he name c       | ity and sta         | te of the college or      |                    |
|      |        | or university or a non-land-grant coll   | ege of agriculture         | (see institutions). Effect to                          | ie name, u      | ity, and size       | ic of the compact         |                    |
|      | -      | university:  An organization that normally receive                                       | no: (1) more than 3        | 23 1/3% of its support from                            | m contribut     | ions mem            | hershin fees, and gros    | 5                  |
| 10   | X      | receipts from activities related to its  | es. (1) Hore than s        | subject to certain excent                              | tions and (     | 2) no more          | than 33 1/3% of its       |                    |
|      |        | support from gross investment incon  | exempt functions -         | usiness taxable income (                               | less section    | n 511 tax)          | from businesses           |                    |
|      |        | acquired by the organization after J   | e and unleated b           | saction 509/31/21 (Con                                 | nniete Part     | III.)               | 110111 0001110000         |                    |
|      |        | An organization organized and open   | ine 30, 1973. See          | test for public safety. So                             | ee section      | 509(2)(4)           |                           |                    |
| 11   | 님      | An organization organized and opera  | ated exclusively to        | the henefit of to perform                              | the function    | ons of orto         | o carry out the purpose   | es                 |
| 12   | $\Box$ | of one or more publicly supported o  | reanizations descr         | thed in section 509(a)(1                               | ) or sectio     | n 509(a)(2          | ). See section 509(a)     | 0(3).              |
|      |        | Check the box in fines 12a through 1   | 2d that describes          | the type of supporting or                              | anization a     | and comple          | ete lines 12e. 12f. and   | 12a.               |
|      |        | □ - · · · · · · · · · · · · · · · · · ·  | a operated super           | wised or controlled by its                             | supported       | d organiza          | tion(s), typically by giv | ring               |
|      | а      | the supported organization(s) th   | n operateu, super          | ly appoint or elect a maid                             | rity of the     | directors o         | r trustees of the         | •                  |
|      |        | the supported organization(s) th   | e power to regular         | t IV Sections A and R                                  | my or the .     | 2                   |                           |                    |
|      |        | supporting organization. You m  Type II. A supporting organizati                         | ust complete Fai           | controlled in connection v                             | vith its sun    | norted ora          | anization(s), by having   |                    |
|      | b      | Type II. A supporting organization control or management of the supporting organization. | on supervised of C         | tion vested in the same n                              | ersons that     | control or          | manage the supported      |                    |
|      |        |  |                            |  | CISOID MILE     | CONLIGIO            | manage the supported      |                    |
|      |        | organization(s). You must com Type III functionally integrate                            | piete Part IV, Set         | nonization operated in co                              | nnection w      | with and fu         | inctionally integrated v  | with               |
|      | C      | its supported organization(s) (so  | a. A supporting of         | gamzation operated in co                               | IV Section      | ns A D a            | nd F                      | ,                  |
|      |        |  | e instructions). To        | a eraspization operated                                | in connect      | ion with its        | s supported organizati    | on(s)              |
|      | d      | Type III non-functionally integ<br>that is not functionally integrated                   | The accomination           | gonosally must satisfy a                               | dietribution    | requiremen          | nt and an attentiveness   | :                  |
|      |        |  |                            |  |                 |                     | in and an auentiveness    |                    |
|      |        | requirement (see instructions).  |                            |  |                 |                     | Type II Type III          |                    |
|      | е      | Check this box if the organizatio  |                            |  |                 | sa Type I,          | Type II, Type III         |                    |
|      |        | functionally integrated, or Type I   |                            |  | janization.     |                     |                           |                    |
|      | f      | Enter the number of supported orga   |                            |  |                 |                     |                           |                    |
| _    | g      | Provide the following information about  |                            |  | T that has      | organization        | (v) Amount of monetary    | (vi) Amount of     |
|      | . (    | ) Name of supported organization   | (II) EIN                   | (iii) Type of organization<br>(described on lines 1-10 | 1               | ur governing        | support (see              | other support (see |
|      |        |  |                            | above (see instructions))                              | docum           | nent7               | instructions)             | instructions)      |
|      |        |  | 200                        |  | Yes             | No                  | 1                         |                    |
|      |        |  |                            |  | 165             | 140                 |                           |                    |
| (A)  |        |  |                            |  |                 |                     |                           |                    |
| _    | -      |  |                            |  | -               | -                   |                           |                    |
| (B)  |        |  |                            | A K  |                 |                     |                           |                    |
| _    | -      |  |                            | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                  |                 |                     |                           |                    |
| (C)  |        |  |                            |  |                 |                     |                           |                    |
| _    |        |  |                            | 7  |                 |                     |                           | The second second  |
| (D)  |        |  |                            |  |                 | -                   |                           |                    |
|      |        |  |                            | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                  | 1               |                     |                           |                    |
| (E)  |        |  |                            |  |                 |                     |                           |                    |
| Tota | al     | 82.0   |                            |  | M.J. State Land | C 74 D 8            |                           |                    |

