		Deturn of Organization Exampt	Erom	noomo Tox	OMB No. 1545-0047
For	<b>.</b>		e Code (exe	cept private foundation	<sup>ons)</sup> 2014
	artment of nal Reven	the Treasury Do not enter social security numbers on this form a security numbers on the security numbers of the security numbers on the security numbers of the secur	-		Open to Public Inspection
A	For the			UN 30, 2015	
B	Check if	C Name of organization		D Employer identif	
	applicable Addres				
	change	ST. MARTHA'S HALL			
	] change	350160			
F	return Final	Number and street (or P.0. box if mail is not delivered to street address) P.O. BOX 4950	Room/suite	E Telephone number	r 367-5500
L	Jreturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	J	G Gross receipts \$	1,077,301.
	Amende			H(a) Is this a group r	
	Applica	F Name and address of principal officer: MICHELLE SCHILLER -	BAKER	for subordinates	
	pending	SAME AS C ABUVE		H(b) Are all subordinates i	ncluded? Yes No
		npt status: $3501(c)(3)$ 501(c) ( ) ( (insert no.) 4947(a)(1)	or 527	lf "No," attach a	list. (see instructions)
				H(c) Group exemption	
	and the second data which the second	rganization: X Corporation Trust Association Other ►	L Year	of formation: 1984	A State of legal domicile: MC
1000000	Non-Section Section	riefly describe the organization's mission or most significant activities: THE	MTSSTO		RTHA'S HALL
nce		S TO HELP ABUSED WOMEN AND THEIR CHILDR			
Governance	1	heck this box 🕨 📖 if the organization discontinued its operations or dispo			
ove		umber of voting members of the governing body (Part VI, line 1a)		3	18
& 0	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	18
les	<b>5</b> T	otal number of individuals employed in calendar year 2014 (Part V, line 2a)	Q	5	23
Activities &	1.1996-1996	otal number of volunteers (estimate if necessary)		6	50
Ac	1	otal unrelated business revenue from Part VIII, column (C), line 12			0.
	DI	et unrelated business taxable income from Form 990-T, line 34			0.
•	<b>8</b> C	ontributions and grants (Part VIII, line 1h)		Prior Year 545,247.	Current Year 603,384.
Revenue	1	rogram service revenue (Part VIII, line 2g)		550,891.	431,069.
leve		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		31,848.	37,985.
u.	11 C	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,379.	3,732.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,133,365.	1,076,170.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		34,348.	24,273.
		enefits paid to or for members (Part IX, column (Å), line 4)		0. 679,744.	0. 681,749.
ses	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e)	······	075,744.	001,749.
Expen		otal fundraising expenses (Part IX, column (D), line 25) 47, 7	59.		
ŵ		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		287,277.	338,851.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,001,369.	1,044,873.
	<b>19</b> R	evenue less expenses. Subtract line 18 from line 12		131,996.	31,297.
Net Assets or Fund Balances			Beg	jinning of Current Year	End of Year
<b>Sse</b> Bala		otal assets (Part X, line 16)		1,398,326.	1,393,087.
Vet /		otal liabilities (Part X, line 26) et assets or fund balances. Subtract line 21 from line 20		<u>31,028.</u> 1,367,298.	<u>28,297.</u> 1,364,790.
dimmonomer.	and the second sec	Signature Block		1,507,2503	1,304,750.
Unde	er penalti	es of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	nts, and to the best of my	/ knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of wh			
	ĥ				
Sigr	n []	Signature of officer		Date	
Her	e	MICHELLE SCHILLER-BAKER, EXECUTIVE DI	RECTOR		
	)			ate Check	I PTIN
Paid		rint/Type preparer's name Nichoe J. Duth	MI	blat	
Prep		irm's name MICHAEL O. DUFFY CPA	12	Firm's EIN	<u>ο μουστογος</u>
Use		irm's address 20 ARCHBISHOP MAY DR.			
		ST. LOUIS, MO 63119		Phone no.31	4-792-7133
May	the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No
	)1 11-07-		ons.	•	Form <b>990</b> (2014)

and an and a state of the state

. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2014)

		350160	Page
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		L
1	Briefly describe the organization's mission:		
	THE MISSION OF ST. MARTHA'S HALL IS TO HELP ABUSED WOMEN AND		
	CHILDREN BREAK THE CYCLE OF VIOLENCE IN THEIR LIVES. ST. MAR	THA S H	LALL
	IS GUIDED BY THE SOCIAL JUSTICE TEACHINGS OF JESUS CHRIST.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		XN
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		XN
0	If "Yes," describe these changes on Schedule O.	🖂 103	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	•	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 879,700. including grants of \$ 24,273. ) (Revenue \$	434,	801
	ST. MARTHA'S HALL PROVIDES EMERGENCY, CONFIDENTIAL AND TEMPO		
	SHELTER CARE TO ABUSED WOMEN AND THEIR CHILDREN IN THE GREAT		
	LOUIS AREA. IT PROVIDES IMMEDIATE, CONFIDENTAL SHELTER, SUPP		
	FOR WOMEN AND CHILDREN, GOAL PLANNING, A 24 HOUR CRISIS LINE		
	INFORMATION AND REFERRALS. ADVOCACY SERVICES, FOLLOW-UP SUPP		
	COMMUNITY EDUCATION TO INCREASE PUBLIC AWARENESS AND UNDERST	ANDING	OF.
	DOMESTIC VIOLENCE.		
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		
-10			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 879,700.		
132002	2	Form 🤤	<b>990</b> (20
11-07-	-14		
01	2 102 121622 421250160 2014 04020 Cm MADMUA'C UALL	101	2 5 0 1
ΩT	103 131623 431350160 2014.04030 ST. MARTHA'S HALL	431	3501

Form 990 (2014)

Part IV Checklist of Required Schedules

ST. MARTHA'S HALL

			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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	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 debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	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	
11	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	Х	
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	Х	
с	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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 the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
	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 foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2014)

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Form 990 (2014) ST. MARTHA'S HALL Part IV Checklist of Required Schedules (continued)

			Vee	Na
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	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		X
b	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	25b		X
26	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		X
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			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	x	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	23	
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
51		31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete	01		
0L	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2014)

432004 11-07-14

Form	990 (2014) ST. MARTHA'S HALL 43-1350	160	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (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		
	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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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 or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.			
а	Is 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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2014)

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11-07-14	

Form 990 (	2014)
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ST. MARTHA'S HALL

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a       Enter the number of voting members of the governing body at the end of the tax year       1a	<u></u>	Check if Schedule O contains a response or note to any line in this Part VI											
a End: the number of volting members of the governing body of the governing body of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.         in in the number of volting members in large overning body.           b Enter the number of volting members in large version in Schedule 0.         in its schedule 0.         its schedule 0.           c Did any officer, director, trustee, or key employees to a management company or other person?         3         its schedule 0.           c Did the organization networks or public members in schedule 0.         0.         its schedule 0.         3           c Did the organization networks or spontation test and schedule schedule 0.         0         3         4           c Did the organization networks or spontation reserved to (or subject to approval by) members, stochholders, or other persons who had the power to elect or appoint, one or persons other than the governing body?         3         3         3           c Did the organization networks or stochholders, or other persons who had the power to elect or appoint, one or persons other than the governing body?         3 <th>Sec</th> <th>tion A. Governing Body and Management</th> <th></th> <th></th> <th></th> <th></th> <th></th>	Sec	tion A. Governing Body and Management											
If there are matrixed differences in voting types among nembers of the governing body, or if the governing body, or if the governing body, or if the governing body and the standard of the standard standard in the standard standard body of the governing body.       Image: Complex Standard Standa			1.4-	19	2	Yes	1						
b did degrade bread ambody to an exocitive committee or similar committee, explain in Schedule 0.       the       10         b Enter the number of voting members included in line 1a, above, who are independent       10       10         c Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officers, directors, or trustee, or key employees to a management company or other person?       2         d Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a smanagement company or other person?       3         d Did the organization have members, stockholders?       6         d Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7         d Did the organization contemporaneosy document the metrings held or written actions undertaken during the year by the following:       8         d Did the organization contemporaneosy document the metrings held or written actions undertaken during the year by the following:       8         d Did the organization contemporaneosy document the metrings held or written actions undertaken during the year by the following:       8         d Did the organization have ordical chapters, branches, or affiliates?       0       0         d Did the organization have votal chapters, branches, or affiliates?       0       10         d Did the organization have votal ch	Ia		la		4								
b Enter the number of voling members included in line 1a, above, who are independent1 b1 b2 b													
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 employees to a management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?     3       4     Did the organization baceoms aware during the year of a significant diversion of the organization's assets?     5       5     Did the organization have members or stoccholders?     6       7a     Did the organization have members or stoccholders, or other persons who had the power to elect or appoint one or more members of the governing body?     7a       6     Did the organization contemporanoeusly document the meetings had or written actions undertaken during theyar by the following:     8a       7b     Did the organization contemporanoeusly document the meetings had or written actions undertaken during theyar by the following:     8a       8     Each committee with authority to act on behalf of the governing body?     8a       9     Is there any officer, director, trustee, or key employee listed in Part VII, Secton A, who cannot be reached at the organization rawe meand organization have written policies and procedures governing the activities of such chapters, affiliates, and branches?     10a       9     Is there any anization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are committee to written activities of such chapters, affiliates, and branches, and key memployenes, if any writho activities and branches (by the inframa				19									
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11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a         b       Describe in Schedule O the process, if any, used by the organization to review this Form 990.       12a         12a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a         b       Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts?       12b         c       Did the organization have a written whistleblower policy?       13d         14       Did the organization have a written whistleblower policy?       14d         15       Did the organization have a written of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a         a       The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements?       16b         206       He organization invest in, contribute assets to, or participate in a joint venture arrangement with a taxable entity during the year?       16a         b       If "Yes," did the organization follow a written policy or procedure requiring the organization t	b				101								
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	81	103 131623 431350160 2014.04030 ST. MARTHA'S H	ALL		43:	135	01						

