Form

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.

2014 Open to Public Inspection

OMB No. 1545-0047

<u>A</u> _	For the 2014	calendar year, or tax year beginning , and ending					
В	Check if applicable:	C Name of organization		D Employer	identification number		
Ш	Address change	1901 CHURCH					
	Name change	Doing business as Number and street (or P.O. box if mail is not delivered to street address)			888918		
	Initial return	PO BOX 163	Room/suite	E Telephone	629-9201		
\Box	Final return/	City or town, state or province, country, and ZIP or foreign postal code			<u> </u>		
	terminated	JENNERSTOWN PA 15547		G Gross rece	eipts\$ 140,810		
	Amended return	F Name and address of principal officer:		<u> </u>			
	Application pending	TERESA STOUGHTON MARAFINO	H(a) Is this a gro	oup return for su	bordinates? Yes X No		
		PO BOX 163	H(b) Are all sub	ordinates inclu	ıded? Yes No		
		JENNERSTOWN PA 15547	If "No,	" attach a list.	(see instructions)		
ı	Tax-exempt status						
J	Website:	WWW.STEEPLESPROJECT.ORG	H(c) Group exe	mption numbe	r >		
ĸ	Form of organization	n: X Corporation Trust Association Other ► L	Year of formation:		M State of legal domicile:		
F	artl S	ummary					
	1 Briefly	describe the organization's mission or most significant activities:					
æ	TO	CONSERVE FOUR THREATENED, HISTORICALLY SIGNIFICANT	FORMER CH	URCH			
auc	BUI	LDINGS BY FINDING SUSTAINABLE REUSES FOR THEM THAT	CONTRIBUT	E TO A	ND		
erı	ENH	ANCE THE LOCAL COMMUNITY'S QUALITY OF LIFE.					
Activities & Governance	2 Check t	his box ▶ ☐ if the organization discontinued its operations or disposed of more than	25% of its net as	sets.			
ಶ		r of voting members of the governing body (Part VI, line 1a)		3	_11		
ies	4 Numbe	r of independent voting members of the governing body (Part VI, line 1b)		4	11		
ĬΣ	5 Total nu	ımber of individuals employed in calendar year 2014 (Part V, line 2a)		. 5	0		
Act		ımber of volunteers (estimate if necessary)		6	_15		
	B C	related business revenue from Part VIII, column (C), line 12			0		
	b Net unr	elated business taxable income from Form 990-T, line 34			0		
	O Comtrib	utions and grants (Dort VIII line 4h)	Prior Ye		Current Year		
ne	8 Contrib	utions and grants (Part VIII, line 1h)	/	$\frac{4,110}{2,041}$	117,907		
Revenue	9 Program	n service revenue (Part VIII, line 2g)	<u> </u>	2,041	22,903 0		
8e	10 investi	nent income (Part VIII, column (A), lines 3, 4, and 7d)					
		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,151	140 010			
_		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3)	 	0,131	140,810		
		a noid to or for members (Part IV, column (A), line 4)			0		
	4- 4- 4	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0		
Expenses	16a Profess	innel fundacione foce (Dert IV, column (A), line 44e)			0		
ben	h Total fu	and a single of the single of					
찣	17 Other e	xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9	9,941	90,867		
		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		9,941	90,867		
		e less expenses. Subtract line 18 from line 12		3,790	49,943		
5 6			Beginning of Cu		End of Year		
Net Assets or	20 Total as	sets (Part X, line 16)	14	4,263	184,012		
AS	21 Total lia	bilities (Part X, line 26)		2,916	42,722		
		ets or fund balances. Subtract line 21 from line 20	9	1,347	141,290		
F	Part II S	ignature Block					
		f perjury, I declare that I have examined this return, including accompanying schedules and state			owledge and belief, it is		
tr	rue, correct, and	complete. Declaration of preparer (other than officer) is based on all information of which prepare	r nas any knowledg	ge.			
Sig		Signature of officer	_	Date			
He	re	TERESA STOUGHTON MARAFINO CHAI	R				
		Type or print name and title	T = -	<u> </u>			
D-:	أدا	pe preparer's name Preparer's signature	Date	Check	if PTIN		
Pai	THAT	ICE A. SHOOK, CPA		/15 self-em			
	parer Firm's r		F	irm's EIN	36-4775872		
US	e Only	637 FERNDALE AVENUE, SUITE 100			014 000 1511		
_	Firm's a		F	hone no.	814-288-1544		
Ma	y the IRS discu	uss this return with the preparer shown above2 (see instructions)			X Yes No		