Part II

56-1664381

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (f) Total (e) 2018 (d) 2017 Calendar year (or fiscal year beginning in) (b) 2015 (c) 2016 (a) 2014 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . The value of services or facilities fumished by a governmental unit to the organization without charge . . . . . . Total. Add lines 1 through 3. . . . . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . . Public support. Subtract line 5 from line 4 . . Section B. Total Support (f) Total (e) 2018 (d) 2017 (b) 2015 (c) 2016 Calendar year (or fiscal year beginning in) > (a) 2014 Amounts from line 4 . . . . . . . . 7 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . . . Total support. Add lines 7 through 10 . 11 12 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) 13 Section C. Computation of Public Support Percentage % 14 % 15 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 16a b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2018. 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 П b 10%-facts-and-circumstances test - 2017. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

(Complete only if you checked the box on line 10 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.)

| Sec  | ction A. Public Support  |                      |  |                     |                     |                              | In Total  |
|------|--|----------------------|--|---------------------|---------------------|------------------------------|-----------|
| Cale | endar year (or fiscal year beginning in) ▶   | (a) 2014             | (b) 2015   | (c) 2016            | (d) 2017            | (e) 2018                     | (f) Total |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 30,423               | 47,227   | 41,969              | 35,103              | 39,797                       | 194,519   |
| 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 |                      | . 2   1834   1   1<br>. 2   1834   1   1   |                     |                     |                              |           |
| 3    | Gross receipts from activities that are not an unrelated trade or business under section 513 .   |                      |  |                     |                     |                              |           |
| 4    | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                      |  |                     |                     |                              |           |
| 5    | The value of services or facilities furnished by a governmental unit to the organization without charge  |                      |  |                     |                     |                              |           |
| 6    | Total. Add lines 1 through 5   | 30,423               | 47,227   | 41,969              | 35,103              | 39,797                       | 194,519   |
| 7a   | Amounts included on lines 1, 2, and 3 received from disqualified persons   | I to a Steel         |  | Japanes e e 1       |                     |                              |           |
| 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           |                      |  | - Tr (1997) 12      |                     |                              |           |
| С    | Add lines 7a and 7b  |                      | - 124000000000000000000000000000000000000  | er a management     |                     | and the second second second |           |
| 8    | Public support. (Subtract line 7c from line 6.)  |                      |  |                     |                     |                              | 194,519   |
|      | ction B. Total Support   |                      |  |                     |                     |                              | (D. Tatal |
| Cal  | endar year (or fiscal year beginning in) 🕨   | (a) 2014             | (b) 2015   | (c) 2016            | (d) 2017            | (e) 2018                     | (f) Total |
| 9    | Amounts from line 6  | 30,423               | 47,227   | 41,969              | 35,103              | 39,797                       | 194,519   |
| 10a  | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  |                      |  |                     |                     |                              |           |
| b    | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                      |  |                     |                     |                              |           |
| C    | Add lines 10a and 10b  |                      |  |                     | 1 = =1              |                              |           |
| 11   | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                      |  |                     |                     |                              |           |
| 12   | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                      | e a espainiste en espainiste e |                     |                     |                              |           |
| 13   | Total support. (Add lines 9, 10c, 11, and 12.)   | 30,423               | 47,227   | 41,969              | 35,103              | 39,797                       | 194,519   |
| 14   | First five years. If the Form 990 is for the or organization, check this box and stop here.  |                      |  |                     |                     |                              | ▶□        |
| Se   | ction C. Computation of Public Su  |                      | _  |                     |                     |                              |           |
| 15   | Public support percentage for 2018 (line 8, co   | lumn (f), divided by | line 13, column (f)  | )                   |                     | 15                           | 100.00 %  |
| 16   | Public support percentage from 2017 Schedu   |                      |  |                     |                     | 16                           | 77.13 %   |
|      | ction D. Computation of Investmer  |                      |  |                     |                     |                              |           |
| 17   | Investment income percentage for 2018 (line  |                      | terrated control of the control of the control of  |                     |                     | 17                           | 0.00 %    |
| 18   | Investment income percentage from 2017 So  |                      |  |                     |                     | 18                           | 0.00 %    |
| 19a  | 33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box   |                      |  |                     |                     |                              | ▶ 🏻       |
| b    | 33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this  | box and stop here    | . The organization   | qualifies as a pub  | licly supported org | janization                   |           |
| 20   | Private foundation. If the organization did n  | ot check a box on l  | line 14, 19a, or 19t   | o, check this box a | and see instruction | s                            | ▶ 📗       |

