

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

## 2007

**Open to Public  
Inspection**

Form **990-EZ**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury  
Internal Revenue Service

**A** For the 2007 calendar year, or tax year beginning 2007, and ending 2007, and ending 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <u>SHAMOKIN Creek RESTORATION ALLIANCE</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>PO Box 263</u> City or town, state or country, and ZIP + 4 <u>MT CARMEL PA 17851</u>	<b>D</b> Employer identification number <u>23:2910819</u> <b>E</b> Telephone number <u>(570) 644-0029</u> <b>F</b> Group Exemption Number
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ WWW.SHAMOKINCREEK.ORG

**J** Organization type (check only one) —  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 55 of the instructions.)

	1 Contributions, gifts, grants, and similar amounts received. <u>GRANTS 27000 + CONTRIB 1606</u>	1	28606	
	2 Program service revenue including government fees and contracts	2	-	
	3 Membership dues and assessments	3	1692	
	4 Investment income	4	-	
Revenue	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 (attach schedule)	5c	-	
	6 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	-	
	b Less: direct expenses other than fundraising expenses	6b	-	
	c Net income or (loss) from special events and activities Subtract line 6b from line 6a	6c	-	
Revenue	7a Gross sales of inventory, less returns and allowances	7a	-	
	b Less: cost of goods sold	7b	-	
	c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	-	
	8 Other revenue (describe ▶ _____)	8		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	30298	
Expenses	10 Grants and similar amounts paid (attach schedule) <u>ENVIRON HAR DK 2304 + OTHER 250</u>	10	2554	
	11 Benefits paid to or for members	11	-	
	12 Salaries, other compensation, and employee benefits	12	-	
	13 Professional fees and other payments to independent contractors	13	-	
	14 Occupancy, rent, utilities, and maintenance <u>STORAGE SHED</u>	14	520	
	15 Printing, publications, postage, and shipping	15	131	
	16 Other expenses (describe ▶ <u>GRANT DISPENSES 8838 + OTHER 850</u> )	16	9696	
	17 Total expenses. Add lines 10 through 16	17	12901	
	18 Excess or (deficit) for the year. Subtract line 17 from line 9	18	17397	
Net Assets	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	38169	
	20 Other changes in net assets or fund balances (attach explanation) <u>SEE LINE 20 EXPLANATION</u>	20	(13376)	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	42190	

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	25676	22	42848
23 Land and buildings	18000	23	18000
24 Other assets (describe ▶ _____)	5361	24	10372
25 Total assets	49037	25	71220
26 Total liabilities (describe ▶ _____)	16868	26	29030
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	38169	27	42190

ENVELOPE DATE MAY 05 2009

SCANNED JUN 08 2009

**Part III Statement of Program Service Accomplishments** (See page 60 of the instructions.)

What is the organization's primary exempt purpose? WATERBODIED WATER QUALITY IMPROVEMENT  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

		Expenses
		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
28	GRANTS DISPELLED TO PURCHASE WATER QUALITY INSTRUMENTS, COMPUTERS, FUNDED WATER QUALITY TESTING AT ACID MINE DRAINAGE SITES AND AT TREATMENT SYSTEMS. (Grants \$ <u>9696</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a <u>9696</u>
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 (attach schedule) (Grants \$ ..... ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses. Add lines 28a through 31a	32 <u>9696</u>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 61 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JAMES KOHARSKI 828 W. GOWEN ST COA TWP PA 17866	President - 10 hrs	- 0 -	-	-
LEANNE M. BJORKLUND PO BOX 157 KUPMOLT PA 17834	Vice Pres - 32 hrs	- 0 -	-	-
SUSAN ZANEL 17 GOLD ST, SHAMOKIN PA 17892	Treasurer - 8 hrs	- 0 -	-	-

**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 0 ; section 4912 0 ; section 4955 0

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

Table with columns Yes, No and rows 40b, 40c, 40e. 40b has an X in the No column.