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Pa		Service Accomplishments	- in this Daw III		
		ontains a response or note to any line	e in this Part III		<u> </u>
T B	UILDINGS BY FINDING	HON: HATENED, HISTORICALLY SUSTAINABLE REUSES FO MMUNITY'S QUALITY OF L	R THEM THAT		
ت	MIRIOE THE LOCAL CO.		TT 1. 11 *		
2	nrior Form 000 or 000 E72	nificant program services during the year which			Yes X No
3		or make significant changes in how it condu			Yes X No
4	If "Yes," describe these changes on So	chedule O. ervice accomplishments for each of its three l		as measured by	
·		(4) organizations are required to report the a			
	(Code:) (Expenses \$	67,668 including grants of \$ EATENED, HISTORICALLY	CTCNTETCANT) (Revenue \$)
	UILDINGS.	EATENED, HISTORICALLY	SIGNIFICANI	FORMER C	HURCH
	·				•••••
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	·				
	*				• • • • • • • • • • • • • • • • • • • •
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	*		• • • • • • • • • • • • • • • • • • • •		······

4d	Other program services (Describe in Se (Expenses \$	chedule O.) including grants of \$) (Revenue \$)
	Total program service expenses	67,668			

	rt IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	· 		
J	candidates for public office? If "Ves." complete Schedule C. Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	- -		
•	election in effect during the tay year? If "Ves." complete Schedule C. Bart II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	- 4		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	.		
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes " complete Schedule D. Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
)	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		1	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
)	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	•	Х
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
¢	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	. 11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	X
а	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		٠,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			٦,
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X
-	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.46		v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	ļ	X
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	. 10	<u> </u>	-77
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	·		- 11
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		43
		19		X
a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Χ 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Χ Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Х 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee. substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Χ 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions); A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28b X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 X complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 34 or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of ite activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note, All Form 990 filers are required to complete Schedule O Form 990 (2014)

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Pa	Statements Regarding Other IRS Filings and Tax Compliance	,				
	Check if Schedule O contains a response or note to any line in this Part V				1	T
4	Enter the number reported in Day 2 of Form 1000 Fater 0 if not applicable	ا ما	^		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	0	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		-		
_	reportable gaming (gambling) winnings to prize winners?			4.		37
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		· · · · · · · · · · · · · · · · · · ·	1c		X
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		111111111111
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	o		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir	ancial				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filling requirements for FinGEN Form 114, Report of Foreign Bank and Financial /	Accoun	ts			
	(FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	************************	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions are transfer and the distribution of the contribution of t	ons or		1		
-	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for a					
а	and services provided to the payor?	gaaas		7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?		•••••••••••	7b	-	<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	. , . ,		10		
Ü	required to file Form 8282?			76		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ed by th	ne			
	aparticular and a second a second and a second a second and a second a		,	8		
9	Sponsoring organizations maintaining donor advised funds.					
а					-	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		: :::::::::::::::::::::::::::::::::::::
10	Section 501(c)(7) organizations. Enter:	144-				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b		-		:
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100				
11	Section 501(c)(12) organizations. Enter:	11a				
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources	114				
b	S. If an House Y	11b				
400	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Forr		?	12a	1	
12a b	If "Yes." enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	ts the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			[
Ь	Enter the amount of reserves the organization is required to maintain by the states in which		1			
	the organization is licensed to issue qualified health plans	13b		_		
C	Enter the amount of reserves on hand	13 _G				37
142	Did the prognization receive any payments for indoor tanning services during the tax year?			148		X
h	If "Yes " has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	<u></u>	146	-	