Part IV

**Supporting Organizations** 

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

| S  | ectio      | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part A. All Supporting Organizations   | rt V.)        |          |               |
|----|------------|--|---------------|----------|---------------|
|    |            | The same of the sa |               | Yes      | No            |
|    | 1 /        | Are all of the organization's supported organizations listed by name in the organization's governing   |               |          |               |
|    |            | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by   | III.          | 100      | - 19          |
|    |            | class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1             |          |               |
|    | 2 [        | Did the organization have any supported organization that does not have an IRS determination of status   |               |          |               |
|    | ι          | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported  | Part la       | 12. 14   |               |
|    |            | organization was described in section 509(a)(1) or (2).  | 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.   | 3a            |          |               |
|    | <b>b</b> ( | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and   | libro;        |          |               |
|    | 5          | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the   | R.            | 1. (200) |               |
|    | (          | organization made the determination.   | 3b            |          | All Sales     |
|    |            | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)   | 1             | 300      |               |
|    |            | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.   | 3c            |          | 201220.330    |
| 4  |            | Was any supported organization not organized in the United States ("foreign supported organization")? If   | 3             |          |               |
|    |            | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.  | 4a            |          | 12-7 D        |
|    |            | 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   | S             |          |               |
|    |            | despite being controlled or supervised by or in connection with its supported organizations.   | 4b            |          | - 0.5         |
|    |            | 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)   |               |          |               |
|    |            |  | 4c            | 1,3,25,6 |               |
| ,  |            | purposes.  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"  | 40            |          | 50.3          |
|    |            | 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  |               | 14       |               |
|    |            | was accomplished (such as by amendment to the organizing document).  | 5a            |          |               |
|    |            | Type I or Type II only. Was any added or substituted supported organization part of a class already  |               | 200      |               |
|    |            | designated in the organization's organizing document?  | 5b            |          |               |
|    |            | Substitutions only. Was the substitution the result of an event beyond the organization's control?   | 5c            |          |               |
| 6  |            | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to   | in the second | 59       |               |
|    | а          | inyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited  |               |          |               |
|    |            | y one or more of its supported organizations, or (iii) other supporting organizations that also support or   |               | 1.20     |               |
|    | b          | enefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.  | 6             |          | -             |
| 7  | D          | old the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor  |               |          |               |
|    |            | as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity   |               | - 0      |               |
|    |            | rith regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  | 7             |          | · molecu      |
| 8  |            | bid the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  |               | 145      |               |
| _  |            | "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   | 8             |          | aphardecord o |
| 9  |            | Vas the organization controlled directly or indirectly at any time during the tax year by one or more  |               |          |               |
|    |            | isqualified persons as defined in section 4946 (other than foundation managers and organizations described   |               |          |               |
|    |            | section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.  | 9a            |          |               |
|    |            | id one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which   |               |          |               |
|    |            | te supporting organization had an interest? If "Yes," provide detail in Part VI.   | 9b            | - 3/6.5  |               |
| ,  |            | id a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit om, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.  | 0-            |          |               |
| 10 |            | /as the organization subject to the excess business holdings rules of section 4943 because of section  | 9c            |          |               |
|    |            | 943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated   |               |          |               |
|    |            | upporting organizations)? If "Yes," answer 10b below.  | 10a           |          |               |
| Ł  |            | id the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to  | iva           |          | -             |
|    |            | etermine whether the organization had excess business holdings.)   | 10b           | 1        |               |

| Par  | Supporting Organizations (continued)  |                 |           | •             |
|------|---|-----------------|-----------|---------------|
|      |   |                 | Yes       | No            |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?   | E               |           |               |
| 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             |           |               |
|      | A 35% controlled entity of a person described in (a) of (b) above? If Tes to a, b, of c, provide details.   | 11c             |           |               |
| Sect | ion B. Type I Supporting Organizations  |                 | Yes       | No            |
|      | the newer to  | estrai<br>Supr  | , 00      | 1             |
| 1    | Did the directors, trustees, or membership of one or more supported organizations have the power to   |                 | -         |               |
|      | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the  |                 |           |               |
|      | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or   |                 |           |               |
|      | controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported |                 | 100       |               |
|      | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1               |           |               |
|      | organizations and what conditions of restrictions, if any, applied to such powers during the tax year.  | W.              | 13.00     |               |
| •    | Did the organization operate for the benefit of any supported organization other than the supported   |                 |           |               |
| 2    | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part   |                 | 5 esp. 5  |               |
|      | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,  |                 |           |               |
|      | supervised, or controlled the supporting organization.  | 2               |           |               |
| Sec  | tion C. Type II Supporting Organizations  |                 | _         |               |
|      |   | PROT. THE PROT. | Yes       | No            |
| 1    | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors  |                 |           | -43           |
|      | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control   |                 | 150       |               |
|      | or management of the supporting organization was vested in the same persons that controlled or managed  | Sa.             |           |               |
|      | the supported organization(s).  | 1_              |           |               |
| Sec  | tion D. All Type III Supporting Organizations   |                 | Yes       | No            |
|      |   | 1/2/            | res       | 140           |
| 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  | 1               | 1,232 5   | 270 4 - 1,000 |
|      | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 920             |           |               |
| 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 now  |                 | 12.23     | 1.376         |
|      | the organization maintained a close and continuous working relationship with the supported organization(s).   | 2               |           | 5.000,000     |
| ,    | 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  |                 |           |               |
|      | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's  |                 |           |               |
|      | supported organizations played in this regard.  | 3               |           |               |
| Sec  | tion E. Type III Functionally Integrated Supporting Organizations   |                 |           |               |
| 1    | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:  | struc           | ctions    | <b>.)</b> .   |
| 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.   |                 |           |               |
| С    | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (   | see i           | instru    | ctions        |
| 2    | Activities Test. Answer (a) and (b) below.  |                 | Yes       | No            |
| а    | 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  |                 |           | 1             |
|      | 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   | fire.           |           |               |
|      | that these activities constituted substantially all of its activities.  | 2a              | 1 2 2 2 2 | 9.00          |
| 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  | 1               |           | -: 6          |
|      | reasons for the organization's position that its supported organization(s) would have engaged in these  |                 |           |               |
|      | activities but for the organization's involvement.  | 2b              | -         |               |
| 3    | Parent of Supported Organizations. Answer (a) and (b) below.  | 3               |           |               |
| а    | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or   |                 | 8.7       | 1             |
|      | trustees of each of the supported organizations? Provide details in Part VI.  | 3a              | -         | 3 Care 1      |
| b    | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   |                 |           | 111000        |
|      | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.   | 3b              | 1         |               |

