

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

## Return of Organization Exempt From Income Tax

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.  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
2015  
**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization CAMDEN COMMUNITY CRISIS CENTER INC  Doing business as DBA CAMDEN HOUSE  Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 5159  City or town, state or province, country, and ZIP or foreign postal code ST MARYS, GA 31558	<b>D</b> Employer identification number 58-1775898  <b>E</b> Telephone number (915) 882-7858  <b>G</b> Gross receipts \$ 494,578
<b>F</b> Name and address of principal officer TWYLA GREEN		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <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		
<b>J</b> Website: ▶		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation <b>M</b> State of legal domicile

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities TO AID, SHELTER AND COUNSEL ABUSED SPOUSES AND CHILDREN  <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets  <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> 8 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 8 <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . . <b>5</b> 18 <b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> 0 <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . <b>7b</b>															
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . . <b>9</b> Program service revenue (Part VIII, line 2g) . . . . . <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Prior Year</th> <th style="width: 50%;">Current Year</th> </tr> </thead> <tbody> <tr><td></td><td style="text-align: right;">469,678</td></tr> <tr><td></td><td style="text-align: right;">0</td></tr> <tr><td></td><td style="text-align: right;">0</td></tr> <tr><td></td><td style="text-align: right;">0</td></tr> <tr><td></td><td style="text-align: right;">469,678</td></tr> </tbody> </table>	Prior Year	Current Year		469,678		0		0		0		469,678		
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<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . . <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . . <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,191 <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td></td><td style="text-align: right;">0</td></tr> <tr><td></td><td style="text-align: right;">0</td></tr> <tr><td></td><td style="text-align: right;">231,028</td></tr> <tr><td></td><td style="text-align: right;">0</td></tr> <tr><td></td><td style="text-align: right;">193,522</td></tr> <tr><td></td><td style="text-align: right;">424,550</td></tr> <tr><td></td><td style="text-align: right;">45,128</td></tr> </tbody> </table>		0		0		231,028		0		193,522		424,550		45,128
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<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . . <b>21</b> Total liabilities (Part X, line 26) . . . . . <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Beginning of Current Year</th> <th style="width: 50%;">End of Year</th> </tr> </thead> <tbody> <tr><td style="text-align: right;">438,779</td><td style="text-align: right;">450,484</td></tr> <tr><td style="text-align: right;">59,494</td><td style="text-align: right;">26,071</td></tr> <tr><td style="text-align: right;">379,285</td><td style="text-align: right;">424,413</td></tr> </tbody> </table>	Beginning of Current Year	End of Year	438,779	450,484	59,494	26,071	379,285	424,413						
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**Part II Signature Block**

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

<b>Sign Here</b>	***** Signature of officer TWYLA GREEN EXECUTIVE DIRECTOR Type or print name and title	2017-01-11 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARYANN MAGERS	Preparer's signature MARYANN MAGERS	Date 2017-02-13	Check <input type="checkbox"/> if self-employed PTIN P00713367	Firm's name ▶ MAGERS & ASSOCIATES LLC Firm's EIN ▶ Firm's address ▶ 165 WELLS RD STE 405 ORANGE PARK, FL 320733037
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