## Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2013

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2013, and ending . 20 A For the 2013 calendar year, or tax year beginning C Name of organization D Employer Identification number B Check if applicable: Address change South Central Assembly for Effective Governance 23-2888599 Room/suite Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return Church Hall C/o Institute for State and Regional Affairs Terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ 501 (c) (3) Application pending 777 W. Harrisburg Pike Middletown PA 17057 G Accounting Method: ✓ Cash ☐ Accrual Other (specify) H Check ▶ ☑ if the organization is not http://www.southcentralassembly.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — 🗹 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 Other Not-for-Profit ☐ Trust Association L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . . . 0 2 Program service revenue including government fees and contracts 0 3 3 1,300.00 4 0 Gross amount from sale of assets other than inventory . . . . 5a Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundralsing events . . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 7a Gross sales of inventory, less returns and allowances . . . . . 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . 7c 0 8 8 0 9 1,300.00 10 Grants and similar amounts paid (list in Schedule O) . . . . . . . . . . . 10 200.00 11 11 0 12 12 0 13 Professional fees and other payments to independent contractors . . . . . . . . . 13 1.000.00 14 14 1,595.14 15 15 0 16 16 0 17 17 2,795.14 18 18 (1,495.14)Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 5,984.49 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 4,489.35

1 (41))	330-122 (2010)					
Pa	rt II Balance Sheets (see the instruction	ns for Part II)				
	Check if the organization used Sched	fule O to respond to a	ny question in this			<u> D</u>
			_	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			5,984.49		4,489.35
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets		• • • • • •		25	4,489.35
26	Total liabilities (describe in Schedule O) .				26 27	0
27	Net assets or fund balances (line 27 of colu t III Statement of Program Service Acc			0,,	21	4.489.35
Par	Statement of Program Service Acc Check if the organization used Sched				_	Expenses
\A/bo	at is the organization's primary exempt purpose		it best practice effect			uired for section c)(3) and 501(c)(4)
					orga	nizations and section
as n	cribe the organization's program service accon neasured by expenses. In a clear and concise cons benefited, and other relevant information fo	e manner, describe th	e services provided	, the number of		(a)(1) trusts; optional lhers.)
28	Supported Program to bring together the Chief E. common Issues faced by their institutions.	xecutive Officer for local	colleges and univers	itles to discuss		
	(Grants \$ \$200) If this amo	unt includes foreign gra	ants, check here	▶ □	28a	\$200
29						, <b>V</b> 200
	(Grants \$ ) If this amo	unt includes foreign gra	ants, check here .	▶ 📙	29a	0
30						
		unt includes foreign gra			30a	0
31	Other program services (describe in Schedule				04-	_
20	(Grants \$ ) If this amount Total program service expenses (add lines 2)	unt includes foreign gra	ants, check here .	P L.	31a 32	0
	t IV List of Officers, Directors, Trustees, and					tions for Part IV
Гаг	Check if the organization used Sched					10/13/07/4/17/
	Crieck is the organization asco concu	(b) Average	(c) Reportable	(d) Health benefits,	Ť	· · · · ·
<u> </u>	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation	ol	Estimated amount of ther compensation
Stepl	hen Snell, President					
	<del></del>		0		이	0
Chris	stopher Gulotta, Vice-President		_		_	_
	<u>.</u> .	<u> 1                                    </u>	0		D	0
Geor	ge Klaus, Secretary					٥
Davis	d W. Davare, Treasurer	1	0		0	0
David	d W. Davare, Heasurer	1	o		0	0
Steve	en Scanlon, Administrator	<u>''</u>			1	<u>~</u>
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Par				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	L NI a
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	105	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>V</b>
<b>3</b> 5a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		,
c b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		<i>'</i>
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	36		v
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	278 S S (SS)		4/ to 3/
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		<i>V</i>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		5 / 30	
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9		(Market)	
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>√</b>
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	40e		
41	List the states with which a copy of this return is filed ▶ Pennsylvania		•	
42a	· · · · · · · · · · · · · · · · · · ·	17-938		<b>?</b>
b	Located at ► 777 W. Harrisburg Pike, Middletown Pa  ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	170	57 Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	169	V
	If "Yes," enter the name of the foreign country: ▶			eki digilil Manazar
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			Šią: Švei
	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c		<u> </u>
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	· ·	, ▶	<u> </u>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No -
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
	Did the organization receive any payments for Indoor tanning services during the year?	44c 44d		<b>/</b>
		45a 45h		7

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46	Did to ca	the organization engage, directly or i andidates for public office? If "Yes,"	indirectly, in political o complete Schedule C	campaign activitie C. Part I	s on beha	lf of or in o	pposit	ion 4	Yes	s No	
Part		Section 501(c)(3) organization All section 501(c)(3) organization 50 and 51.	s only ns must answer que	estions 47–49b a	and 52, a	nd compl	ete th			<u> </u>	
		Check if the organization used So	riedule O to respond	o to any question	in this Pa	antvi.	• •	• • •	Yes	· Li	
47		the organization engage in lobbying ? If "Yes," complete Schedule C, Pa		section 501(h) ele		ffect durin	g the	tax 4		, 140 V	
48	ls the	e organization a school as described i	in section 170(b)(1)(A)(	ii)? If "Yes," compl	ete Sched	ule E .		. 4		1	
49a		the organization make any transfers			='					V	
ь 50	Com	es," was the related organization a s plete this table for the organization's loyees) who each received more that	s five highest comper	nsated employees	(other tha	n officers,	direct	ors, trus	stees a	nd key	
		) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-M	(d) contrit (SC) benefit	Health beneft butions to em plans, and d compensation	its, ployee eferred	(e) Estim		ount of	
None						ooniportocas,					
	<del></del>										
									<u> </u>		
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		· · · · ·									
f 51	Com	number of other employees paid ov plete this table for the organization ,000 of compensation from the orga	's five highest compe	ensated independ	one ent contra	 actors who	each	receive	d more	e than	
	(a) Name and business address of each independent contractor		lent contractor	(b) Type of service			(c) Compensation				
None											
	<u>-</u>										
					•						
52	Did th	number of other independent contra ne organization complete Schedule A xempt charitable trusts must attach a	A? Note. All section 5	01(c)(3) organizati	. ► ons and 4!		No.	ne ✓ Ye	s 🗆	No.	
Inder pe	naltles	of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than	etum. Including accompany	ing schedules and stat	tements and	to the best o					
Sign		Signature of officer			·	Deta					
lere	David W. Davare, Treasurer				Date						
	<del></del>	Type or print name and title  Print/Type preparer's name	Preparer's signature		Date			PTIN			
Paid Prepa							ck L i employe	t [			
Jse O						Firm's EIN	<u> </u>				

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Phone no.