Page 6

| Type III Non-Functionally Integrated 509(a)(3) Supporting Or                       | ganiza     | itions  |                             |
|--|------------|---|-----------------------------|
| Theck here if the organization satisfied the Integral Part Test as a qualifying    | trust or   | 1 Nov. 20, 1970 (expla  | ain in Part VI). See        |
| instructions. All other Type III non-functionally integrated supporting organi     | zations    | must complete Section   | ons A through E.            |
| Section A - Adjusted Net Income  |            | (A) Prior Year  | (B) Current Year (optional) |
| 1 Net short-term capital gain  | 1          |   |                             |
| 2 Recoveries of prior-year distributions   | 2          |   |                             |
| 3 Other gross income (see instructions)  | 3          |   |                             |
| 4 Add lines 1 through 3.   | 4          |   |                             |
| 5 Depreciation and depletion   | 5          |   |                             |
| 6 Portion of operating expenses paid or incurred for production or                 |            |   |                             |
| collection of gross income or for management, conservation, or                     |            |   |                             |
| maintenance of property held for production of income (see instructions)           | 6          |   |                             |
| 7 Other expenses (see instructions)  | 7          |   |                             |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                     | 8          |   |                             |
| Section B - Minimum Asset Amount   |            | (A) Prior Year  | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see                      | Physicans  |   |                             |
| instructions for short tax year or assets held for part of year):                  |            |   | and the second second       |
| a Average monthly value of securities  | 1a         |   |                             |
| b Average monthly cash balances  | 1b         |   |                             |
| c Fair market value of other non-exempt-use assets                                 | 1c         |   |                             |
| d Total (add lines 1a, 1b, and 1c)   | 1d         |   |                             |
| e Discount claimed for blockage or other   | The second |   |                             |
| factors (explain in detail in Part VI):  |            |   |                             |
| 2 Acquisition indebtedness applicable to non-exempt-use assets                     | 2          |   |                             |
| 3 Subtract line 2 from line 1d.  | 3          | A10 0 19 00 10 10 10 4  |                             |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,     |            |   |                             |
| see instructions).   | 4          |   |                             |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)                 | 5          |   |                             |
| 6 Multiply line 5 by .035.   | 6          |   |                             |
| 7 Recoveries of prior-year distributions   | 7          |   |                             |
| 8 Minimum Asset Amount (add line 7 to line 6)                                      | 8          |   |                             |
| Section C - Distributable Amount   |            |   | Current Year                |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)            | 1          |   |                             |
| 2 Enter 85% of line 1.   | 2          |   |                             |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)           | 3          | III DESCRIPTION OF THE PERSON |                             |
| 4 Enter greater of line 2 or line 3.   | 4          |   |                             |
| 5 Income tax imposed in prior year   | 5          |   |                             |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to             |            |   |                             |
| emergency temporary reduction (see instructions).                                  | 6          |   |                             |
| 7 Check here if the current year is the organization's first as a non-functionally | integra    | ted Type III supporting   | g organization (see         |
| instructions).   |            | 35.000  |                             |

