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# Short Form Return of Organization Exempt From Income Tax

2012

Open to Public  
Inspection

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

▶ **Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.**

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

Department of the Treasury  
Internal Revenue Service

**A For the 2012 calendar year, or tax year beginning** , 2012, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> GODFREY DANIELS Number and street (or P O box, if mail is not delivered to street address) Room/suite 7 EAST FOURTH STREET City or town, state or country, and ZIP + 4 BETHLEHEM, PA 18015	<b>D Employer identification number</b> 23-1986385  <b>E Telephone number</b> ( ) -  <b>F Group Exemption Number</b> ▶
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**G Accounting Method:**  Cash  Accrual Other (specify) ▶ \_\_\_\_\_ **H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** ▶ \_\_\_\_\_ **J Tax-exempt status (check only one):**  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K Check**  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts.** If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 145,473.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	34,386.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	73,053.
	<b>3</b> Membership dues and assessments	<b>3</b>	23,448.
	<b>4</b> Investment income	<b>4</b>	40.
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b> Less cost or other basis and sales expenses	<b>5b</b>	0
	<b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>6a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>6b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	5,038.
<b>6c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>6d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	5,038.	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>7b</b> Less: cost of goods sold	<b>7b</b>	0	
<b>7c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	9,508.	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	145,473.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	36,054.
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	14,640.
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	3,729.
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	93,427.
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	147,850.	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-2,377.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	11,863.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	9,486.

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . X

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . . . .

What is the organization's primary exempt purpose? ATTACHMENT 8

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

Table for program service accomplishments. Rows include DEVELOPMENT AND PROMOTION OF COMMUNITY AWARENESS OF AND INTEREST IN FOLK MUSIC AND FOLK ART, with sub-rows for grants and expenses (28a, 29a, 30a, 31a, 32).

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . .

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains ATTACHMENT 9.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37 b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of GODFREY DANIELS Telephone no 610-867-2390 Located at 7 EAST FOURTH STREET BETHLEHEM, PA ZIP + 4 18015
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country...
42c At any time during the calendar year, did the organization maintain an office outside the U S?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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 . . . . .	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	X
b If "Yes," was the related organization a section 527 organization? . . . . .	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

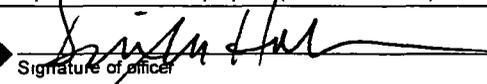
f Total number of other employees paid over \$100,000 . . . . .  
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

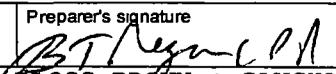
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		0

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. . . . .  Yes  No

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

Sign Here	Signature of officer 	Date 10/14/13
	Type or print name and title DINA M. HALL PRESIDENT	

Paid Preparer Use Only	Print/Type preparer's name BT. Regan CPA	Preparer's signature 	Date 11-11-13	Check <input type="checkbox"/> if self-employed	PTIN P00371796
	Firm's name REGAN LEVIN BLOSS BROWN & SAVCHAK	Firm's EIN 27-0641509		Phone no 610-434-7700	
	Firm's address 1620 POND ROAD, SUITE 101 ALLENTOWN, PA 18104				

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

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

GODFREY DANIELS

Employer identification number

23-1986385

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

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.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2012; 15 Public support percentage from 2011; 16a 33 1/3% support test - 2012; 16b 33 1/3% support test - 2011; 17a 10%-facts-and-circumstances test - 2012; 17b 10%-facts-and-circumstances test - 2011; 18 Private foundation.

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	41,057.	37,818.	46,577.	45,513.	57,834.	228,799.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	94,090.	85,644.	77,921.	94,145.	87,599.	439,399.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	135,147.	123,462.	124,498.	139,658.	145,433.	668,198.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b.						0
8 Public support (Subtract line 7c from line 6.)						668,198.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.	135,147.	123,462.	124,498.	139,658.	145,433.	668,198.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,185.	1,352.	1,411.	1,361.	40.	6,349.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	2,185.	1,352.	1,411.	1,361.	40.	6,349.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	137,332.	124,814.	125,909.	141,019.	145,473.	674,547.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	99.06%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	98.82%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)).	17	.94%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	1.18%

- 19a **33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- b **33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col. (c))
Revenue	1	Gross receipts . . . . .			
	2	Less: Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .			
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .			
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			
11	Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				( )

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo		(b) Pull tabs/instant bingo/progressive bingo		(c) Other gaming		(d) Total gaming (add col (a) through col. (c))
		Yes	No	Yes	No	Yes	No	
Revenue	1	Gross revenue . . . . .						
	Direct Expenses	2	Cash prizes . . . . .					
		3	Noncash prizes . . . . .					
		4	Rent/facility costs . . . . .					
		5	Other direct expenses . . . . .					
6	Volunteer labor . . . . .	Yes _____ % No	Yes _____ % No	Yes _____ % No				
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶							( )
8	Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶							( )

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain. \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain. \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information

Name ▶ -----

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

GODFREY DANIELS

Employer identification number

23-1986385

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION

AMOUNT

INTEREST INCOME

40.