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest (	Compensated
	Employees, and Independe	ent Contra	ctors			

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

Section A. 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.

(A)	(B)		(C)					(D)	(E)	(F)			
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated			
	hours per	box	box, unless pe			is bot	h an	compensation	compensation	amount of			
	week		officer and a dir					from	from related	other			
	(list any	recto						the	organizations	compensation			
	hours for related	e or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the			
	organizations	rustee	l trust		ee	npen		(00-2/1099-10130)		organization and related			
	below	dual ti	tiona		nploy	st cor	-			organizations			
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	$\circ$					
(1) ROBERT SPRINGER	0.50	-	_					6					
PRESIDENT		x		X				0.	0.	0.			
(2) SHELLEY SIEVEKING	0.50												
VICE PRESIDENT		X		X	C			0.	0.	0.			
(3) LILY SUGATHAN	0.50					/							
TREASURER		X		X				0.	0.	0.			
(4) GERRI KOSTECKI	0.50		X	D									
SECRETARY		Х	D	X				0.	0.	0.			
(5) DONALD ANTHON	0.50												
BOARD MEMBER		Х						0.	0.	0.			
(6) REBECCA BOYER	0.50												
BOARD MEMBER		Х						0.	0.	0.			
(7) MARGUERITE MEG BROWN	0.50												
BOARD MEMBER		X						0.	0.	0.			
(8) MATTHEW CARR	0.50									_			
BOARD MEMBER		X						0.	0.	0.			
(9) MATTHEW DEVOTI	0.50									_			
BOARD MEMBER		X						0.	0.	0.			
(10) JOHN KELLY	0.50												
BOARD MEMBER		X						0.	0.	0.			
(11) MARK KURKOWSKI	0.50												
BOARD MEMBER		X						0.	0.	0.			
(12) LILY LANDY	0.50												
BOARD MEMBER	0.50	X						0.	0.	0.			
(13) KELECHI LOYND	0.50									•			
BOARD MEMBER	0.50	X						0.	0.	0.			
(14) MARGARET PEG MCMCARTNEY	0.50									•			
BOARD MEMBER		X						0.	0.	0.			
(15) THERESA RUZICKA	0.50									0 405			
BOARD MEMBER-PRES CATHOLIC CHARITIES		X						0.	139,577.	9,485.			
(16) KATHY REHMER	0.50								_	_			
BOARD MEMBER		X						0.	0.	0.			
(17) BETH HOLTZ SCHENK	0.50							0	0.				
BOARD MEMBER	1	Х				1		0.	U.	0.			

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Par	VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	rees	, an	d Hi	ighe	st C	compensated Employe	es (continued)				
											(F)			
	Name and title	Average Position							Reportable	Reportable	le Est			ed
		hours per	box	, unle	ss pe	erson	is bot	h an	compensation compensation			amount of		
		week		cer ar	ndad I	lirecto	or/trus	stee)	_ from from related				other	
		(list any	rector						the	organizations			pensa	
		hours for related	or di	ee			ated		organization	(W-2/1099-MIS	C)		om th	
		organizations	ustee	trust		ee	npens		(W-2/1099-MISC)			•	anizat d relat	
		below	dual ti	tiona		nploy	st cor	5					inizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
(18)	TERESA SANTIAGO TURNER	0.50	_		_	-								
BOAR	D MEMBER		x						0.		0.			0.
(19)	MICHELLE SCHILLER-BAKER	40.00												
EXEC	JTIVE DIRECTOR				Х				71,536.		0.	2	0,7	74.
									C					
							<u>l</u>	Ť			_			
1b	Sub-total								71,536.	139,57		3	0,2	59.
	Total from continuation sheets to Part V			<i></i>		<b>.</b>			0.	100 55	0.		<u> </u>	0.
	Total (add lines 1b and 1c)				7				71,536.	139,57		3	0,2	59.
2	Total number of individuals (including but	not limited to th	iose	liste	ed a	bov	e) wł	no re	eceived more than \$100	,000 of reportable	<b>;</b>			•
	compensation from the organization												<u> </u>	0
			×								, n		Yes	No
3	Did the organization list any <b>former</b> officer			e, ke	ey er	nplo	byee	, or	highest compensated e	mployee on				v
	line 1a? If "Yes," complete Schedule J for											3		X
4	For any individual listed on line 1a, is the s													x
_	and related organizations greater than \$15											4		
5	Did any person listed on line 1a receive or					-		relat	ed organization or indiv	Idual for services		-		x
Sect	rendered to the organization? If "Yes," cor ion B. Independent Contractors	npiete Scheaul	eJi	or si	ucn	pers	son .					5		Л
	Complete this table for your five highest co		dana	anda	nt o	ont	reet		bot received more than	¢100.000 of com		ation f	****	
	the organization. Report compensation for	•	•							•	Jensa	alion	IOIII	
	(A)	the calendar y	eai	enui	ng v	WILLI			(B)	year.		(0	·)	
	(م) Name and busines	s address	N	ONI	3				Description of s	services	C	ompei		n
									•			•		
2	Total number of independent contractors	(including but n	ot li	mite	d to	tho	se li	sted	above) who received n	nore than				
_	\$100,000 of compensation from the organ						0							
												Form	<b>990</b> (	(2014)
432008 11-07-1	4													,

Form	1 99	0 (;	2014) ST. MARTHA'S I	HALL			43-1350	160 Page
Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any lin	e in this Part VIII	(B)		
					<b>(A)</b> Total revenue	(P) Related or exempt function revenue	Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts its	1	а	Federated campaigns 1a	135,965.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
S, C		с	Fundraising events 1c	7,067.				
Gifi İlar		d	Related organizations 11	17,800.				
ns, Simi			Government grants (contributions) 1e					
utio er S		f	All other contributions, gifts, grants, and					
oth			similar amounts not included above <b>If</b>	442,552. 39,709.				
but		-			603,384.			
aC		n	Total. Add lines 1a-1f	Business Code	005,504.			
e	2	а	PROGRAM REVENUE	624100	431,069.	431,069.		
vic	2	a b		021200	151,0050	10170050		
Sei		c						
am		d				$\sim$		
Program Service Revenue		е						
Ч		f	All other program service revenue					
		g	Total. Add lines 2a-2f		431,069.			
	3		Investment income (including dividends, interes		15,046.			15 046
			other similar amounts)		15,040.	•		15,046
	4 5		Income from investment of tax-exempt bond pr		<u> </u>			
	5		Royalties	(ii) Personal				
	6	а	Gross rents		C			
			Less: rental expenses		$\mathbf{O}$			
			Rental income or (loss)					
		d	Net rental income or (loss)		r			
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 22,939.					
		b	Less: cost or other basis	Ň				
		_	and sales expenses 0. Gain or (loss) 22,939.					
			Net gain or (loss)	<b>&gt;</b>	22,939.			22,939
÷	8	a	Gross income from fundraising events (not					
Other Revenue	-		including \$ 7,067. of					
leve			contributions reported on line 1c). See					
er F			Part IV, line 18 a	1,131.				
Oth			Less: direct expenses b	1,131.	0			
			Net income or (loss) from fundraising events	····· <b>&gt;</b>	0.			
	9	а	Gross income from gaming activities. See					
		h	Part IV, line 19 a Less: direct expenses b					
			Net income or (loss) from gaming activities	•				
	10		Gross sales of inventory, less returns					
			and allowances a					
		b	Less: cost of goods sold b					
		с	Net income or (loss) from sales of inventory	►				
				Business Code		0 800		
	11		MISCELLANEOUS REVENUE	900099	3,732.	3,732.		
		b						
		с С	All other revenue					
			All other revenue	<b></b>	3,732.			
	12		Total revenue. See instructions.		1,076,170.	434,801.	0.	37,985
43200 11-07					-	-		Form <b>990</b> (2014