| Pa         | rt V Type III Non-Functionally Integrated 509(a)(  | <ol><li>Supporting Organia</li></ol> | zations (continued)  |   |
|------------|--|--------------------------------------|--|---|
| Sec        | ction D - Distributions  | 300.00                               |  | Current Year                              |
| 1          | Amounts paid to supported organizations to accomplish exe  | empt purposes                        |  |   |
| 2          |  | ot purposes of supported             |  |   |
|            | organizations, in excess of income from activity   |                                      | A  |   |
| 3          |  | es of supported organizat            | ions   |   |
| 4          | Amounts paid to acquire exempt-use assets  |                                      |  |   |
| 5          | Qualified set-aside amounts (prior IRS approval required)  |                                      |  |   |
| 6          | Other distributions (describe in Part VI). See instructions.   | - Cec                                |  |   |
|            | Total annual distributions. Add lines 1 through 6.   |                                      |  |   |
|            | Distributions to attentive supported organizations to which the  | ne organization is respons           | ive  |   |
| 8          | Unstributions to attentive supported organizations to which a  | io organization i                    |  |   |
| _          | (provide details in <b>Part VI</b> ). See instructions.  Distributable amount for 2018 from Section C, line 6  |                                      |  |   |
|            |  |                                      |  |   |
|            | Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions          | (ii)<br>Underdistributions<br>Pre-2018   | (iii)<br>Distributable<br>Amount for 2018 |
| 1          | Distributable amount for 2018 from Section C, line 6   | Qu                                   | 是 "我们"   |   |
|            | Underdistributions, if any, for years prior to 2018  |                                      |  |   |
| 2          | (reasonable cause required - explain in Part VI). See  |                                      |  |   |
|            | instructions.  |                                      |  |   |
|            | Excess distributions carryover, if any, to 2018  |                                      | Kandalanda Santaka   |   |
|            | From 2013  |                                      |  |   |
| -          | From 2014  |                                      |  |   |
|            | From 2015  | Service Control                      |  |   |
|            |  |                                      |  |   |
|            |  |                                      |  |   |
| _          | From 2017  |                                      | The state of the s |   |
|            | Applied to underdistributions of prior years   | We have a second of the              |  |   |
| 9          | Applied to 2018 distributable amount   |                                      |  |   |
| _ <u>n</u> | Carryover from 2013 not applied (see instructions)   |                                      |  |   |
|            | Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |                                      |  | 5/15                                      |
| 4          | Distributions for 2018 from  |                                      |  |   |
| 4          | The state of the s |                                      | and the state of t |   |
| _          | Section D, line 7: \$ Applied to underdistributions of prior years   |                                      |  |   |
|            | Applied to 2018 distributions of prior years  Applied to 2018 distributable amount   | With the contract product of         | Temperate by antique   |   |
|            |  |                                      |  |   |
|            | Remainder. Subtract lines 4a and 4b from 4.  |                                      |  |   |
| 5          | Remaining underdistributions for years prior to 2018, if   |                                      | 7 II. 47 I Aug   |   |
|            | any. Subtract lines 3g and 4a from line 2. For result  |                                      |  |   |
| _          | greater than zero, explain in Part VI. See instructions.   |                                      |  |   |
| 6          | Remaining underdistributions for 2018. Subtract lines 3h   |                                      |  |   |
|            | and 4b from line 1. For result greater than zero, explain in   |                                      |  |   |
| _          | Part VI. See instructions.   |                                      |  |   |
| 7          | Excess distributions carryover to 2019. Add lines 3j   |                                      |  |   |
| _          | and 4c.  |                                      |  |   |
| _8_        |  |                                      |  |   |
| -          | Excess from 2014   |                                      |  |   |
| -          | Excess from 2015   |                                      |  |   |
| -          | Excess from 2016   |                                      |  |   |
| d          | Excess from 2017   |                                      |  |   |

| Part VI  | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section IIII, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 1e; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 1e; Part V, Section B, line 1e; Part V, Section D, lines 1e; Part V, Section |
|----------|---|
|          | lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)  |
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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

CAROLINA REGIONAL SERVICE COMMITTEE 56-1664381 01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT ACCOUNTING SOFTWARE EXPENSE 794 LICENSE AND FILING FEES 52 OFFICE SUPPLIES AND EXPENSE 28 LITERATURE 989 MEETINGS AND COMMITTEE TRAVEL 19,246 DONATIONS TO NAWS 10,900 DEPRECIATION 90 02. Description of other assets (Part II, line 24) BEGINNING OF YEAR END OF YEAR CATEGORY 1,613 PREPAID INSURANCE 1,505 1,335 PREPAID OTHER 1,027 FURNITURE AND EQUIP NET DEPR 270 235 ACCOUNTS RECEIVABLE 0 135 LITERATURE INVENTORY 0 297 03. Description of total liabilities (Part II, line 26) CATEGORY BEGINNING OF YEAR END OF YEAR ACCOUNTS PAYABLE 0 1,011