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0

d Enter amount of tax on line 40c reimbursed by the organization 0

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

41 List the states with which a copy of this return is filed. PENNSYLVANIA BUREAU of CHARITABLE ORG

42a The books are in care of FRITZ BJORKLUND Telephone no (520) 313-1863 Located at PO Box 157 Kulpmont PA 19834 ZIP + 4 19834

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)?

Table with columns Yes, No and rows 42b, 42c. 42b and 42c have an X in the No column.

If "Yes," enter the name of the foreign country:

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country:

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

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

Please Sign Here Signature of officer: James Koharski Date: 5-4-09 Type or print name and title: JAMES KOHARSKI

Paid Preparer's Use Only Preparer's signature: SEE BELOW Date: Check if self-employed: Preparer's SSN or PTIN: Firm's name (or yours if self-employed), address, and ZIP + 4: EIN: Phone no:

NON PAID PREPARER: FRITZ BJORKLUND, SCRA VOLUNTEER 063-36-5293 520-313-1863 PO Box 157, Kulpmont PA 19834 SCRA = SHAMOKIN Creek Restoration Alliance 2 MAY 09

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

*SHAMOKIN CREEK RESTORATION ALLIANCE*

Employer identification number

*2312910819*

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<i>- NONE -</i>				
Total number of other employees paid over \$50,000 ▶ <i>-</i>				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<i>- NONE -</i>		
Total number of others receiving over \$50,000 for professional services ▶ <i>-</i>		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<i>- NONE -</i>		
Total number of other contractors receiving over \$50,000 for other services ▶ <i>-</i>		

**Part III** Statements About Activities (See page 2 of the instructions.)

	Yes	No
<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>		X
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)</p>		
<p><b>a</b> Sale, exchange, or leasing of property?</p>	2a	X
<p><b>b</b> Lending of money or other extension of credit?</p>	2b	X
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	2c	X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p><b>e</b> Transfer of any part of its income or assets?</p>	2e	X
<p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a	X
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees? <u>NO EMPLOYEES.</u></p>	3b	X
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	3c	X
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d	X
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a	X
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	4b	X
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c	X
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ <u>-0-</u></p>		
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ <u>-0-</u></p>		
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>-0-</u></p>		
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>-0-</u></p>		

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b  A community trust Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)
- 12  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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
  - Type I
  - Type II
  - Type III-Functionally Integrated
  - Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
N/A					
<b>Total</b>					

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5355	20000	11000	500	36855
16 Membership fees received	1102	2159	552	-	3819
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	-	-	-	-	-
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	-	-	-	-	-
19 Net income from unrelated business activities not included in line 18	65	208	-	-	273
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	-	-	-	-	-
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	-	-	-	-	-
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	-	-	-	-	-
23 Total of lines 15 through 22	6522	22367	11552	500	40941
24 Line 23 minus line 17	6522	22367	11552	500	40941
25 Enter 1% of line 23	65	224	116	5	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 819
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b -0-
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 40941
d Add Amounts from column (e) for lines 18 0 19 273 22 0 26b 0					26d 273
e Public support (line 26c minus line 26d total)					26e 40668
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					
(2006) (2005) (2004) (2003)					
c Add Amounts from column (e) for lines 15 16 17 20 21					27c
d Add Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

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2007 Form 990-EZ SHAMOKIN CREEK RESTORATION ALLIANCE (SCRA)  
23-2910819

Form 990-EZ Line 20 Explanation:

SCRA has elected to treat grants as Liabilities accounts. NOT as Revenue and Expenses under Equity (Net Assets) Liabilities increase when grant amounts are received. Liabilities decrease as grant amounts are dispersed.

Form 990-EZ Line 20 explanation.

Line 1 includes \$27000 in grants received.

Line 16 includes \$8838 as grants dispersed.

Equals \$18162 as net increase in grants Liabilities for the year 2007. So \$18162 is subtracted from Equity (Net Assets) since grants are treated as Liabilities.

Of the amount \$8838 dispersed \$4786 was used to purchase equipment for SCRA and thus increased SCRA Asset account Equipment.

The net adjustment for Line 20 is  $(\$18162) + \$4786 = (\$13376)$ . Some equipment was purchased not using grants funds \$225. So total Equipment increased \$5010 for the year 2007.