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ST. MARTHA'S HALL

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 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	24,273.	24,273.		
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	92,776.	46,388.	38,966.	7,422.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			1	
7	Other salaries and wages	463,236.	429,575.	18,010.	15,651.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	25,193.	23,316.	1,369.	508. 3,814.
9	Other employee benefits	61,267.	52,784.	4,669.	3,814.
10	Payroll taxes	39,277.	34,452.	3,464.	1,361.
11	Fees for services (non-employees):				
а	Management	20,878.	5	20,878.	
b	Legal	10 (22)	4 000	12 104	1 (07
С	Accounting	19,633.	4,882.	13,124.	1,627.
d	Lobbying	(	)		
е	Professional fundraising services. See Part IV, line 17	E 607	4 0 2 0		
f	Investment management fees	5,607.	4,038.	1,569.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	12,501.	9,624.	850.	2,027.
12	Advertising and promotion		2 604		14 (50
13	Office expenses	18,862.	3,604.	606.	14,652.
14	Information technology	42,261.	40,605.	1,325.	331.
15	Royalties	107 010	00 715	7 200	100
16	Occupancy	107,218.	99,715.	7,328. 868.	175. 150.
17	Travel	6,214.	5,196.	000.	150.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1,585.	1,415.	170.	
19 00	Conferences, conventions, and meetings	I, J0J.	1,413.	1/0.	
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization	5,514.	3,988.	1,485.	41.
22 23		10,615.	9,728.	887.	
23 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 0.)				
а	SUPPLIES AND EQUIPMENT	71,469.	70,305.	1,164.	
b	PROVISION FOR UNCOLLECT	11,607.	11,607.		
С	EXTERNAL DUES AND ASSES	2,622.	2,622.		
d	OTHER GRANTS AND ASSESS	2,265.	1,583.	682.	
e	All other expenses	1 011 072	070 700		17 750
25	Total functional expenses. Add lines 1 through 24e	1,044,873.	879,700.	117,414.	47,759.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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\_\_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

Check here

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ST. MARTHA'S HALL

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	545.	1	2,896.
	2	Savings and temporary cash investments	692,707.	2	654,716.
	3	Pledges and grants receivable, net	72,091.	3	69,575.
	4	Accounts receivable, net	43,908.	4	43,926.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	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			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Â	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	539.	9	0.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 103,852.			
	b	Less: accumulated depreciation 10b 43,609.	9,609.	10c	60,243.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	578,927.	12	561,731.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,398,326.	16	1,393,087.
	17	Accounts payable and accrued expenses	26,546.	17	20,460.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
oilit		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	4,482.	05	7 9 2 7
	00	Schedule D	31,028.	25	7,837. 28,297.
	26	Total liabilities. Add lines 17 through 25	51,020.	26	20,297.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
čě	07	complete lines 27 through 29, and lines 33 and 34.	1,106,947.	27	1,118,697.
llan	27 28	Unrestricted net assets	127,978.	27	113,720.
Fund Balances	20 29	Temporarily restricted net assets	132,373.	20 29	132,373.
nnc	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶□	152,575.	29	152,575.
Ĕ		and complete lines 30 through 34.			
ŝ	30	Capital stock or trust principal, or current funds		30	
Net Assets or	30	Paid-in or capital surplus, or land, building, or equipment fund		30 31	
t Aŝ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	1,367,298.	33	1,364,790.
	34	Total liabilities and net assets/fund balances	1,398,326.	33 34	1,393,087.
			_,	7	Form <b>990</b> (2014)

Form **990** (2014)

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Forn	n 990 (2014) ST. MARTHA'S HALL	43	-135	0160	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					
				1,07	ເ 1	70
1	Total revenue (must equal Part VIII, column (A), line 12)	1		$\frac{1,07}{1,04}$		
2	Total expenses (must equal Part IX, column (A), line 25)	2				<del>97.</del>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>1,36</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					05.
5	Net unrealized gains (losses) on investments	5		- 5	5,0	05.
6	Donated services and use of facilities	6 7				
7	Investment expenses	-				
8	Prior period adjustments	8 9				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10		1,36	17	۹N
Pa	column (B)) Int XII Financial Statements and Reporting	10		1,50	<b>-</b> ,,	
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🔲 Other					
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:	aona				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:		,			
	Separate basis I Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	D.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	
				Form	990	(2014)
	$\diamond$					
	$\mathbf{\nabla}$					

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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	·EZ)
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# Public Charity Status and Public Support 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.

2014
Open to Public
Inspection

OMB No. 1545-0047

201/

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Nan	ne of t	the organization							identification number
			MARTHA'S H						3-1350160
Pa	rt I	Reason for Public (	Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 11, o	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E.)					
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b>	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or operat	ted by a g	overnmental i	unit describ	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma						he general	public described in
		section 170(b)(1)(A)(vi). (Co		····· [-··· -··· - ··· [-···	J				
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An organization that norma			-	contributi	ons member	shin fees a	nd gross receipts from
-		activities related to its exem	•	-	-			-	
		income and unrelated busir	-						-
		See section 509(a)(2). (Cor				0000 0000		gamzation	
10		An organization organized a	• •	ively to test for public s	afety See	section 50	)9(a)(4)		
11	$\square$	An organization organized a						arry out the	purposes of one or
••		more publicly supported or		•				-	
		lines 11a through 11d that	-						
а		<b>Type I.</b> A supporting orga							aivina
a		the supported organization							
					a majonty (				upporting
h		organization. You must c			tion with it		ad arganizati	n(a) hy ha	vina
b		<b>Type II.</b> A supporting organization							
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	•						l
С		☐ Type III functionally inte						liy integrate	ed with,
		its supported organization							
d		☐ Type III non-functionally						-	
		that is not functionally int						d an attent	iveness
		requirement (see instruct							
е		Check this box if the orga					а Туре I, Туре	II, Type III	
	_	functionally integrated, or		, , ,					
f		er the number of supported o							
g		vide the following informatior i) Name of supported	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the o	ragnization	(v) Amount of	monoton	(vi) Amount of
	,	organization		(described on lines 1-9	listed i	n your	support	-	other support (see
		organization		above or IRC section	governing o		Instruct	-	Instructions)
				(see instructions))	Yes	No		,	,

Form 990 or 990-EZ. 432021 09-17-14

LHA For Paperwork Reduction Act Notice, see the Instructions for

Total

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Schedule A (Form 990 or 990-EZ) 2014

### Schedule A (Form 990 or 990-EZ) 2014 ST. MARTHA'S HALL

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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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	585,853.	504,281.	497,990.	545,247.	603,384.	2736755.
2	Tax revenues levied for the organ-						
	ization'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	585,853.	504,281.	497,990.	545,247.	603,384.	2736755.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				$\sim$		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				$\sim$		
	column (f)				$C_{1}$		
6	Public support. Subtract line 5 from line 4.						2736755.
	ction B. Total Support			$\sim$			
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	585,853.	504,281.	497,990.	545,247.	(e) 2014 603,384.	(f) Total 2736755.
8	Gross income from interest,						
	dividends, payments received on		(				
	securities loans, rents, royalties			)			
	and income from similar sources	18,508.	18,438.	16,030.	14,756.	15,046.	82,778.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		$\sim$				
10	Other income. Do not include gain	$\frown$					
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						2819533.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,555,052.
	First five years. If the Form 990 is for			d. fourth. or fifth ta	ax vear as a sectio		
	organization, check this box and stor		, ,	, ,	,		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (	line 6, column (f) d	ivided by line 11, o	olumn (f))		14	97.06 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	96.85 %
16a	33 1/3% support test - 2014. If the o	organization did no	ot check the box o	n line 13, and line <sup>.</sup>	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	1			►X
b	33 1/3% support test - 2013. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-	-	• • • •			
	more, and if the organization meets tl						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
			,	, ,, <b>.</b>			