Budget v Actual
Officers and Subcommittees
FYE 2019

|               |   | Budget       |   | Actual       | Rer | Remaining /<br>(Over) | × | % Spent   | % Re | % Remaining |
|---------------|---|--------------|---|--------------|-----|-----------------------|---|-----------|------|-------------|
| Facilitator   | s | 1,080.00     | 8 | 678.00       | S   | 402.00                | - | 62.78%    | 9    | 37.22%      |
| CoFacilitator |   | 1,080.00     |   | 768.00       |     | 312.00                |   | 71.11%    |      | 28.89%      |
| Secretary     |   | 1,080.00     |   | 651.00       |     | 429.00                |   | 60.28%    |      | 39.72%      |
| Sec-Alt       |   | 480.00       |   | 314.00       |     | 166.00                |   | 65.42%    |      | 34.58%      |
| Treasurer     |   | 1,320.00     |   | 345.00       |     | 975.00                |   | 26.14%    | 0    | 73.86%      |
| Treas-Alt     |   | 1,280.00     |   | 271.00       |     | 1,009.00              |   | 21.17%    | 0    | 78.83%      |
| RD            |   | 1,540.00     |   | 2,231.00     |     | (691.00)              |   | 144.87% € | w    | -44.87%     |
| AD            |   | 1,140.00     |   | 617.00       |     | 523.00                |   | 54.12%    | 0    | 45.88%      |
| gen office    |   | 4,720.00     |   | 4,361.00     |     | 359.00                |   | 92.39%    | 9    | 7.61%       |
| H&I           |   | 6,375.00     |   | 1,384.00     |     | 4,991.00              |   | 21.71%    | w)   | 78.29%      |
| PR            |   | 9,750.00     |   | 5,311.00     |     | 4,439.00              |   | 54.47%    | U    | 45.53%      |
| Finance       |   | 2,065.00     |   | 1,450.00     |     | 615.00                |   | 70.22%    |      | 29.78%      |
| Lit R/D       |   | 1,320.00     |   | 936.00       |     | 384.00                |   | 70.91%    |      | 29.09%      |
| Policy        |   | 1,320.00     |   | 799.00       |     | 521.00                |   | 60.53% (  | O    | 39.47%      |
| SEZF          |   | 6,980.00     |   | 6,555.00     |     | 425.00                |   | 93.91%    | 9    | 6.09%       |
| WSC           |   |              |   |              |     | ,                     |   |           |      |             |
| Totals        | s | 41,530.00 \$ | s | 26,671.00 \$ | s   | 14,859.00             |   | 64.22%    |      | 35.78%      |

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## CAPITAL AREA NA ASC: H&I SUBCOMMITTEE CHAIR'S REPORT (November 3, 2019)

Hello Family!

The state of the Capital Area H&I Subcommittee is healthy, active & expanding!

We oriented 2 new and/or returning members to our panel today. A total of 16 members attended today's meeting.

#### **NEWS TO SHARE:**

- · We elected two (2) new panel leaders today.
- · We held a special meeting prior to the regularly scheduled meeting, featuring a special quest speaker, to address recent thends a factors effecting our presentations a future status of our presentations. As port of our support, we will hold an advanced panel leader training in January, 2020.
- · We voted on a single format that will be used for all HOI presentations at the facilities we service in an attempt to create enhanced predictable consistency in the message we corry.
- · I met with the PR chair regarding facility presentations we will be mosting in the next sew months. It was a positive and productive conversation.
- of an Hote Learning Doy. We tentatively or Spring of 2020. More will be reveated.

In Loving Service, STEPHANIE G. (2019-2020 Capital Area H&I Subcommittee Chair)



# PR Area Report 11/02/2019 Capital Area

Maria Marsolino

marsolinoml@gmail.com

(919) 641-8128

#### Past month's activities

#### PR presentations

This past month for PR, we participated in doing a presentation via zoom to an online class given by NC State to students getting their masters degrees in counseling. We also did our monthly presentation at First Step recovery.

#### Meeting lists

No current updates on meeting lists as they were printed last month

#### Next month's activities

First Step Recovery presentation

#### **Phone Line Activity**

We received 4 phone calls and the calls were from people asking about meetings in the area.

#### Web Servant Report attached

#### Alt PR Chair

We now have an Alternate PR chair! We still could use people to help us give presentations.

If you are interested in serving on the PR Subcommittee then please join us at our monthly subcommittee meeting on the first Sunday of every month at 12:30 PM, or contact me directly at (919) 641-8128 or marsolinoml@gmail.com.

Kevin Chayer sent you a message from IP: 149.168.240.7

| Your Name:                            | Kevin<br>Chayer  |
|---------------------------------------|--|
| Phone:                                | 984 9605177  |
| Subject:                              | NA<br>Volunteers   |
| Message:                              | We at Wake Correctional Center would like to know if you have any folks from the recovering community who would be interested in providing volunteer services to incarcerated offenders at Wake Correctional Center. Sincerely yours, Kevin B. Chayer Correctional Programs Supervisor |
| E-mail:                               | kevin.chayer@ncdps.gov   |
| How would you like us to contact you? | Email  |

Hi Tamily, weighting is going well with all. As for activities we are working steady to put on the area anniversary un Variage. We have a tenative date of January 25th @ Fairmont Church from 12 pm to 11 pm. Il am putting a motion to reserved the facility and to put a deposit down. mation will be refunded. This will have mene What will be passed at the next area for BSR's to take back their homegroups to donate. So please start asking your home groups what they would like to donate, We will have a munu list that will go around @ next area. also it any member would like to join the activities Committee please contact me @ 919-527-4484 all Servois un grues please. See up gut mont.

ela horang Service, Delphyme J. activities Chair

### Outreach Subcommittee Report for October

The Outreach subcommittee would like to thank the homegroups who assisted the "Let the Healing Begin" group with keytag donations. There has been a lot of talk about how we can better unify our area, and what better way to do it then homegroups getting together to help another homegroup that is struggling. There were a large stack of IPs donated, some white booklets, and a pretty large bag of keytags, but any more donations of white keytags would still be appreciated, since they go through them very fast.

