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

**OMB No. 1545-1150**

**2017**

**Open to Public Inspection**

**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 2017 calendar year, or tax year beginning Sep 1, 2017, and ending Aug 31, 2018

#### B. Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Location
- [ ] Ended by other than dissolution
- [ ] Amended return
- [ ] Application pending

#### C. Name of organization:
BLUE STAR MOTHERS OF AMERICA, INC

#### D. Employer identification number:
34-1008973

#### E. Telephone number:
(810) 326-0692

#### F. Group Exemption Number:
1878

#### G. Accounting Method:
- [ ] Cash
- [ ] Accrual
- [ ] Other (specify) ➤

#### I. Website:
WWW.BLUESTARMOTHERS.US

#### J. Tax-exempt status (check only one) ➤
- [ ] 501(c)(3)
- [ ] 501(c)(4) (insert no.)
- [ ] 501(c)(19) or 501(c)(27)
- [ ] 501(c)(4)

#### K. Form of organization:
- [ ] Corporation
- [ ] Trust
- [ ] Association
- [ ] Other

#### L. Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (b) below) are $500,000 or more, file Form 990, 990-EZ, or 990-PF.

### Part I

#### Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

- **Revenue**
  - 1. Contributions, gifts, grants, and similar amounts received ➤
  - 2. Program service revenue including government fees and contracts ➤
  - 3. Membership dues and assessments ➤
  - 4. Investment income ➤
  - 5a. Gross amount from sale of assets other than inventory ➤
  - 5b. Less: cost or other basis and sales expenses ➤
  - 6a. Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) ➤
  - 6b. Less: direct expenses from fundraising events ➤
  - 6c. Net income or (loss) from fundraising events (add lines 6a and 6b and subtract line 6c) ➤
  - 7a. Gross sales of inventory, less returns and allowances ➤
  - 7b. Less: cost of goods sold ➤
  - 8. Other revenue (describe in Schedule O) ➤
  - 9. Total revenue, add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ➤

- **Expenses**
  - 10. Grants and similar amounts paid (list in Schedule O) ➤
  - 11. Benefits paid to or for members ➤
  - 12. Salaries, other compensation, and employee benefits ➤
  - 13. Professional fees and other payments to independent contractors ➤
  - 14. Occupancy, rent, utilities, and maintenance ➤
  - 15. Printing, publications, postage, and shipping ➤
  - 16. Other expenses (describe in Schedule O) ➤
  - 17. Total expenses, add lines 10 through 16 ➤

- **Net Assets**
  - 18. Excess or (deficit) for the year (Subtract line 17 from line 9) ➤
  - 19. Net assets or fund balances at beginning of year (from line 27, column (A) (must agree with end-of-year figure reported on prior year's return) ➤
  - 20. Other changes in net assets or fund balances (explain in Schedule O) ➤
  - 21. Net assets or fund balances at end of year. Combine lines 18 through 20 ➤

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For Paperwork Reduction Act Notice, see the separate instructions: BAA
**Part II** Balance Sheets (see the instructions for Part II)

**Part III** Statement of Program Service Accomplishments (see the instructions for Part III)

**Part IV** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated—see the instructions for Part IV)

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Average hours per week devoted to position</th>
<th>Reportable compensation (IRS Form W-3/1099-MISC)</th>
<th>Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYNDI VENTURA</td>
<td>50.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JUDY DORSEY</td>
<td>2.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ROBIN MCCARTHY</td>
<td>2.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ANNE PARKER</td>
<td>40.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TERESA BULLOCK</td>
<td>30.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHRISTINE BOYD</td>
<td>10.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>LORI THUENE</td>
<td>20.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MADE RUTHERFORD</td>
<td>20.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CARLA BRODACKI</td>
<td>15.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BRENDA ERULLO</td>
<td>40.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ANNE PARKER</td>
<td>0.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

**Expenses** (Required for section 501(c)(3) and 501(c)(4) organizations: optional for others.)

- **28.00**
  - EXPENSES OF PROVIDING ADMINISTRATIVE AND ORGANIZATIONAL SUPPORT FOR OVER 200 LOCAL CHAPTERS AND 3 STATE DEPARTMENTS WHO PROVIDE SUPPORT OF THE US ARMED FORCES AND ITS VETERANS
  - Grants: 0
  - If this amount includes foreign grants, check here.