Schedule A (Form 990 or 990-EZ) 2014

432022 09-17-14

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				$\sim$		
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5			۵	()		
	Amounts included on lines 1, 2, and						1
	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received			CX			
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			<i>A</i> ,			
	amount on line 13 for the year						
	Add lines 7a and 7b			)			-
8	Public support (Subtract line 7c from line 6.)						
					(		
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Tota
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties		X				
	and income from similar sources						
b	and income from similar sources Unrelated business taxable income						
b	and income from similar sources	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	2					
	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
с 11	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital						
с 11 12	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	the organization's	s first, second, thir	d, fourth. or fifth ta	ax year as a sectio	n 501(c)(3) organ	nization.
11 12 13	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for						nization,
с 11 12 13 14	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here						nization,
c 11 12 13 14 Sec	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	c Support Pe	rcentage				ization,
c 11 12 13 14 <b>Sec</b> 15	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publi Public support percentage for 2014 (li	<b>c Support Pe</b> ne 8, column (f) d	<b>rcentage</b> ivided by line 13, c	:olumn (f))		15	nization,
c 11 12 13 14 <b>Sec</b> 15	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publi Public support percentage for 2014 (li Public support percentage from 2013	<b>c Support Pe</b> ne 8, column (f) d Schedule A, Part	rcentage ivided by line 13, c III, line 15	:olumn (f))			nization,
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c 11 12 13 14 5ec 15 16 5ec	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2014 (li Public support percentage for 2013 tion D. Computation of Invess Investment income percentage for 20	c Support Pe ne 8, column (f) d Schedule A, Part timent Incom 14 (line 10c, colur	rcentage ivided by line 13, c III, line 15 e Percentage nn (f) divided by lir	column (f))		15 16 17	hization,
c 11 12 13 14 5ec 15 16 17 18	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2014 (li Public support percentage for 2013 tion D. Computation of Invess Investment income percentage for 2020 Investment income percentage for 2020	c Support Pe ne 8, column (f) d Schedule A, Part timent Incom 14 (line 10c, colur 13 Schedule A,	rcentage ivided by line 13, c III, line 15 e Percentage nn (f) divided by lir Part III, line 17	column (f))		15 16 17 18	······ · · · · · · · · · · · · · · · ·
c 11 12 13 14 5ec 15 16 17 18	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2014 (lii Public support percentage for 2013 tion D. Computation of Invess Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2014. If the	c Support Pe ne 8, column (f) d Schedule A, Part tment Incom 14 (line 10c, colur 013 Schedule A, organization did r	rcentage ivided by line 13, o III, line 15 e Percentage nn (f) divided by lir Part III, line 17 not check the box o	eolumn (f)) ne 13, column (f)) on line 14, and line	e 15 is more than 3	15         16         17         18         33 1/3%, and line	● 17 is not
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c 11 12 13 14 <b>Sec</b> 17 18 19 a b	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publi Public support percentage for 2014 (li Public support percentage for 2013 tion D. Computation of Invess Investment income percentage for 20 Investment income percentage for 20 33 1/3% support tests - 2014. If the more than 33 1/3%, check this box ar	c Support Pe ne 8, column (f) d Schedule A, Part timent Incom 14 (line 10c, colur 013 Schedule A, organization did n nd stop here. The organization did n ck this box and s	rcentage ivided by line 13, c III, line 15 e Percentage nn (f) divided by lin Part III, line 17 not check the box of organization qual not check a box on top here. The orga	column (f)) ne 13, column (f)) on line 14, and line ifies as a publicly s line 14 or line 19a unization qualifies a	e 15 is more than 3 supported organiz a, and line 16 is mo as a publicly supp	15           16           17           18           33 1/3%, and line           ation           ore than 33 1/3%           orted organizatio	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *Part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **P***art* **VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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11			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		┢
	tion B. Type I Supporting Organizations		<u> </u>	<u> </u>
			Yes	N
	Did the directory tructory or membership of one or more supported pressizations have the neuror to		165	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations	•		-
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			<u> </u>
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ec	tion D. Type III Supporting Organizations		1	1.
			Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations	3		L
ec				
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions			
1		):		
а	The organization satisfied the Activities Test. Complete line 2 below.	):		
	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
а	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> below. The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity</i> (see in		<u>;).</u>	T
a b c	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		s). Yes	N
a b c	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> below. The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity</i> (see in			N
a b c 2	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> below. The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see in</i> Activities Test. <i>Answer (a) and (b) below.</i>			N
a b c 2	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in: Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			N
a b c 2	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in: Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			N
a b c 2	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in: Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	structions		N
a b c 2 a	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in: Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			N
a b c 2 a	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> . The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see in</i> . Activities Test. <i>Answer (a) and (b) below</i> . Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	structions		N
a b c 2 a	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> . The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see in</i> . Activities Test. <i>Answer (a) and (b) below</i> . Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," <i>then in Part VI identify</i> <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined <i>that these activities constituted substantially all of its activities</i> . Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," <i>explain in Part VI the</i>	structions		N
a b c 2 a	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> . The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see in</i> . Activities Test. <i>Answer (a) and (b) below</i> . Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," <i>then in Part VI identify</i> <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined <i>that these activities constituted substantially all of its activities</i> . Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," <i>explain in Part VI the</i> <i>reasons for the organization's position that its supported organization(s) would have engaged in these</i>	2a		N
a b c 2 a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> . The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see in</i> . Activities Test. <i>Answer (a) and (b) below</i> . Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," <i>then in Part VI identify</i> <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined <i>that these activities constituted substantially all of its activities</i> . Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	structions		N
a b 2 a b	<ul> <li>The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in: Activities Test. Answer (a) and (b) below.</li> <li>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</li> <li>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</li> <li>Parent of Supported Organizations. Answer (a) and (b) below.</li> </ul>	2a		N
a b 2 a b	<ul> <li>The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.</li> <li>The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see in</i>. Activities Test. <i>Answer (a) and (b) below.</i></li> <li>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <i>Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization, and how the organization determined that these activities constituted substantially all of its activities.</li> <li>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</li> <li>Parent of Supported Organizations. <i>Answer (a) and (b) below.</i></li> <li>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or</li> </ul>	2a		N
a b 2 a b	<ul> <li>The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in: Activities Test. Answer (a) and (b) below.</li> <li>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</li> <li>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</li> <li>Parent of Supported Organizations. Answer (a) and (b) below.</li> </ul>	2a		N
a b c 2 a b 3 a	<ul> <li>The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.</li> <li>The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see in</i>. Activities Test. <i>Answer (a) and (b) below.</i></li> <li>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <i>Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization, and how the organization determined that these activities constituted substantially all of its activities.</li> <li>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</li> <li>Parent of Supported Organizations. <i>Answer (a) and (b) below.</i></li> <li>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or</li> </ul>	2a 2b		
a b c 2 a b 3 a	<ul> <li>The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>.</li> <li>The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see in</i>. Activities Test. <i>Answer (a) and (b) below</i>.</li> <li>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," <i>then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in? If "Yes," <i>explain in Part VI the reasons for the organization's involvement</i>.</i></li> <li>Parent of Supported Organizations. <i>Answer (a) and (b) below</i>.</li> <li>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <i>Part VI.</i></li> </ul>	2a 2b		

### Schedule A (Form 990 or 990 EZ) 2014 ST. MARTHA'S HALL

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See inst

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		4	
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	$\mathbf{O}$		
factors (explain in detail in <b>Part VI</b> ):	5		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	-intear	ated Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2014

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Par	TV   Type III Non-Functionally Integrated 509	0(a)(3) Supporting Orga	anizations <u>(continued)</u>	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	าร		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
<b>C</b>	en E. Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		1	
2	Underdistributions, if any, for years prior to 2014		$\sim$	
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
с				
d		S		
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	Ci		
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,	D.		
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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2028 09-17-14 Sched	ule A (Form 990 or 990-EZ

~~		Quanta and			OMB No. 1545-0047
	HEDULE D n 990)	Complete if the org	al Financial Statements anization answered "Yes" to Form 990,		2014
-	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
Interna	Revenue Service		rm 990) and its instructions is at <sub>www.irs.gov</sub>		Inspection
Nam	e of the organizati	on ST. MARTHA'S HALL			r identification number 13-1350160
Pa	rt I Organiza		d Funds or Other Similar Funds or		
		n answered "Yes" to Form 990, Part IV, lin			•
			(a) Donor advised funds	(b) Funds ar	nd other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year	writing that the assets held in donor advised fu	ndo	
5	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used		
			or donor advisor, or for any other purpose conf		
	impermissible priv	ate benefit?			🗌 Yes 🗌 No
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part N	/, line 7.	
1	Purpose(s) of cons	servation easements held by the organizat	ion (check all that apply).		
		n of land for public use (e.g., recreation or e		•	
		f natural habitat	Preservation of a certified	nistoric struc	ture
•		of open space			
2			fied conservation contribution in the form of a d	conservation	easement on the last
	day of the tax yea	r.	CX I	Held	l at the End of the Tax Year
а	Total number of co	onservation easements	L.S.		
b		ricted by conservation easements			
c			ucture included in (a)	2c	
d			after 8/17/06, and not on a historic structure		
	listed in the Nation	nal Register		2d	
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization dur	ing the tax
	year 🕨		<b>S</b> *		
4		where property subject to conservation ea			
5		tion have a written policy regarding the pe			
e			t holds? and enforcing conservation easements during		Yes No
6 7			enforcing conservation easements during the		
8	-		ve satisfy the requirements of section 170(h)(4)		
-	and section 170(h)				Yes No
9			ion easements in its revenue and expense stat		
	include, if applicat	ble, the text of the footnote to the organiza	tion's financial statements that describes the c	rganization's	accounting for
	conservation ease				
Pa		_	f Art, Historical Treasures, or Other	Similar A	issets.
	•	the organization answered "Yes" to Form	, ,		
1a	-		SC 958), not to report in its revenue statement		
			hibition, education, or research in furtherance of	of public serv	ice, provide, in Part XIII,
h		the to its financial statements that descr		halanaa aha	at works of art historical
b	-		SC 958), to report in its revenue statement and ducation, or research in furtherance of public s		
	relating to these it	•		er 100, provi	
	-			▶ \$	
2	.,		asures, or other similar assets for financial gair		
	the following amou	unts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а					
b	Assets included in	Form 990, Part X		🕨 💲 🔄	
	<b>- -</b> -		6 E 000		
43205	1	eduction Act Notice, see the Instruction	s tor form 990.	Sche	dule D (Form 990) 2014
10-01-	14		27		