Form	990 (2014) 1901 CHURCH	25-1888918					age 6
Pa	rt VI Governance, Management, and Disclosure For each "	Yes" response to lines 2 throug	gh 7b	below, and	for a "	No"	
	response to line 8a, 8b, or 10b below, describe the circumstar	ices, processes, or changes in	Sche	dule O. See	instr	uction	IS.
	Check if Schedule O contains a response or note to any line in	this Part VI		<u>, , , , , , , , , , , , , , , , , , , </u>			X
Sec	tion A. Governing Body and Management						
			_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax		1a	11			
	If there are material differences in voting rights among members of the governir	g body, or					
	if the governing body delegated broad authority to an executive committee or significant committee or significant committees or significant committe	nilar	J		,		
	committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are indepe		1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a	business relationship with					
_	any other officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily perfo	•					İ
	supervision of officers, directors, or trustees, or key employees to a manageme				3		X
4	Did the organization make any significant changes to its governing documents s	·	<i></i> .		4		X
5	Did the organization become aware during the year of a significant diversion of the constitution have provided as a startification.	ne organization's assets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the	e power to elect or appoint					37
L	one or more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to app	rovai by) members,					37
	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written	octions undertaken during the year		o following:	7b		X
8	The governing body?	actions undertaken during the year	աթա	e following.	8a	X	
a b	Each committee with authority to act on behalf of the governing body?	•••••		• • • • • • • • • • • • •	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section	A who cannot be reached at				-11	
•	the organization's mailing address? If "Yes," provide the names and addresses				9		х
Sec	tion B. Policies (This Section B requests information about polic				de.)		
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		Х
b	If "Yes," did the organization have written policies and procedures governing the	activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organi				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members				11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review to	his Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line				12a		X
b	Were officers, directors, or trustees, and key employees required to disclose an		to co	nflicts?	12b		ļ
¢	Did the organization regularly and consistently monitor and enforce compliance	with the policy? If "Yes,"					
					12c		
13					13	-	X
14	Did the organization have a written document retention and destruction policy?				14		Х
15	Did the process for determining compensation of the following persons include	a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation				150		X
а	The organization's CEO, Executive Director, or top management official				15a 15b		X
b			• • • • • •		130		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions Did the organization invest in, contribute assets to, or participate in a joint venture.						
16a	-				16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the or	ganization to evaluate its					
U	participation in joint venture arrangements under applicable federal tax law, and	take steps to safeguard the					
	organization's exempt status with respect to such arrangements?				16b	<u> </u>	
Sec	etion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed N	ONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if appli-	cable), 990, and 990-T (Section 50	1(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check a	II that apply.					
	Own website X Another's website X Upon request Uther (e	xplain in Schedule O)		_			
19	Describe in Schedule O whether (and if so, how) the organization made its gov	erning documents, conflict of intere	est pol	icy, and			
	financial statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses	the organization's books and reco	ras: 🕨				
\mathbf{T}	ERESA MARAFINO PO BOX 264			0.7			3 O O

PA 15547

DAA

25-1888918

Form 990 (2014) 1901 CHURCH Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII

Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- . List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order; individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if neither the orga	anization nor any	/ reia	itea	orga	iniza	tion co	omr	pensated any current office	r, director, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				e than on is both a or/trustee	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(44-211030-41100)	organization and related organizations
(1) RICHARD BURKERT	0.00						7			
BOARD MEMBER	0.00	X	<u> </u>	'			!	0	0	0
(2) BRAD CLEMENSON	'	'	'	'		11	. !		1	<u></u>
	0.00	ا ج. ا	'	'			. '		1	1
BOARD MEMBER (3) WALTER FREIDHOF	0.00	X	 '	₩'	+-	+++		0	0	0
(3) WALLER PRETUROR	0.00		'				. ,	1	1	1
BOARD MEMBER	0.00	X	'				. !	ol	ol	0
(4) FRANK JANKOVIC						\Box	\neg		1	
	0.00	1	'	'			. 1	!	1	1
BOARD MEMBER	0.00	X	⊥_'	'			'	0	0	0
(5) TERESA STOUGHTON	1	10	['	'			. 1		1	1
	0.00	. !	'				. !	1	1	1
BOARD CHAIR	0.00	X	—'	X	—	++	'	0	0	0
(6) GARY MATOLYAK	1 2 20 '	'	'	1			. !	1	1	1
BOARD MEMBER	0.00	$ \mathbf{x} $	'	'				0	0	0
(7) JAMES MAUST	0.00	1	+	 	+	++				<u> </u>
(1) 0 11110 111100 1	0.00	'	'				,	1	1	
BOARD MEMBER	0.00	X	['				· !	0	0	0
(8) KIM RAUCH					Γ					
	0.00	. _'	'				i i	_'	1	
BOARD MEMBER	0.00	X	₩'	<u> </u>	4	11	<u> </u>	0	0	0
(9) KEVIN ROZICH	1 '	'	'				i i	'	1	
	0.00	\	'				i i	0		0
BOARD MEMBER (10) SHANA STILES	0.00	X	 	 	+	+-+	'	<u> </u>		<u> </u>
(10) STAMA SITUES	0.00	'					,	1	1	
BOARD MEMBER	0.00	X				1 1	, ; (0	0	0
(11) BARBARA ZABOROWS					\top	1	,			
(• • • • • • • • • • • • • • • • • • •	0.00	1						1		
BOARD MEMBER	0.00	X			\perp			0	0	0 000
										- 000