We've continued visiting homegroups who are not participating in the CASC. The theme of distrust of the area is a fairly consistent grievance. A couple homegroups also expressed appreciation for not removing them from the meeting list, even though they haven't participated in a long time. While some homegroups are not participating due to lack of membership and/or funds to donate, there have also been grievances expressed including the desire to dissolve the convention committee, the need of incorporating the CASC for anonymity reasons, and similar.

We greatly appreciate all of the officers and members who have volunteered to assist in the Outreach effort. We plan on taking advantage of this offer in the upcoming month, when we hope to finish out visiting the groups who have been absent from the area meeting. Please keep an eye on your inbox as we plan on getting some plans together in the next week for the rest of the month.

Finally, the Outreach subcommittee would like to remind all homegroups that if they get a new GSR (or are a new GSR) that hasn't been oriented, we meet before the CASC meeting at 1:00pm to do new GSR orientations. It is suggested that any new GSR, proxy or group representative, even if you are not new to an area meeting but maybe this area, get oriented. It greatly helps cut down on the confusion during the meeting, as well as provides useful information that not only helps GSRs know what to expect at the CASC meeting, but also how to be a liaison between your homegroup and the CASC.

In loving service, Andrew V. Outreach Subcommittee Chair

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| 40) The Seekers  |   |        | -     |  | -  |              |   |        |                     |             |         |
| 41 Together We Can   |   |        |       |  | 1  |              | 1   | -      | 1                   | 1           |         |
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| 46 Welcome Home  |   |        |       |  |  | L            |   |        |                     |             |         |

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### **Business Checking**

For the Period 10/01/2019 to 10/31/2019

NC CAPITAL AREA FAMILY REUNION PO BOX 10953 RALEIGH NC 27605-0953

PNCBANK

Primary Account Number: 53-5305-7056

Page 1 of 3

Number of enclosures: 0

For 24-hour banking sign on to PNC Bank Online Banking on pnc.com FREE Online Bill Pay

For customer service call 1-877-BUS-BNKG Monday - Friday: 7 AM - 10 PM ET Saturday & Sunday: 8 AM - 5 PM ET

Para servicio en espanol, 1-877-BUS-BNKG

Moving? Please contact your local branch

Write to: Customer Service PO Box 609 Pittsburgh, PA 15230-9738

Visit us at PNC.com/smallbusiness

TDD terminal: 1-800-531-1648

For hearing impaired clients only

#### IMPORTANT ACCOUNT CHANGE FOR ALL BUSINESS ACCOUNTS WITH TREASURY MANAGEMENT SERVICES

Effective JANUARY 1, 2020, charges for certain Treasury Management services will change. The impact of these changes on your organization will depend on the mix of services you use at PNC and your transaction volume. If applicable, the fees for some of the services may be reduced or offset by the Earning Credit for your account.

Rather than listing all the detail for all services, we would be happy to review with you the changes that are applicable to your account and to discuss other services and options that may address the evolving needs of your company. If you are interested, please contact Treasury Management Client Care (TMCC) at 1-800-669-1518

Among the changes that become effective January 1, 2020, Branch Initiated Wire fees will be impacted for Business Banking clients, including but not limited to the following:

The fee for OUTGOING BOOK TRANSFERS will be \$70.00 each.

The fee for DOMESTIC OUTGOING WIRE TRANSFERS will be \$90.00 each.

The fee for INTERNATIONAL WIRE TRANSFERS (SAME CURRENCY) will be \$125.00 each.

The fee for INCOMING FED WIRES will be \$13.00 each.

The fee for WIRE TRANSFER MANUAL REPAIRS will be \$17.00 each.

The fee for WIRE COPIES will be \$20.00 each.

The fee for MAIL ADVICE will be \$12,00 each.

The fee for a CLIENT REQUESTED CANCELLED WIRE will be \$15.00 each.

October is National Cyber Security Awareness Month

Do you know what to do if you receive a fraudulent email, text or phone call that appears to come from PNC? Forward the message to PNC at abuse@pnc.com. If you responded to a fraudulent text or email, clicked on a link, opened an attachment and/or disclosed personal information, immediately change your online banking password, using another device if possible. Then contact PNC Bank's Online Banking Team at 1-800-762-2035. select 1 for personal account or 2 for a business account, then select option 3.

### **Business Checking**

For 24-hour account information, says on to proc. com/m/buniners/

Business Checking Account Number: 53-5305-7056 - continued

#### For the Period 10/01/2019 to 10/31/2019

NC Capital Area Family Reunion Primary Account Number: 53-5305-7058

NC Capital Area Family Reunion

Page 2 of 3

Holidays Can Bring Increased Scams

Watch out for Phishing, Vishing, and SMiShing scams, which often increase during the busy holiday season, These scams target potential victims via email, telephone, and text message, and are social engineering attempts to harvest sensitive personal information or to install malware onto your computer or mobile device. If a message looks suspicious, do not respond to it and do not open attachments and don't click links. Forward the message to PNC at abuse@pnc.com.

#### **Business Checking Summary**

Account number: 53-5305-7056

Overdraft Protection has not been established for this account, Please contact us if you would like to set up this service.