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Sche	dule D (Form 990) 2014 ST . MAR	THA'S HALL				43-1	350160 Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, o	or Other	r Similar As	sets(continued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	it are a sig	nificant use of i	ts collection items
	(check all that apply):						
а	Public exhibition	d	Loan or exc	hange progra	ams		
b	Scholarly research	e	Other				
с	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain	how they further t	he organizati	on's exem	ipt purpose in F	Part XIII.
5	During the year, did the organization solicit o					-	
	to be sold to raise funds rather than to be ma						Yes No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		te if the organizatio	n answered	"Yes" to F	orm 990, Part I	/, line 9, or
<b>1</b> a	Is the organization an agent, trustee, custod		ary for contributior	ns or other as	sets not ir	ncluded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII						
			0				Amount
с	Beginning balance					1c	
	Additions during the year					1d	
	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on Fe	orm 990, Part X, line :	21, for escrow or c	ustodial acco	unt liabilit	y?l	Yes No
	If "Yes," explain the arrangement in Part XIII.						L
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" to Fo				
		(a) Current year	(b) Prior year	(c) Two year	`	<b>d)</b> Three years ba	
1a	Beginning of year balance	168,257.	156,408.	13:	2,373.	290,37	· · · · · · · · · · · · · · · · · · ·
b	Contributions		, C			-158,00	
С	Net investment earnings, gains, and losses	405.	11,849.	2.	4,035.	27,96	0. 22,045.
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	7,116.	$\sim$				4,205.
f	Administrative expenses	1,569.	160.055	15	c 400	1.0. 22	2 210 410
g	End of year balance	159,977.	168,257.		6,408.	160,33	3. 312,418.
2	Provide the estimated percentage of the curr	rent year end balance		a)) held as:			
a	Board designated or quasi-endowment		_%				
D	Permanent endowment  100.00	%					
с	Temporarily restricted endowment	%					
20	The percentages in lines 2a, 2b, and 2c shou Are there endowment funds not in the posse		tion that are hold a	nd administr	rad for the	argonization	
Ja		ssion of the organiza	luon inal are neio a			eorganization	Yes No
	by: (i) unrelated organizations						V V
	(ii) related organizations						
h	If "Yes" to 3a(ii), are the related organizations						
4	Describe in Part XIII the intended uses of the						00 1
Par	t VI Land, Buildings, and Equipm						
	Complete if the organization answere		Part IV, line 11a. S	ee Form 990	, Part X, lir	ne 10.	
	Description of property	(a) Cost or ot		or other		cumulated	(d) Book value
		basis (investm		(other)	• •	reciation	.,
1a	Land						
	Buildings		5	5,733.		15,453.	40,280.
	Leasehold improvements						
	Equipment						
	Other		4	8,119.		28,156.	19,963.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part )	X, column (B), line 1			<b>&gt;</b>	60,243.
						Sched	ule D (Form 990) 2014

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Schedule D (Form 990) 2014 ST. MARTHA'S HALI
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Part VII Investments - Other Securities.	" to Form 000 Dort IV liv	a 11h Sao Farm 000 Dart V lina :	10
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		12. ost or end-of-year market value
1) Financial derivatives			,
2) Closely-held equity interests			
3) Other			
(A) ENDOWMENTS	159,977		
(B) OTHER PLANNED GIFTS	401,754	END-OF-YEAR MA	ARKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	561,731	•	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		ne 11c. See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value	(c) Method of Valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(7)			
(9)	-		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		·	
Part IX Other Assets.	-		
Complete if the organization answered "Yes"	" to Form 990, Part IV, lir	ne 11d. See Form 990, Part X, line	15.
	) Description		(b) Book value
(1)			
(2)			
(3)			
(4)	)		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	те 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	" to Form 990, Part IV, lir		X, line 25.
<b>1.</b> (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DUE TO ARCHDIOCESAN ENTIT	LIE2	7,837.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	19 25 )	7 837	
		7,837.	tements that reports the

Schedule D (Form 990) 2014

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Sche	edule D (Form 990) 2014 ST MARTHA'S HALL				1350160 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts Wi	th Revenue per R	eturi	າ.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,090,737.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	14,567.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	14,567.
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,076,170.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,076,170.
_				_	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per	Retu	ırn.
Pa	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			Retu	
Pa 1				Retu 1	ırn. 1,059,440.
Pa 1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		~		
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements				
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	~		
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a	~		
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	~		1,059,440.
1 2 a b c	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	~		<u>1,059,440.</u> 14,567.
1 2 a b c	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	~	1	1,059,440.
1 2 b c d e	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	~	1 2e	<u>1,059,440.</u> 14,567.
1 2 b c d 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	~	1 2e	<u>1,059,440.</u> 14,567.
1 2 b c d 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	~	1 2e	1,059,440. 14,567. 1,044,873.
1 2 b c d 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	14,567.	1 2e 3 4c	1,059,440. 14,567. 1,044,873. 0.
1 2 d c 3 4 b c 3 5	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	14,567.	1 2e 3	1,059,440. 14,567. 1,044,873.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

INTEREST EARNED USED FOR DIRECT OPERATING COST.

PART X, LINE 2:

INCOME TAX STATUS: THE INDIVIDUAL AGENCIES THAT COMPRISE THE ARCHDIOCESE

ARE LISTED IN THE OFFICIAL CATHOLIC DIRECTORY AND THEREFORE ARE TAX-EXEMPT

PUBLIC CHARITIES UNDER SECTION 501(C)(3) AND SECTION 509(A) OF THE

INTERNAL REVENUE CODE, EXCEPT FOR HOLY INFANT & ST JOSEPH ASSOCIATES LP,

ST. JOHN NEUMANN ASSOCIATES LP, AND ROSATI APARTMENTS LP. HOLY INFANT &

ST JOSEPH ASSOCIATES LP, ST. JOHN NEUMANN ASSOCIATES LP, AND ROSATI

APARTMENTS LP ARE PARTNERSHIPS ESTABLISHED AS A PASS-THROUGH ENTITY FOR

TAX PURPOSE. AS SUCH, THE ORGANIZATION CAN ONLY BE TAXED ON INCOME FROM 432054
10-01-14
Schedule D (Form 990) 2014 30

13281103 131623 431350160 2014.04030 ST. MARTHA'S HALL

Schedule D (Form 990) 2014         ST. MARTHA'S           Part XIII         Supplemental Information (continued)	HALL	43-1350160 Page 5
ANY ACTIVITIES UNRELATED TO ITS (	CHARITABLE PURPOSE. AT JUNE	30, 2015, THE
ORGANIZATION HAD NOT EARNED SUCH		
BEEN RECORDED. THE ORGANIZATION I		
	R	
	B <sup>V</sup>	
	<u>З*</u>	
O <sup>×</sup>		
432055 10-01-14	31	Schedule D (Form 990) 2014

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		GO <sup>N</sup> Compl	irants and Oth vernments, ar ete if the organizatio on about Schedule I	nd Individua on answered "Yes Attach to For	<b>ls in the Ŭn</b> " to Form 990, Pa m 990.	ited States	00	OMB No. 1545-0047 <b>2014</b> Open to Public Inspection
Name of the organizat								Employer identification number
Part I General I	ST. MARTH							43-1350160
	zation maintain records		amount of the grants	or assistance the	arantees' eligibili	ty for the grants or as	sistance, and the selec	tion
	award the grants or assi							
	IV the organization's pro-							
	d Other Assistance to	-				anization answered	res" to Form 990, Part	t IV, line 21, for any
	hat received more than		•	· ·		(f) Method of		
	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					NSPE	P		
				all C				
				2 V				
			N					
		Ó	ζ ΄					
	per of section 501(c)(3) a			ne line 1 table		•	•	·
	per of other organization							
LITA FOR Paperworl	Reduction Act Notice	, see the instruct	ions for Form 990.					Schedule I (Form 990) (2014)