Par	VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	d Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any	bo	x, unie	Pos check ess pe	rson i	than o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12)											
(13)											
(14)											
(15)											
(16)											
(17)											
(18)											
(19)											
1b	Sub-total							<u> </u>			
c d 2	Total from continuation she Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ets to Part VII,	Sect	ion A	۹ 			>	e) who received more than	1 \$100,000 of	
4	Did the organization list any fo employee on line 1a? If "Yes," For any individual listed on line organization and related organ	' complete Sche e 1a, is the sum	dule of re	J for	suc able	h ind com	dividu ipens	ual satio	on and other compensation	rfrom the	3 X
5	individual Did any person listed on line 1 for services rendered to the or	rganization? If "Y	rue (com	pens	ation	n fror	n ar ile J	ny unrelated organization o for such person	r individual	5 X
1	on B. Independent Contractor Complete this table for your five compensation from the organi	ve highest comp ization. Report c	ensa omp	ated ensa	inde _l	penc for t	lent o	conti	dar year ending with or wit	hin the organization's tax y	rear.
	Name and business address							-	Descri	(B) ption of services	Compensation
2	Total number of independent received more than \$100,000	contractors (incli	uding n froi	g but m the	not e org	limit janiz	ed to	tho	se listed above) who	0	

		(2014) 1901 CHURC					25-1888918		Page 9				
Pa	Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII												
		Check if Schedule	O cor	itains a	response	Or note to any line (A) Total revenue	IN THIS PART VIII (B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections				
(D (A)			1 .				revenue	***************************************	512-514				
		Federated campaigns											
200		Membership dues											
An		c Fundraising events 1c											
윤힐		Related organizations			500								
S.E		Government grants (contributions)	1e		2,450								
Program Service Revenue Contributions, Giffs, Grants and Other Similar Amounts	f	f All other contributions, gifts, grants, and similar amounts not included above		114,957									
뛽의	g	Noncash contributions included in lines	1a-1f:	\$									
a S	h	Total. Add lines 1a-1f				117,907							
e e			,		Busn. Code								
le l	2a	GROSS RENT				21,025	21,025						
Se	b	MISCELLANEOUS				1,305							
<u>8</u>	C	SALE OF ASSETS				420		· · · · · · · · · · · · · · · · · · ·					
ē.	d	VENDOR COMMISSIONS	 3			153	153						
E S	e							·					
grai	_	All other program service rev											
ě		• •			———	22,903							
_		Total. Add lines 2a-2f Investment income (includin				22,303							
	3	•	-										
	and other similar amounts) 4 Income from investment of tax-exempt bond												
	4				oroceeas -								
	5	Royalties			· · · · · · · · · · · · · · · · · · ·								
		(i) Real		(11)	Personal								
	6a	Gross rents											
	b	Less: rental exps.											
	c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) O other than inventory												
			<u></u>										
			i in securities i in one										
	b	Less: cost or other											
		basis & sales exps.											
	С	Gain or (loss)											
1	d	Net gain or (loss)			, >								
	8a	Gross income from fundraising e	vents										
ž		(not including \$											
ş		of contributions reported on line	1c).										
Other Revenue		See Part IV, line 18											
- F	b	Less: direct expenses											
ŏ		Net income or (loss) from ful		events	>								
		Gross income from gaming activi		,									
	Ju	See Part IV, line 19											
	h	Less: direct expenses											
		Net income or (loss) from ga		tivities	•	•			: :::::::::::::::::::::::::::::::::::::				
		Gross sales of inventory, les			·····								
	ıva	naturas and allaurances	_										
	h	Less: cost of goods sold											
		Net income or (loss) from sa		ventory	<u> </u>								
	<u> </u>	Miscellaneous Revenu		· oritory , ,	Busn. Code		1						
	11a	magnini issas 1 10 to in											
					 								
