

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning _____, and ending _____	
B Check if applicable:	C Name of organization THE EDITH BOLLING WILSON BIRTHPLACE
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 45 EAST MAIN STREET
<input type="checkbox"/> Name change	City or town State ZIP code WYTHEVILLE VA 24382
<input type="checkbox"/> Initial return	Foreign country name Foreign province/state/county Foreign postal code
<input type="checkbox"/> Final return/terminated	D Employer identification number 20-5726243
<input type="checkbox"/> Amended return	E Telephone number 276-223-3484
<input type="checkbox"/> Application pending	F Group Exemption Number ▶

G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____	H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ▶ EDITHBOLLINGWILSON.ORG	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **88,479.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) **X**
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	71,679.	
	2 Program service revenue including government fees and contracts	2	10,554.	
	3 Membership dues and assessments	3		
	4 Investment income	4	253.	
	5a Gross amount from sale of assets other than inventory	5a		
	b Less: cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c		
	6 Gaming and fundraising events:			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
b 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			
c Less: direct expenses from gaming and fundraising events	6c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a Gross sales of inventory, less returns and allowances	7a	5,843.		
b Less: cost of goods sold	7b	3,607.		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	2,236.		
8 Other revenue (describe in Schedule O)	8	150.		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	84,872.		
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10		
	11 Benefits paid to or for members	11		
	12 Salaries, other compensation, and employee benefits	12	56,870.	
	13 Professional fees and other payments to independent contractors	13	2,594.	
	14 Occupancy, rent, utilities, and maintenance	14	2,280.	
	15 Printing, publications, postage, and shipping	15	2,616.	
	16 Other expenses (describe in Schedule O)	16	19,422.	
17 Total expenses. Add lines 10 through 16 ▶	17	83,782.		
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	1,090.	
	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)	19	109,681.	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	(64.)	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	110,707.	

For Paperwork Reduction Act Notice, see the separate instructions.

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
22 Cash, savings, and investments	102,499.	22 110,425.
23 Land and buildings		23
24 Other assets (describe in Schedule O)	83,276.	24 46,176.
25 Total assets	185,775.	25 156,601.
26 Total liabilities (describe in Schedule O)	76,094.	26 45,894.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	109,681.	27 110,707.

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.

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

What is the organization's primary exempt purpose? SEE SCHEDULE O
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.

28 THE ORGANIZATION ENGAGED WITH 4150 PEOPLE, INCLUDING 3350 VISITORS TO THE MUSEUM AND 800 THROUGH OUTREACH CONTINUED ON SCHEDULE O (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	61,961.
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	61,961.

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
ANNE EVANS CHAIR	Hr/WK 15		0	
LORRI HUFFARD VICE CHAIR	Hr/WK 5		0	
JUDSON LAMBERT TREASURER	Hr/WK 3		0	
LISA ALDERMAN SECRETARY	Hr/WK 3		0	
SUSAN AMOS BOARD MEMBER	Hr/WK 2		0	
KAY DUNKLEY BOARD MEMBER	Hr/WK 2		0	
JANIE HARDEN BOARD MEMBER	Hr/WK 2		0	
PEGGY WHITE BOARD MEMBER	Hr/WK 2	0	0	
SCOT FARTHING BOARD MEMBER	Hr/WK 2			
	Hr/WK			
	Hr/WK			
	Hr/WK			

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.

		Yes	No
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.		X
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 change on Schedule O. See instructions		X
35 a	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)?		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
35 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.		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		X
38 a	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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
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 ▶ _____		
b	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 that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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	X
41	List the states with which a copy of this return is filed. ▶ _____		
42 a	The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 276-223-3484 Located at ▶ 145 EAST MAI City WYTHEVILLE ST VA ZIP + 4 ▶ 24382		
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 foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
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	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	X
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	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	45b	X

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. Yes No
46

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. Yes No
47

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

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

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."