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					VARIOUS SUPPLIES INCLUDING
HELTER SUPPLIES	217	0.	20,000.	FMV	PERSONAL HYGIENE SUPPLIES
				4	
CHOOL RELATED	72	201.	0.	воок	
				6	
EDICAL	22	703.	0.	воок	
			2		
RANSPORTATION	200	2,082.	0.	воок	
OUSING	15	184.	0.	воок	
Part IV Supplemental Information. Provide the information	ation required in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information.	
		×			
	<u>_</u>				
	12				
(	X				

Schedule I (Form 990) ST. MARTHA'					43-1350160 Page
Part III         Continuation of Grants and Other Assistance to           (a) Type of grant or assistance	(b) Number of recipients	ed States (Schedul (c) Amount of cash grant	e I (Form 990), Part II (d) Amount of non- cash assistance	II.) <b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		1 040			
ABY SUPPLIES	25.	1,040.		BOOK	
00D	217.	4.		BOOK	
THER	0.	59.		BOOK	
		JBL			
		×			
	REF				

Schedule I (Form 990)

SCHEDULE	Μ
(Earm 990)	

## **Noncash Contributions**

OMB No. 1545-0047

20

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

ST. MARTHA'S HALL

Open To Public

4

Name of the o	organization
---------------	--------------

Information about Schedule M (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.
 Inspection
 Employer identification number

43-1350160

Par	rt I   Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of det noncash contribut		•	2
		applicable		Form 990, Part VIII, line 1g	noneasir contribu		Junto	,
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		200.	FMV			
5	Clothing and household goods	Х		13,000.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	6	19,709.	FMV			
10	Securities - Closely held stock				/			
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures			6				
14	Qualified conservation contribution - Other			2				
15	Real estate - Residential							
16	Real estate - Commercial		C.	•				
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	500		COST			
20	Drugs and medical supplies	Х	15	100.	COST			
21	Taxidermy		·					
22	Historical artifacts	$\frown$						
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (TOYS	X	20		FMV			
26	Other ( SCHOOL SUPPLI)	X	10		FMV			
27	Other ► ( JEWELRY )	X	5	200.	FMV			
28	Other  ()							
29	Number of Forms 8283 received by the organi						~	
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			0	
					г	<u> </u>	′es	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the date							
	exempt purposes for the entire holding period	?				30a	_	X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance				F	31	$\square$	X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash	1			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) 1	or a type of prope	rty for which column (a) is cl	necked,			
	describe in Part II.							
ΙΗΔ	For Paperwork Reduction Act Notice see	the Instruc	tions for Form 99	0	Schedule M (	Eorm Q	90) (2	2014)

432141 08-12-14

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complet this part for any additional information.
SCHEDULE M, LINE 33:
THE AGENCY FREQUENTLY RECEIVES CLOTHING AND HOUSEHOLD GOODS THAT ARE
USED IN THE SHELTER. ADDITIONALLY, THE AGENCY RECEIVED DONATED AUCTION
ITEMS FOR FUNDRAISERS VALUED AT LESS THAN \$1,000. THESE ITEMS WERE NOT
RECORDED IN REVENUE PER THE DIRECTION OF THE ARCHDIOCESE OF ST. LOUIS.
OX.
432142 08-12-14 Schedule M (Form 990)
432142 08-12-14 Schedule M (Form 990) 36
281103 131623 431350160 2014.04030 ST. MARTHA'S HALL 43135

Schedule M (Form 990) (2014) ST. MARTHA'S HALL

SCHEDULE O (Form 990 or 990-EZ)

Internal Revenue Service

Department of the Treasury

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 OMB No. 1545-0047

Employer identification number 43 - 1350160

ST. MARTHA'S HALL

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VIOLENCE IN THEIR LIVES.

FORM 990, PART VI, SECTION A, LINE 3:

ST. MARTHA'S HALL PAYS A MANAGEMENT AND BOOKKEEPING FEE TO THE ARCHDIOCESE

OF ST. LOUIS. ADDITIONALLY, A MANAGEMENT FEES IS PAID TO THE ST. LOUIS

ARCHDIOCESE FUND (SLAF) FOR THE MANAGEMENT OF THE ORGANIZATION'S

INVESTMENTS. ALONG WITH THIS, THE ORGANIZATION PAYS A MANAGEMENT FEE TO

CARDINAL RITTER SENIOR SERVICES FOR MANAGEMENT OF THE BUILDING IN WHICH ST.

MARTHA IS LOCATED.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS ONE MEMBER - CATHOLIC CHARITIES OF ST. LOUIS. ADDITIONALLY, THE ARCHBISHOP OF ST. LOUIS IS A MEMBER WITH RESERVED POWERS OVER CATHOLIC CHARITIES OF ST. LOUIS, BY WHICH THE ARCHBISHOP HAS ALSO RESERVED POWERS OVER THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

AS A MEMBER WITH RESERVED POWERS OVER CATHOLIC CHARITIES OF ST. LOUIS, BY WHICH THE ARCHBISHOP OF ST. LOUIS ALSO HAS RESERVED POWERS OVER THE ORGANIZATION, THE ARCHBISHOP OF ST. LOUIS HAS THE AUTHORITY TO APPOINT UP TO 50% OF THE BOARD OF DIRECTORS AND TO APPROVE ALL CANDIDATES TO THE BOARD OF DIRECTORS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7B:

Schedule O (Form 990 or 990-EZ) (2014)	Page 2			
Name of the organization ST. MARTHA'S HALL	Employer identification number 43-1350160			
ORGANIZATION ARE SUBJECT TO APPROVAL BY CATHOLIC CHARITIE	S OF ST. LOUIS AND			
THE ARCHBISHOP OF ST. LOUIS.				

FORM 990, PART VI, SECTION B, LINE 11:

THE ORGANIZATION HAS PROVIDED A .PDF COPY OF THE FORM 990 TO THE MEMBERS OF THE FINANCE COMMITTEE OF THE GOVERNING BOARD VIA EMAIL PRIOR TO FILING OF THE TAX RETURN. THE EMAIL SENT TO THE FINANCE COMMITTEE REQUESTS THAT ALL MEMBERS REVIEW THE FORM 990 AS OF A SELECT DATE. ANY QUESTIONS AND COMMENTS ARE TO BE SENT TO THE EXECUTIVE DIRECTOR. ONCE ALL QUESTIONS AND COMMENTS ARE REVIEWED/CLEARED BY THE EXECUTIVE DIRECTOR, THE FORM 990 IS ACCEPTED FOR FILING AND A REPRESENTATION LETTER IS SIGNED BY THE EXECUTIVE DIRECTOR. AT THIS POINT, THE FORM 990 IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: UPON MEMBERSHIP TO THE BOARD OF DIRECTORS, PERSONS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY. ADDITIONALLY, ALL OTHER OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. THE EXECUTIVE DIRECTOR & DEVELOPMENT DIRECTOR WITH THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEW MONTHLY FOR ANY POTENTIAL CONFLICTS.

 

 FORM 990, PART VI, SECTION B, LINE 15:

 THE ORGANIZATION REVIEWS A SALARY ADMINISTRATION PROGRAM, INCLUDING PAY

 GRADES AND RANGES, THAT IS PROVIDED BY CATHOLIC CHARITIES OF ST. LOUIS.

 THE ORGANIZATION ALSO REVIEWS NATIONAL AND LOCAL INFLATION RATES, INTERNAL

 FUNDING ABILITIES, AND PLANNED SALARY BUDGETS FOR THE ARCHDIOCESE OF ST.