- **30.00**
  - Other program services (describe in Schedule O)
  - Grants: 0
  - If this amount includes foreign grants, check here.

- **32.00**
  - Total program service expenses (add lines 28a through 31a)

**SUPPORT FOR THE US ARMED FORCES AND ITS VETERANS**

- **SUPPORT FOR THE US ARMED FORCES AND ITS VETERANS**
  - National President 2018-2019 0.00
  - Past National President 0.00
  - 1st Vice President 40.00
  - 2nd Vice President 30.00
  - 3rd Vice President 10.00
  - Recording Secretary 20.00
  - Treasurer 15.00
  - Financial Secretary 40.00
  - See Part IV S sacks 0.00

*REV 10/16/18 PRO*
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 

33 Yes No 

34 Were any significant changes made to the organization’s name or governing documents? If "Yes," attach a conforming copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the change on Schedule O (see instructions). 

34 Yes No 

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 

35a Yes No 

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. 

35b Yes No 

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 

35c Yes No 

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? Complete applicable parts of Schedule N. 

36 Yes No 

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 

37a Yes No 

b Did the organization file Form 1120-POL for this year? 

37b Yes No 

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 

38a Yes No 

39 Section 501(c)(7) organizations. Enter: 

39 Yes No 

a Initiation fees and capital contributions included on line 9. 

39a Yes No 

b Gross receipts, included on line 9, for public use of club facilities. 

39b Yes No 

40a Section 501(c)(9) organizations. Enter amount of tax imposed on the organization during the year under: 

40a Yes No 

b Section 501(c)(9), 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 that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 

40b Yes No 

c Section 501(c)(9), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations engaged in section 4958 excess benefit transactions during the year under sections 4912, 4955, and 4956. 

40c Yes No 

d Section 501(c)(9), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 

40d Yes No 

e 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 Yes No 

41 List the states with which a copy of this return is filed. 

42a The organization’s books and records are in care of: 

42a Yes No 

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the country: 

42b Yes No 

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: 

42c Yes No 

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here if this to file Form 1041. 

43 Yes No 

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 

44a Yes No 

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 

44b Yes No 

c Did the organization receive any payments for indoor tanning services during the year? 

44c Yes No 

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 

44d Yes No 

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 

45a Yes No 

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). 

45b Yes No 

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### Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>47</td>
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<td>X</td>
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</table>

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If “Yes,” complete Schedule C, Part II.

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If “Yes,” complete Schedule E.

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**49b** If “Yes,” was the related organization a section 527 organization?

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#### Table 1:

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and defined compensation</th>
<th>(e) Estimated amount of other compensation</th>
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</thead>
<tbody>
<tr>
<td>None</td>
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**f** Total number of other employees paid over $100,000.

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#### Table 2:

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
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**d** Total number of other independent contractors each receiving over $100,000.

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**52** Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.

Yes | No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

---

**Sign Here**

Signature of either CYNTHIA VENTURA, PRESIDENT

Date 06/25/2019

Type or print name and title

---

**Preparer's signature**

JOSEPH R. CASTELLANO

Date 06/02/2019

Firm's name JOSEPH R. CASTELLANO, CPA, PA

Firm's address 618 CHESTNUT ROAD, SUITE 104, MYRTLE BEACH, SC 29572

Phone no. (843) 839-0922

May the IRS discuss this return with the preparer shown above? See instructions.

Yes | No
---|---

REV 10/16/18 PRO
<table>
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<tr>
<th>Name and Title</th>
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<th>Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>STACY ANDERS FIRST VP 2018-2019</td>
<td>0.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PAULA LOMBARDO SECOND VP 2018-2019</td>
<td>0.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TERI BRECK THIRD VP 2018-2019</td>
<td>0.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>REBECCA STAFFORD RECORDING SEC. 2018-2019</td>
<td>0.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.00</td>
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