

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

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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, Initial return, Final return/terminated, 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 [X] Accrual [ ] Other (specify) [ ] H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.BLUESTARMOTHERS.US

J Tax-exempt status (check only one) - [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] 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 instead of Form 990-EZ. \$ 171,517.

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 156,626 and total expenses are 125,009.

**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	156,133.	<b>22</b> 186,564.
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe in Schedule O)	12,233.	<b>24</b> 12,033.
<b>25</b> Total assets	168,366.	<b>25</b> 198,597.
<b>26</b> Total liabilities (describe in Schedule O)	46,881.	<b>26</b> 45,495.
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	121,485.	<b>27</b> 153,102.

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

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

What is the organization's primary exempt purpose? SUPPORT FOR THE US ARMED FORCES AND ITS VETERANS

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

<b>28</b> 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 <input type="checkbox"/>	<b>28a</b>	106,062.
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>	106,062.

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CYNDI VENTURA NATIONAL PRESIDENT	50.00	0.	0.	0.
JUDY DORSEY PAST NATIONAL PRESIDENT	2.00	0.	0.	0.
ROBIN MCCARTHY PAST NATIONAL PRESIDENT	2.00	0.	0.	0.
ANNE PAEKER 1ST VICE PRESIDENT	40.00	0.	0.	0.
TERESA BULLOCK 2ND VICE PRESIDENT	30.00	0.	0.	0.
CHRISTINE BOYD 3RD VICE PRESIDENT	10.00	0.	0.	0.
LORI THUEME 4TH VICE PRESIDENT	20.00	0.	0.	0.
KADE RUTHERFORD RECORDING SECRETARY	20.00	0.	0.	0.
CARLA BRODACKI TREASURER	15.00	0.	0.	0.
BRENDA ERNULLO FINANCIAL SECRETARY	40.00	0.	0.	0.
ANNE PARKER NATIONAL PRESIDENT 2018-2019	0.00	0.	0.	0.
See Part IV Stmt	0.00	0.	0.	0.

Part 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 [X]

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
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.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization...
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee...
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction...
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons...
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of CARLA BRODACKI Telephone no. (810) 326-0692
42b 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...
42c At any time during the calendar year, did the organization maintain an office outside the United States?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 46 Yes No X

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 . . . . .

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 . . . . . 47 Yes No X

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

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

b If "Yes," was the related organization a section 527 organization? . . . . . 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains 'NONE'.

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

d Total number of other independent contractors each receiving over \$100,000 . . . . .

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . . . . . X Yes No

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 officer: CYNTHIA VENTURA, PRESIDENT Date: 06/25/2019

Paid Preparer Use Only Print/Type preparer's name: JOSEPH R. CASTELLANO Preparer's signature: JOSEPH R. CASTELLANO Date: 06/02/2019 Check self-employed: PTIN: P00691089 Firm's name: JOSEPH R CASTELLANO, CPA, PA Firm's EIN: 80-0003621 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 . . . . . X Yes No

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Part IV: List of Officers, Directors, Trustees, and Key Employees**

**Continuation Statement**

Name and Title	Average hours per week devoted to position	Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	Health benefits, contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
STACY ANDERS FIRST VP 2018-2019	0.00	0.	0.	0.
PAULA LOMBARDO SECOND VP 2018-2019	0.00	0.	0.	0.
TERI REECE THIRD VP 2018-2019	0.00	0.	0.	0.
REBECCA STAFFORD RECORDING SEC. 2018-2019	0.00	0.	0.	0.
	<b>0.00</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>