(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
Name NONE				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			

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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name NONE		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

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. ▶ 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 Date
4-21-20
 Signature of officer VICE CHAIR
 LORRI HUFFARD

Paid Preparer Use Only Check if self-employed
 Print/Type preparer's name Preparer's signature Date PTIN
 LESLIE E FARTHING CPA LESLIE E FARTHING C P01055050
 Firm's name ▶ LESLIE E FARTHING CPA Firm's EIN ▶ 47-1073807
 Firm's address ▶ 845 BLACK LICK ROAD WYTHEVILLE VA 24382- Phone no. 276-620-5254

May the IRS discuss this return with the preparer shown above? See instructions. ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

Name of the organization THE EDITH BOLLING WILSON BIRTHPLACE	Employer identification number 20-5726243
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete **Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete **Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete **Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete **Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	54960.	48577.	62991.	53983.	71679.	292190.
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	23480.	8169.	31158.	12993.	16547.	92347.
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	78440.	56746.	94149.	66976.	88226.	384537.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	15000.	25025.	22500.	25950.	35000.	123475.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	15000.	25025.	22500.	25950.	35000.	123475.
8 Public support. (Subtract line 7c from line 6.)						261062.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	78440.	56746.	94149.	66976.	88226.	384537.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				401.	253.	654.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				401.	253.	654.
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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	78440.	56746.	94149.	67377.	88479.	385191.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

THE EDITH BOLLING WILSON BIRTHPLACE

Employer identification number

20-5726243

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)3 (enter number) organization

4947(a)1 nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)3 exempt private foundation

4947(a)1 nonexempt charitable trust treated as a private foundation

501(c)3 taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **THE EDITH BOLLING WILSON BIRTHPLACE** Employer identification number **20-5726243**

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CARY FULLER TRUST 2923 BELLEVUE TERRACE WASHINGTON DC 20016- Foreign State or Province: _____ Foreign Country: _____	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SMITH DOWNTOWN LLC 395 CHAPMAN ROAD WYTHEVILLE VA 24382- Foreign State or Province: _____ Foreign Country: _____	\$ 29,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	ELIZABETH EVANS PO BOX 446 URBANNA VA 23175- Foreign State or Province: _____ Foreign Country: _____	\$ 20,210.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE EDITH BOLLING WILSON BIRTHPLACE	Employer identification number 20-5726243
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	USE OF THE FOLLOWING FACILITIES RENOVATED MUSEUM SPACE BOLLING HOMEPLACE STORAGE SPACE	\$ 29,460.	01/01/2019
3	200 SHARES OF STOCK YUM BRANDS INC STOCK	\$ 20,210.	12/30/2019
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2019

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

THE EDITH BOLLING WILSON BIRTHPLACE

20-5726243

FORM 990EZ, PART I, LINE 8 OTHER REVENUE

ROYALTIES \$150

FORM 990EZ, PART I, LINE 16 OTHER EXPENSES

PROGRAM \$1209; PAYROLL TAXES \$4183; WORKERS COMP \$220;

SUPPLIES \$961; TELECOMMUNICATIONS \$2473; MARKETING \$2841;

TRAVEL \$80; VOL APPRECIATION \$184; INSURANCE \$2115; BUS REG

AND FEES \$275; DUES \$936; BANK FEES \$370; DEPRECIATION \$3575

FOR 990EZ, PART I, LINE 20 OTHER CHANGES IN NET ASSETS

UNREALIZED LOSS FROM STOCK GIVEN TO THE MUSEUM

AS A DONATION

FORM 990EZ, PART II, LINE 24 OTHER ASSETS

INVENTORY \$6012; PROMISED USE OF BUILDING \$29460

FURN AND FIXTURES (NET) \$4048; MUSEUM EXHIBITS (NET) \$6656

FORM 990EZ, PART II, LINE 26 TOTAL LIABILITIES

ACCOUNTS PAYABLE \$815; GRANT ADVANCES \$15000;

PAYROLL LIABILITIES \$619; TEMP REST CONTRIBUTION INC \$29460

FORM 990EZ, PART III, ORGANIZATIONS PRIMARY EXEMPT PURPOSE

TO HONOR THE APPALACHIAN HISTORY, LEADERSHIP, AND LEGACY OF

FIRST LADY EDITH BOLLING WILSON THROUGH THE PRESERVATION AND

INTERPRETATION OF HER LIFE AND BIRTHPLACE.