	b	•											
	C	A.D. ada == ======											
		All other revenue											
						740.050	00.003		-				
	12	Total revenue. See instructi	ons.		<u></u>	140,810	22,903	0	0				

	Part: IX:: Statement of Functional Expenses									
Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX									
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign	·								
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees									
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan accruals and contributions (include	_								
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):									
а	Management	24,000	9,360	6,720	7,920					
b	Legal									
С	Accounting	2,350		2,350						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.)	4,900	4,900							
12	Advertising and promotion	1,248	1,248							
13	Office expenses	2,028		2,028						
14	Information technology									
15	Royalties									
16	Occupancy	31,573	31,573							
17	Travel	288	288							
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	4,766	4,766							
23	Insurance	4,056		4,056						
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)	10 100	70.400							
а	PROGRAM	13,498	13,498		105					
b	MISC	2,160	2,035		125					
C			· · · · · · · · · · · · · · · · · · ·							
d	·									
е	All other expenses	00.005	67 660	15,154	8,045					
25	Total functional expenses. Add lines 1 through 24e	90,867	67,668	15,154	0,045					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and									
	fundraising solicitation. Check here ▶ if									
	following SOP 98-2 (ASC 958-720)				Form 990 (2014)					
$\overline{\Omega}$					FUIII 434 (2014)					

Form 990 (2014) 1901 CHURCH

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 55,153 10,888 Cash—non-interest bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 250 4 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 139,339 b Less: accumulated depreciation 10b 10,730 133,375 10c 128,609 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 144,263 184,012 16 16 Accounts payable and accrued expenses 9,016 17 8,689 17 18 Grants payable 18 9,900 Deferred revenue 19 1,400 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 29,633 23 Unsecured notes and loans payable to unrelated third parties 30,000 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 4,000 3,000 25 <u>52,9</u>16 <u>42,7</u>22 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ |X| and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 2,501 87,740 Unrestricted net assets 27 53,550 Temporarily restricted net assets 28 28 88,846 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 91,347 33 141,290 Total net assets or fund balances 33 144,263 184,012 Total liabilities and net assets/fund balances

Pairt XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 140 , 810	Form	n 990 (2014) 1901 CHURCH 25-1888918			Pag	ge 12
Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 3. Column (A)) Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 3. Column (B) Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expens	Pa	art XI Reconciliation of Net Assets				
Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 3. Column (A)) Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expenses. Subtract line 2 from line 3. Column (B) Revenue leas expenses. Subtract line 2 from line 1 Revenue leas expens		Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
2 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 3 49, 943 49, 943 49, 943 49, 943 5 Net unrealized gains (losses) on investments 5 Sonated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis C	1		!	14	10,8	810
3 Revenue less expensess. Subtract line 2 from line 1 4 Not assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Not unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	2				90,	<u>867</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Tother changes in net assets or fund balances (explain in Schedule O) 9 Tother changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 141, 290 Part XII: Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: X Separate basis, consolidated basis, or both: X Separate basis, consolidated basis Both consolidated and separate basis C (in "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-1337			1 2 1	4	19,	9 <u>43</u>
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Financial Statements and Reporting 12 Check if Schedule O contains a response or note to any line in this Part XII 13 Check if Schedule O contains a response or note to any line in this Part XII 14 Accounting method used to prepare the Form 990:	4				91,	3 <u>47</u>
So Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	5	=	1 1			
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	6	Donated services and use of facilities	6			
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33. column (B)) 10 141, 290 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	7		1 = 1			
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No	8	***************************************				
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No	9	Other changes in net assets or fund balances (explain in Schedule O)	9			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	10					
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			10	14	11,	290
Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	Pa					
1 Accounting method used to prepare the Form 990: Cash X Accrual Other_ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
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