 LOUIS. ANNUAL PERFORMANCE EVALUATIONS ARE ALSO REVIEWED WHEN DETERMINING

 SALARY INCREASES. COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED

 432212 08-27-14
 38

 13281103 131623 431350160
 2014.04030 ST. MARTHA'S HALL

Name of the organization ST. MARTHA'S HALL	Employer identification number $43 - 1350160$
ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE GOVERNING BOAR	RD. ALL OTHER
EMPLOYEE COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTI	IVE DIRECTOR.
FORM 990, PART VI, SECTION C, LINE 19:	
ANYONE INTERESTED IN REVIEWING THE ORGANIZATION'S GOVERNI	ING DOCUMENTS,
CONFLICT OF INTEREST POLICY, AND/OR FINANCIAL STATEMENTS	MUST CONTACT THE
EXECUTIVE DIRECTOR, AS THIS INFORMATION IS AVAILABLE TO T	THE PUBLIC UPON
REQUEST. ALSO, THE FINANCIAL STATEMENTS ARE AVAILABLE ON	GUIDESTAR.
$\langle O \rangle$	
FORM 990, PART XII, LINE 2C	
THE AUDIT COMMITTEE OF THE ARCHDIOCESE ASSUMES RESPONSIBI	LITY FOR
OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SE	LECTION OF AN
INDEPENDENT ACCOUNTANT.	
<u> </u>	
0	
432212 08-27-14 Sche 39	dule O (Form 990 or 990-EZ) (2014)
281103 131623 431350160 2014.04030 ST. MARTHA'S HALL	43135011

Schedule O (Form 990 or 990-EZ) (2014)

Page **2** 

SCHEDULE R (Form 990) Department of the Treasur Internal Revenue Service		Related Organization lete if the organization answered Att rmation about Schedule R (Form	"Yes" on Form 990, Part IV, ach to Form 990.	line 33, 34, 35b, 3				201 000 000 000 000 000 000 000 000 000 0	4 Public
Name of the organi				<u>•• www.irs.gov/for</u>	<i><b>1990</b>.</i>	En	nployerident 43-135(	ification n	
Part I Identific	cation of Disregarded Entities Complete	e if the organization answered "Yes	" on Form 990, Part IV, line 33	3.					
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	or (d) Total inco	ome End-of-yea		ssets Direct co en		g
			6						
		-	INSI						
	ation of Related Tax-Exempt Organizations during the tax year.	ations Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34 b	ecause it had one	or more	related tax-ex	empt	
	(a) lame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		<b>(f)</b> ct controlling entity	cont	( <b>g)</b> 512(b)(13) trolled ntity?
					501(c)(3))			Yes	No
20 ARCHBISHOP 1	ST. LOUIS - 43-0653244 MAY DRIVE 63119	RELIGIOUS ORGANIZATION	MISSOURI	501(C)3		ARCHBI LOUIS	SHOP OF ST		x
CATHOLIC CHARITIES OF ST. LOUIS - 43-0653270 4532 LINDELL BLVD. ST. LOUIS, MO 63108		SOCIAL SERVICES	MISSOURI	501(C)3		ARCHBI LOUIS	SHOP OF ST		x
		-							
		-							

OMB No. 1545-0047

Schedule R (Form 990) 2014

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

432161 08-14-14 LHA

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### Schedule R (Form 990) 2014 ST. MARTHA'S HALL

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	l or Percentag <sup>ing</sup> ownersh r?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	lo
	-										
	4										
	-										
	-				(						
	4										
	-										
	-				$\sim$						
	-			C	X						
											_
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	-			C							
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	contr enti	
		country)		, ,				Yes	No
	-								
									<u> </u>
	]								

### Schedule R (Form 990) 2014 ST. MARTHA'S HALL

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transaction:						X	
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a 1b		<u>x</u>	
<b>b</b> Gift, grant, or capital contribution to related organization(s)								
С	Gift, grant, or capital contribution from related organization(s)				1c	X		
d	Loans or loan guarantees to or for related organization(s)				1d		X	
е	Loans or loan guarantees by related organization(s)				1e			
_	Dividends from related organization(s)			2			v	
					1f		<u>x</u> x	
	Sale of assets to related organization(s)				1g			
	Purchase of assets from related organization(s)				1h		X X	
	Exchange of assets with related organization(s)				<u>1i</u>			
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		Х	
			$\sim$					
	Lease of facilities, equipment, or other assets from related organization(s)				1k		<u>X</u>	
	Performance of services or membership or fundraising solicitations for related orga				11		X	
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m		Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n	X		
0	Sharing of paid employees with related organization(s)				10		X	
	Reimbursement paid to related organization(s) for expenses				1p		X	
q	Reimbursement paid by related organization(s) for expenses				1q	X		
	$\bigcirc$							
r	Other transfer of cash or property to related organization(s)				1r		<u> </u>	
S	Other transfer of cash or property from related organization(s)				1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered	relationships and transaction thresholds.				
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount inv	olved			
(1)								
	<b>`</b>							
(2)								
(3)								
(4)								
<i>(</i> <b>_</b> )								
(5)								

(6)

### Schedule R (Form 990) 2014 ST. MARTHA'S HALL

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)		(f)	(g)	()	ר)	(i)	(j)	(k)			
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e) Are a partners 501(c) orgs.	sec. Share of			opor-	Code V-UBI	General o	Percentage			
of entity	, ,	(state or foreign	(related, unrelated,	501(c)	total	end-of-year	Dispr tior alloca	tions?	amount in box 20	managing partner?	ownership			
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	income	assets	Yes	No		Yes NO				
						•								
					2									
					-									
		J	JBY											
			K .											
		7												

Schedule R (Form 990) 2014

### ST. MARTHA'S HALL

Pro	ide additional information for responses to questions on Schedule R (see instructions).	
	5	
	$\sim$	
	X	
	$\bigcirc$	
165 08-14-14	Schedule R	. (⊦orm 990

Form <b>4562</b>	
Department of the Treasury Internal Revenue Service	(99)
Name(s) shown on return	

## Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

990

Attachment Sequence No. 179 Identifying number

L

OMB No. 1545-0172

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Interr		about Form 456	62 and its se	parate instru	ctions is at	www.irs.gov	/form4562		Sequence No. <b>179</b>
Nam	e(s) shown on return			Busine	ess or activity to	which this form r	elates		Identifying number
	MARTHA'S HALL					PAGE 1			43-1350160
	art I Election To Expense Certain Prope	rty Under Section 1	179 Note: If yo	ou have any lis	ted propert	y, complete F			
	Maximum amount (see instructions)						·····	1	500,000.
	Total cost of section 179 property plac							2 3	2 000 000
	Threshold cost of section 179 property						·····	3	2,000,000.
_	Reduction in limitation. Subtract line 3						······ —	5	
	Dollar limitation for tax year. Subtract line 4 from line (a) Description of pro-		r -0 If married fi	ling separately, see (b) Cost (busin		1	ected cost	-	
6		operty		(b) COSt (busin	ess use only)	(C) EI	ected cost	-	
7	Listed property. Enter the amount from	line 29			7		$ \ge $		
8	Total elected cost of section 179 prope							8	
9	Tentative deduction. Enter the smaller	of line 5 or line 8						9	
	Carryover of disallowed deduction from							10	
11	Business income limitation. Enter the s	maller of busines	s income (no	t less than zer	ro) or line 5		🗖	11	
12	Section 179 expense deduction. Add li	nes 9 and 10, bu	t do not ente	er more than lir	ne 11	,		12	
13	Carryover of disallowed deduction to 2	015. Add lines 9	and 10, less	line 12	🕨 13				
	e: Do not use Part II or Part III below for	r listed property.	Instead, use	Part V.	<u><u> </u></u>				
Pa	art II Special Depreciation Allowa	nce and Other D	Depreciation	(Do not inclu	de listed pro	operty. <b>)</b>			
14	Special depreciation allowance for qua	lified property (ot	her than liste	ed property) pl	aced in serv	ice during			
	the tax year						1	14	
15	Property subject to section 168(f)(1) ele	ection					1	15	
	Other depreciation (including ACRS)						1	16	
Pa	art III MACRS Depreciation (Do no	<b>t</b> include listed p		7	)				
				ection A					
17	MACRS deductions for assets placed i	n service in tax y	ears beginnir	ng before 2014	4			17	
18	If you are electing to group any assets placed in serv								
	Section B - Assets	(b) Month and	. <u> </u>	or depreciation		<u> </u>	eciation S	yste	em
	(a) Classification of property	year placed in service	(business/i	nvestment use instructions)	(d) Recove period	ry (e) Conven	tion (f) Meth	od	(g) Depreciation deduction
19a	3-year property							$\square$	
b	5-year property	$\mathbf{Y}$						$\square$	
C	7-year property	_						$\square$	
d	10-year property	_	L					$ \rightarrow$	
e	, , , ,	_	L					$ \rightarrow$	
f	, , , ,	-	L					$ \rightarrow$	
g	25-year property				25 yrs.		S/L		
h	Residential rental property	/			27.5 yrs		S/L		
		/			27.5 yrs		S/L	-	
i	Nonresidential real property	/			39 yrs.	MM	S/L	-	
	Section C - Assets F	/ Placed in Service	 During 201	4 Tax Year U	ina the Alt				tem
			<b>_</b>				S/L	<u> </u>	
b		-			12 yrs.		S/L		
c		/			40 yrs.	MM	S/L		
Pa	Summary (See instructions.)								
21	Listed property. Enter amount from line	28						21	
22	Total. Add amounts from line 12, lines	14 through 17, lir	nes 19 and 2	0 in column (g	), and line 2	1.		Τ	
	Enter here and on the appropriate lines	of your return. P	artnerships a	and S corpora	tions - <u>see</u> ii	nstr		22	0.
	For assets shown above and placed in								
	portion of the basis attributable to sect	ion 263A costs			23				
4162 01-0	<sup>51</sup> LHA For Paperwork Reduction	Act Notice, see	separate in	structions.					Form <b>4562</b> (2014)