Name of the organization

Employer identification number

THE EDITH BOLLING WILSON BIRTHPLACE

20-5726243

FORM 990 EZ, PART III, LINE 28 PROGRAM ACCOMPLISHMENTS CONT

PROGRAMS IN SCHOOLS AND THE COMMUNITY. PERSONS BENEFITED

INCLUDED TEACHERS, STUDENTS, BOY SCOUTS, GIRL SCOUTS,

SENIORS, AND THE GENERAL PUBLIC AS TOURISTS.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

Attachment
Sequence No. 179

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return THE EDITH BOLLING WILSON B	Business or activity to which this form relates CHARITABLE FOUNDATION	Identifying number 20-5726243
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562.	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2019	17	3,575
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20 a Class life					
b 12-year			12 yrs.		S/L
c 30-year			30 yrs.	MM	S/L
d 40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,575
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Gross Profit on Sales of Inventory

US 990

990-EZ: Page 1, Line 7; 990-PF: Page 12, Line 10

2019

Description	Gross sales less returns	Cost of goods sold	Gross profit
STORE SALES	5,843.	3,607.	2,236.
	5,843.	3,607.	2,236.

US

Detail Sheet

2019

Name: THE EDITH BOLLING WILSON BIRTHPLACE

ID: 20-5726243

Description: OCCUPANCY RENT UTILITIES MAINTENANCE

Type	Amount
FACILITIES AND EQUIPMENT	31,740.
LESS IN KIND LEASE	(29,460.)
Total	2,280.

For calendar year 2018 or tax year beginning _____ and ending _____

Name: THE EDITH BOLLING WILSON BIRTHPLACE EIN: 20-5726243
Name line 2: FOUNDATION
Address: 145 EAST MAIN STREET Telephone No: 276-223-3484
City, State, and Zip Code: WYTHEVILLE VA 24382

Email address
Web site address: EDITHBOLLINGWILSON.ORG
Fiduciary name, if applicable
Name of officer signing return: LORRI HUFFARD
Title of officer/trustee/fiduciary signing return: VICE CHAIR
Group exemption number
Check if exemption application is pending
Accounting method: Cash: Accrual: X Other: Specify:
List states desired

Type of exempt organization:

- Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)
[X] Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year (Form 990-EZ)
Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)
Exempt organization with unrelated business income (Form 990-T)

Preparer ID: LESLIE
Preparer name: LESLIE E FARTHING CPA
Firm's name: LESLIE E FARTHING CPA
Address: 845 BLACK LICK ROAD
City, State, ZIP Code: WYTHEVILLE VA 24382-

Time in this return: 196 minutes
Date:
PTIN: P01055050
Self-employed: X
Firm's EIN: 47-1073807
Phone: 276-620-5254

2019 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Use Spec.	Bus. 179+	Basis	Method	Rec. Per. Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/Price	Sales Price	Date Sold
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Form: CHARITABLE FOUNDATION

Rental Property: N/A

Depreciation Class: Furniture and fixtures nonrental

In Service Year: 2008

NEW DISPLAY	06/08	143	100		143	200 DB	7.0 HY	111			143				
SIGNS	06/08	300	100		300	200 DB	7.0 MM	242			300				
USED DESK AN	01/08	250	100		250	200 DB	7.0 MM	194			250				
FILE CABINET	01/08	250	100		250	200 DB	7.0 HY	194			250				
MICROWAVE	01/08	50	100		50	200 DB	7.0 HY	45			50				
2 ANTIQUE DI	01/08	400	100		400	200 DB	7.0 HY	311			400				
USED CHAIRS	01/08	150	100		150	200 DB	7.0 HY	117			150				
CHAIRS FROM	01/08	100	100		100	200 DB	7.0 HY	78			100				
REFRIGERATOR	01/08	150	100		150	200 DB	7.0 HY	117			150				
6 DISPLAY CA	01/08	1500	100		1500	200 DB	7.0 HY	1168			1500				
		3293			3293			2577			3293				

In Service Year: 2009

6 FOOT TABLE	09/09	49	100		49	200 DB	7.0 HY	37			49				
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In Service Year: 2014

CHAIRS CALCU	08/14	304	100		304	MACRS	7.0 HY	235	27	27	211	37			
STATE INFO:		304			304	MACRS	7.0 HY	235	27	27	211	37			

In Service Year: 2016

WIRELESS MIC	09/16	718	100		359	MACRS	7.0 HY	561	45	32	561	45			
STATE INFO:		718			718	MACRS	7.0 HY	405	90	64	322	88			

In Service Year: 2018

SIGN	11/18	2715	100		2715	MACRS	7.0 HY	388	665	475	291	519			
STATE INFO:		2715			2715	MACRS	7.0 HY	388	665	475	291	519			

2019 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. Use	179+ Spec.	Basis	Method	Rec. Per. Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/Price	Sales Price	Date Sold
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Depreciation Class: Machinery and equipment other

