

ORIGINAL

OMB No 1545-1150

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

A For the 2009 calendar year, or tax year beginning 2009, and ending 2009

- B Check if applicable:
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: SHAMOKIN CREEK RESTORATION ALLIANCE
 Number and street (or P O box, if mail is not delivered to street address): PO Box 263
 Room/suite: _____
 City or town, state or country, and ZIP + 4: MT CARMEL PA 17851

D Employer identification number: 23 2910819
E Telephone number: 570 644 0029
F Group Exemption Number: _____

• 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

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

J Tax-exempt status (check only one) - 501(c) () (insert no) 4947(a)(1) or 527

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ _____

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21							
Revenue	1	Contributions, gifts, grants, and similar amounts received	GRANTS 15,943	DONATIONS 886	16,829																														
	2	Program service revenue including government fees and contracts			-																														
	3	Membership dues and assessments			1285																														
	4	Investment income		INTEREST ON CDS	458																														
	5a	Gross amount from sale of assets other than inventory					-																												
	5b	Less cost or other basis and sales expenses					-																												
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																																	
	6a	Gross revenue (not including \$ reported on line 1) of contributions																																	
	6b	Less direct expenses other than fundraising expenses																																	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																																		
7a	Gross sales of inventory, less returns and allowances																																		
7b	Less cost of goods sold																																		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																		
8	Other revenue (describe ▶ _____)																																		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																																		
Expenses	10	Grants and similar amounts paid (attach schedule)	EDVIEBO HABITAT DIC		100																														
	11	Benefits paid to or for members																																	
	12	Salaries, other compensation, and employee benefits																																	
	13	Professional fees and other payments to independent contractors	LEGAL FEES		(50)																														
	14	Occupancy, rent, utilities, and maintenance	STORAGE SHED		520																														
	15	Printing, publications, postage, and shipping	POSTAGE		86																														
	16	Other expenses (describe ▶ GRANTS DISPERSED 18836 OTHER 1470)			20305																														
17	Total expenses. Add lines 10 through 16																																		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																																	
	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)	2008																																
	20	Other changes in net assets or fund balances (attach explanation)	SEE LINE 20 EXPLANATION		736																														
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																																	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

		(See the instructions for Part II.)	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	39622	37232
23	Land and buildings	18000	18000
24	Other assets (describe ▶ EQUIPMENT)	10372	10372
25	Total assets	67994	65603
26	Total liabilities (describe ▶ GRANTS NOT YET DISPERSED)	26684	23558
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	41310	42046

SCANNED JUN 25 2010

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? 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, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
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 outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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
c	Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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		X
41	List the states with which a copy of this return is filed. ▶ PENNSYLVANIA BUREAU of CHARITABLE ORG		
42a	The organization's books are in care of ▶ FRITZ STORKJUND Telephone no ▶ 570-303-1863 Located at ▶ PO Box 157 KULDMONT PA 17834 ZIP + 4 ▶ 17834-0157		
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)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶ -N/A-		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: ▶ -N/A-		
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 -N/A-		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X
 - 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

	Yes	No
47		X
 - 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		X
 - 49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X
 - b If "Yes," was the related organization a section 527 organization?

	Yes	No
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 address of each employee paid more than \$100,000	(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
- NONE -				

f Total number of other employees paid over \$100,000 0

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
- NONE -		

d Total number of other independent contractors each receiving over \$100,000 0

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: James Koharski
 Date: _____
 Type or print name and title: JAMES KOHARSKI, PRESIDENT

Paid Preparer's Use Only
 Preparer's signature: SEE NON-PAID PREPARER BELOW
 Date: _____
 Check if self-employed:
 Preparer's identifying number (See instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____
 EIN: _____
 Phone no: _____

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

Fritz Brocklund
 PO Box 157
 Kulpmont PA 17834
 570-373-1863

SHAMOKIN Creek RESTORATION
 ALLIANCE VOLUNTEER
 JMK
 11 MAY 10

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

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. ▶ See separate instructions.

Name of the organization

SHAMOKIN Creek RESTORATION ALLIANCE

Employer identification number

23-2910819

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<u>N/A</u>									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22367	6523	28606	16224	18124	91844
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-	-	-	-	-	
3 The value of services or facilities furnished by a governmental unit to the organization without charge	-	-	-	-	-	
4 Total. Add lines 1 through 3	22367	6523	28606	16224	18124	91844
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4.						91844

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	22367	6523	28606	16224	18124	91844
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-	-	-	2059	450	3310
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-	-	-	-	-	
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-	-	-	-	-	
11 Total support. Add lines 7 through 10						95161
12 Gross receipts from related activities, etc. (see instructions)					12	-
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96.5 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	96.8 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

SHAMOKIN CREEK RESTORATION ALLIANCE

23 29 10 8 19
5/11/10
2009

Balance Sheet As of 12/31/09

Acct	12/31/09 Balance
ASSETS	
Cash and Bank Accounts	
Certificates of Deposit	24,619.13
Checking Grants	11,720.43
Checking Regular	892.11
TOTAL Cash and Bank Accounts	37,231.67
Other Assets	
Equipment	10,371.54
Real Estate	18,000.00
TOTAL Other Assets	28,371.54
TOTAL ASSETS	65,603.21
LIABILITIES & EQUITY	
LIABILITIES	
Other Liabilities	
Banquet Account	2,253.90
Canaan Valley Grant	0.00
DCED 2003	-21.61
DCED Belfanti Chemistry	0.00
Degenstein Chemistry 2009	2,000.00
Degenstein Grant #1	9.10
Degenstein Grant Phase II	0.00
Degenstein III	1,505.46
FENCE DCED 2008	278.36
Laptop Grant	0.00
OM&R Site 15 Grant	15,000.00
SAHS History Project	1,000.00
Site 15 Intake Pipe WPCAMR	0.00
VISTA Expenses	1,532.49
Western PA	0.00
TOTAL Other Liabilities	23,557.70
TOTAL LIABILITIES	23,557.70
EQUITY	42,045.51
TOTAL LIABILITIES & EQUITY	65,603.21

2008 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
(\$880) is net adjustment to Net Assets (Equity) required to
because SCRA treats Grants as Liabilities accounts.