<sup>40</sup> 2014.04030 ST. MARTHA'S HALL

Foi	rm 4562 (2014)	ST.	MARTHA	'S I	IALL								43-	1350	160	Page <b>2</b>
P	art V Listed Proper			ertain ot	her vehic	cles,	certa	ain aircr	aft, ce	ertain com	outers, a	nd prop				
	Note: For any	amusement.) /ehicle for w	hich vou are u	sina the	e standar	d mil	leade	e rate or	dedu	ctina lease	expens	e. como	lete	24a. 24	1b. colun	nns (a)
	through (c) of S	Section A, al	l of Section B,	and Se	ction C if	app	olicab	le.							,	
		-	on and Other		-	autic	on: Se	ee the i	nstruc	tions for li	mits for p	basseng	er auton	nobiles.)		
24a	a Do you have evidence to s	1	1	nt use c	laimed?		<mark>∐ Y</mark> e		No	24b If "Y	es," is th	e evide	nce writt	ten?	Yes	No
(a) (b) (c) Type of property Date Business/				(d)		Basis	(e) s for depre	ciation	(f)		g)	(h)			(i) cted	
	Type of property (list vehicles first)	placed in	investment		Cost or ther basis			ness/inve	stment	Recovery period		hod/ ention		ciation uction		n 179
	· · · ·	service	use percenta	Je				use only	,						CC	ost
25	Special depreciation allo		•													
	used more than 50% in									<u></u>	<u></u>	25				
26	Property used more tha	n 50% in a c 1	i .		:					i	I		i			
		: :	-	6												
		1 1 1	-	6												
	D 1 1500/ 1		,	6												
27	Property used 50% or le	· · ·					<u> </u>			1	0.1					
			-	6							S/L ·					
		: :	-	6							S/L ·					
		(1-) 1/ 05		6		. P.o. o					S/L ·					
	Add amounts in column											28				
29	Add amounts in column	(i), line 26. E												. 29		
0-	unalata this section for us				B - Infor			-								
	mplete this section for ve															5
το γ	your employees, first ans	wer the que	stions in Section	on C to	see if yo	u me	et al	n excep	otion to	o completi	ng this s	ection	or those	venicies	<b>.</b>	
					(a)		/h	1		(0)	6	n		<u></u>	/4	<u>,                                     </u>
20	Total huginage/invoctment	milae drivan d	luring the		(a) hicle		(b Vehi	-		(c) /ehicle	(c Veh	-		e) nicle	(f Veh	-
30	Total business/investment year ( <b>do not</b> include comr		•	Ve			VEIII		V	CIIICIE	Ven		VEI		Ven	
24																
	Total commuting miles of															
32	Total other personal (no															
~~	driven															
33	Total miles driven during				$\sim$											
24	Add lines 30 through 32 Was the vehicle availab			Yes	No		es	No	Yes	s No	Yes	No	Yes	No	Yes	No
34	during off-duty hours?	•		163			-5	NU	163		165	NU	165		165	NU
35	Was the vehicle used p			()			_						<u> </u>			
35	than 5% owner or relate															
26	Is another vehicle availa															
30	use?	•														
	use:		- Questions f	or Emr	lovers V	l Vho l	Prov	ida Vał	l	for Use b	V Their F	mnlove				
Δn	swer these questions to a				-									re not m	ore than	5%
	ners or related persons.		yeu moor an o	Nooptio		pieri	ing c		5 101 1			npicy co			ore than	0,0
	Do you maintain a writte		-		-					-	-				Yes	No
38	employees? Do you maintain a writte															
-	employees? See the ins				•				•							
39	Do you treat all use of v															
	Do you provide more the															
	the use of the vehicles,		•						-							
41	Do you meet the require															
	Note: If your answer to															
P	art VI Amortization															
	(a) Description of	( a a a ta		(b)		A	(c)			(d)		(e)		٥	(f)	
	Description of	COSIS		amortization begins	1		nount	e		Code section		Amortiza period or per		fo	nortization r this year	
42	Amortization of costs th	at begins du			ar:											
				: :												
				: :												
43	Amortization of costs th	at began be	fore your 2014	tax ye	ar								43			
	Total. Add amounts in c											<u></u>	44			
416	252 01-08-15													F	orm <b>4562</b>	<b>2</b> (2014)
								46								

43135011

<sup>13281103 131623 431350160 2014.04030</sup> ST. MARTHA'S HALL

	53-EO		1	Elect	Declaration ronic Filing	l I			ŀ	OWR NO	0. 1545-1879
		For calendar year 201	4, or tax year begi	nning JUL	1 , 2014	, and ending	JUN 30	), 20 1	5	21	)14
Department of the	e Treasury	For	use with Fo	ms 990, 99	0-EZ, 990-PF,	1120-POL	., and 8868	5			
	mpt organizatio	n n						Emplo	yer id	dentificatio	n number
		ST. MART	HA'S HA	LL				4	3-1	135016	0
Part I	Type of Re	eturn and Retu	ırn Informa	ation (Who	le Dollars Only	)					
Check the bo	ox for the type o	of return being filed	d with Form 8	153-EO and	enter the appli	cable amo	unt, if any, i	from the re	turn.	If you chec	k the box on
line <b>1a, 2a, 3</b>	a, 4a, or 5a bel	ow and the amoun	nt on that line	of the return	being filed wit	th this form	was blank	, then leav	e line	1b, 2b, 3b,	4b, or 5b,
		nk (do not enter -0-	). If you enter	ed -0- on the	return, then e	nter -0- on	the applica	ble line bel	ow. C	o not com	olete more
than one line	o in Part I. O check here	► X b Total	l revenue, if a	ny (Form 99	0, Part VIII, col	lumn (A) lir	12)		1h	1.	076,170
	0-EZ check her				n 990-EZ, line 9				2b		0101210
3a Form 11	20-POL check	here 🕨 📃 b	Total tax (Fo	orm 1120-PC	L, line 22)				3b		
	0-PF check her	″е ▶ Ь Т	ax based on	investment	income (Form	n 990-PF, P	art VI, line 5	5)	4b		
5a Form 88	68 check here	▶ b Balar	nce due (Forr	n 8868, Part	I, line 3c or Pa	art II, line 80	c)		5b		
							(	<u> </u>			
Part II	Declaration	n of Officer									
6 🛄 lau	uthorize the U.S	6. Treasury and its	designated F	nancial Age	nt to initiate an	n Automate	d Clearing	House (AC	H) ele	ectronic fun	ds withdrawa
(dir tax	rect debit) entry	to the financial ins s return, and the fi	stitution acco	unt indicate	d in the tax pre	paration so	oftware for	payment o	f the	organizatior	i's federal
		Agent at 1-888-35									
inst	titutions involve	ed in the processin	g of the elect								
<b></b>		s related to the pay		<i></i> .		9					
exe	ecuted the elect	turn is being filed v tronic disclosure c	onsent conta	ned within t	his return allow	ies as part ing disclos	of the IRS I sure by the	Fed/State	orogra Form	am, I certify 1 990/990-E	that I Z/990-PF
(as	specifically ide	ntified in Part I abo	ove) to the se	arted state							
1. I											
Under penalti electronic ret	ies of perjury, I	declare that I am a	an officer of th	e above nai	ned organizatio	on and tha	t I have exa	mined a co	opy o	f the organi	zation's 2014
electronic ret further declar	les of perjury, I turn and accom re that the amou	declare that I am a panying schedules unt in Part I above	an officer of th s and stateme is the amoun	e above nar nts, and to t shown on	ned organization the best of my the copy of the	knowledge organizati	and belief,	, they are t onic return.	rue, c I cor	correct, and isent to allo	complete. I w my
electronic ret further declar intermediate	ies of perjury, I turn and accom re that the amou service provide	declare that I am a panying schedules unt in Part I above r, transmitter, or el	an officer of th s and stateme is the amoun lectronic retur	e above nar nts, and to t shown on n originator	ned organization the best of my the copy of the (ERO) to send	knowledge organizati the organiz	e and belief, ion's electro zation's retu	, they are t onic return. urn to the I	rue, c I cor RS ar	correct, and isent to allo ind to receive	complete. I w my e from the IRS
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