In Service Year: 2008

SECURITY SYS	06/08	323	100		323	200 DB	7.0 HY	305			323				
COMPUTER AND	01/08	250	100		250	200 DB	7.0 HY	229			250				
		573			573			534			573				

In Service Year: 2009

FAX COPIER	09/09	259	100		259	200 DB	7.0 HY	244			259				
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In Service Year: 2014

MUSEUM EXHIB	09/14	22575	100		22575	MACRS	10.0 HY	14255	1664	1479	11723	1973			
STATE INFO:		22575			22575	MACRS	10.0 HY	14255	1664	1479	11723	1973			

Depreciation Class: Office equipment

In Service Year: 2014

COMPUTER MON	02/14	1349	100		1349	MACRS	7.0 HY	1047	120	120	935	165			
STATE INFO:		1349			1349	MACRS	7.0 HY	1047	120	120	935	165			
XEROX COPIER	02/14	5142	100		5142	MACRS	7.0 HY	3994	459	459	3568	630			
STATE INFO:		5142			5142	MACRS	7.0 HY	3994	459	459	3568	630			
CAMERA	03/14	230	100		230	MACRS	7.0 HY	179	21	21	160	28			
STATE INFO:		230			230	MACRS	7.0 HY	179	21	21	160	28			
COMPUTERS SO	04/14	5703	100		5703	MACRS	7.0 HY	4430	509	509	3957	699			
STATE INFO:		5703			5703	MACRS	7.0 HY	4430	509	509	3957	699			
VACUUM CLEAN	08/14	248	100		248	MACRS	7.0 HY	192	22	22	171	30			
STATE INFO:		248			248	MACRS	7.0 HY	192	22	22	171	30			
MUSEUM BENCH	09/14	277	100		277	MACRS	7.0 HY	216	25	25	193	34			
STATE INFO:		277			277	MACRS	7.0 HY	216	25	25	193	34			
		12949			12949			10058	1156	1156	8984	1586			

2019 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. Use	179+ Spec.	Basis	Method	Rec. Per. Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/Price	Sales Price	Date Sold
In Service Year: 2015															
GIFT NOOK TA	09/15	158	100		158	MACRS	5.0 HY	131	18	9	118	26			
Form Totals:		43593			43234			29020	3575	3178	26062	4186			

**Worksheet for States Not Conforming to
US Bonus Depreciation or Increased Section 179 Deduction 2019**

Name: _____

EIN: _____

For accuracy, you **MUST** use depreciation worksheets for all depreciable assets.
Positive amounts are state additions. Negative amounts are state subtractions.

A1 Depreciation adjustment. Federal depreciation minus state depreciation	(45.)
A2 Section 179 adjustment. Federal section 179 minus state section 179	
A Total depreciation adjustment	(45.)
B Sales adjustment. State sale minus Federal sale. Installment sale adjustments are included in full in the year of sale	
C Total state adjustment	(45.)

States Adding Back All or a Percentage of the Bonus Depreciation

1 Special depreciation deducted on the 2014 tax return from Form 4562 and K1s	
2 Special depreciation deducted on the 2015 tax return from Form 4562 and K1s	
3 Special depreciation deducted on the 2016 tax return from Form 4562 and K1s	
4 Special depreciation deducted on the 2017 tax return from Form 4562 and K1s	
5 Special depreciation deducted on the 2018 tax return from Form 4562 and K1s	
6 Special depreciation deducted on the 2019 tax return from Form 4562 and K1s	

States Adding Back All or a Percentage of the Additional Section 179 Deduction

1 Section 179 election on the 2014 tax return	
2 Section 179 election on the 2015 tax return	
3 Section 179 election on the 2016 tax return	
4 Section 179 election on the 2017 tax return	
5 Section 179 election on the 2018 tax return	
6 Section 179 election on the 2019 tax return	

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury
Internal Revenue Service

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20_____
▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2019

Name of exempt organization

THE EDITH BOLLING WILSON BIRTHPLACE

Employer identification number

20-5726243

Name and title of officer

LORRI HUFFARD

VICE CHAIR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
2a	Form 990-EZ check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	84,872
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize LESLIE E FARTHING CPA to enter my PIN 32019 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54331364551

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ LESLIE E. FARTHING

Date ▶ 04/09/2020

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**