#### Balance Summary

| Beginning<br>balance | Deposits and other additions | Checks and other deductions | Ending balance            |
|----------------------|------------------------------|-----------------------------|---------------------------|
| 3,531.41             | 116.00                       | 158.00                      | 3,489.41                  |
|                      |                              | Average ledger balance      | Average collected balance |
|                      |                              | 3,480.02                    | 3,480.02                  |

| Deposits and Other Addition | ons   |        | Checks and Other Deductions |       |        |
|-----------------------------|-------|--------|-----------------------------|-------|--------|
| Description                 | Items | Amount | Description                 | Items | Amount |
| Deposits                    | 1     | 116.00 | Checks                      | 2     | 155.00 |
|                             |       |        | Service Charges and Fees    | 1     | 3.00   |
| Total                       | 1     | 116.00 | Total                       | 3     | 158.00 |

| Daily Balance |                |       |                |       |                |  |
|---------------|----------------|-------|----------------|-------|----------------|--|
| Date          | Ledger balance | Date  | Ledger balance | Date  | Ledger balance |  |
| 10/01         | 3,528.41       | 10/04 | 3,373.41       | 10/07 | 3,489.41       |  |
| 10/02         | 2 400 41       |       |                |       |                |  |

#### Activity Detail

#### Deposits and Other Additions

#### Deposits

| Date<br>posted | Amount | Transaction<br>description | Reference<br>number |
|----------------|--------|----------------------------|---------------------|
| 10/07          | 116.00 | Deposit                    | 046454652           |

#### Checks and Other Deductions

| Chec           | ks and Substitute | Checks |                     | Gap in | check sequence  |        |                     |  |  |
|----------------|-------------------|--------|---------------------|--------|-----------------|--------|---------------------|--|--|
| Date<br>posted | Check<br>number   | Amount | Reference<br>number |        | Check<br>number | Amount | Reference<br>number |  |  |
| 10/04          | 1037 *            | 125.00 | 084531685           | 10/02  | 1038            | 30.00  | 083626014           |  |  |

#### Service Charges and Fees

| Date posted | Amount | Transaction description                 | Re | eference<br>number |
|-------------|--------|---|----|--------------------|
| 10/01       | 3.00   | Service Charge Period Ending 09/30/2019 |    |                    |

### **Business Checking**

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Business Checking Account Number 53-5305 1055 continued

For this Period 10/01/2019 to 10/01/2019

NEC Capitol Area Family Recursors Principly Account Number 53-5905-3056

Page 1 of 3

#### Detail of Services Used During Current Period

Note. The total change for the following pervices will be proted to your account on 5 1901/2009 and vill appear on your mest element as a simple line trent excited Service Change Period Ending 10/31/2019.

| Description                          | Volume | Amount |                              |  |
|--------------------------------------|--------|--------|------------------------------|--|
| Account Maintenance Charge           |        | 00     | Street and the street street |  |
| Combined Transactions                | 3      | .00    | Included in Account          |  |
| Checks Paid                          | 2      | .00    | Included in Account          |  |
| Deposit Yickets Processed            | 1      | .00    | terminations at Accordance   |  |
| Branch - Consolidated Cash Deposited | 1      | 00     | Intelligent on Acceptant     |  |
| Total For Services Used This Period  |        | .000   |                              |  |
| Total Service Charge                 |        | 60     |                              |  |

# NC CAPITAL AREA FAMILY REUNION OF NA PRESENTS

# FIRST FRIDAY OF THE MONTH FUNDRAISER

DANCE AND CARD TOURNMENT

FOOD (sold at cost)

\$5 Donation

**EVENT BEGINS:** 

DECEMBER 6th, 2019

Time 8- until

Men's Healing Transition 1251 Goode St Raleigh, NC immediately following the meeting



Contact Tina S. 704-281-5929 or Jasper L. 919-523-1512

# NC CAPITAL AREA FAMILY REUNION OF NA

Calendar 2019-2020

November - Friday dance

December

6th First Friday Dance

ار Wilson Speaker Jam 21st

January

3<sup>rd</sup> First Friday Dance

) s New Year's Eve

February

1th First Friday Dance

22rd Bowling Battle

March

6<sup>th</sup> First Friday Dance

Speaker Jam

April

3rd First Friday Dance

25 Sponsorship Brunch

May

First Friday Dance

Carnival

June

First Friday Dance

Pledge Clean time Speaker/ Danc



## Capital Area Service Committee Motion Form

| Date:  | 11/3/2019   |  |
|--|---|--|
| Motion made by:                              | Activities Comme  | ittee  |
| Second: Mula                                 | , PR Committee  |  |
| Motion reads as for asking for a la a la rea | Blows: activities con a far far far far far far far far far f | unitee<br>ilit; for the<br>may, This<br>1 4/00 for the |
| Intent: To fut<br>Desovery.                  | her carry the 1<br>Sick and Suffering                         | nessago.<br>additseeking                               |
| Carried                                      | Failed  | Tabled   |
| Amended                                      | Back to<br>Home Groups  | Policy<br>Change                                       |
| For  | Against   | Abstain  |

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