TOTAL

40.

ATTACHMENT 2

FORM 990EZ, PART I - FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION

GROSS  
REVENUE

NET  
INCOME

GUITAR RAFFLE

1,871.

1,871.

SPONSORS

3,167.

3,167.

TOTALS

5,038.

5,038.

ATTACHMENT 3

FORM 990EZ, PART I - OTHER REVENUE

OTHER REVENUE

2,475.

RENTAL INCOME

850.

CONCESSION INCOME

6,183.

TOTALS

9,508.

Name of the organization GODFREY DANIELS	Employer identification number 23-1986385
---	--

ATTACHMENT 4

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	2,969.
CONFERENCES, CONVENTIONS	91.
DEPRECIATION	894.
BANK FEES	1,984.
TRASH	840.
ADVERTISING	518.
FUNDRAISING	1,064.
INSURANCE	3,386.
LICENSES	491.
PERFORMER HOSPITALITY	2,765.
OFFICE EXPENSE	2,382.
PERFORMER FEES	58,269.
UTILITIES	5,578.
PROFESSIONAL SERVICES	5,678.
DUES	340.
CONCESSION EXPENSES	6,178.
<b>TOTAL</b>	<u><u>93,427.</u></u>

ATTACHMENT 5

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	35,454.	17,236.
<b>TOTALS</b>	<u><u>35,454.</u></u>	<u><u>17,236.</u></u>

Name of the organization

GODFREY DANIELS

Employer identification number

23-1986385

ATTACHMENT 6FORM 990EZ, PART II - OTHER ASSETSDESCRIPTIONEND  
OF YEAR

SECURITY DEPOSIT

119.

TOTALS

119.ATTACHMENT 7FORM 990EZ, PART II - TOTAL LIABILITIESDESCRIPTIONBEGINNING  
OF YEAREND  
OF YEAR

ACCOUNTS PAYABLE

1,107.

2,776.

SUPPORT AND REVENUE FOR FUTURE PERIODS

22,345.

8,536.

SALES TAX

142.

140.

TOTALS

23,595.11,451.ATTACHMENT 8FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSEDEVELOPMENT AND PROMOTION OF COMMUNITY AWARENESS OF AND INTEREST IN  
FOLK MUSIC AND FOLK ART.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	REPORTABLE COMPENSATION (FORM W-2/ 1099-MISC)	DEFERRED COMPENSATION
DINA HALL 7 EAST FOURTH STREET BETHLEHEM, PA 18015	PRESIDENT 0	0	0
RAMONA LABARRE 7 EAST FOURTH STREET BETHLEHEM, PA 18015	EXECUTIVE DIRECTOR 0	32,938.	0
CHUCK SCHUBERT 7 EAST FOURTH STREET BETHLEHEM, PA 18015	TREASURER 0	0	0
MARY RADAKOVITS 7 EAST FOURTH STREET BETHLEHEM, PA 18015	SECRETARY 0	0	0
LOLY REYNOLDS	VICE-PRESIDENT 0	0	0
GRAND TOTALS		32,938.	0

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

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment  
Sequence No **179**

Name(s) shown on return

**GODFREY DANIELS**

Identifying number

**23-1986385**

Business or activity to which this form relates

**GENERAL DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.*

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property	SEE					
b 5-year property	DETAIL	4,471.	5.000	HY	200DB	894.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27 5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	894.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use: % % %
27 Property used 50% or less in a qualified business use: % % % S/L - S/L - S/L -
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions)
43 Amortization of costs that began before your 2012 tax year 43
44 Total. Add amounts in column (f) See the instructions for where to report 44



**GODFREY DANIELS**

Financial Statements  
Years ended December 31, 2012 and 2011

# **GODFREY DANIELS**

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## Table of Contents December 31, 2012 and 2011

Independent Accountants' Review Report	1
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Statements of Cash Flows	4
Notes to Financial Statements	5-6



rlbaccountants.com  
info@rlbaccountants.com

REGAN, LEVIN, BLOSS, BROWN & SAVCHAK, P.C.  
CERTIFIED PUBLIC ACCOUNTANTS

*"Strength in Numbers"*

---

Brian T. Regan, CPA  
Martin C. Levin, CPA, CVA, MBA  
William E. Bloss, CPA  
Jeffrey S. Berdahl, CPA/PFS, CSEP  
Philip D. Pope, CPA  
Joel A. Ronco, CPA

---

Frank M. Brown, CPA  
*Emeritus*  
John A. Savchak, CPA  
*Emeritus*

**INDEPENDENT ACCOUNTANTS' REVIEW REPORT**

To the Board of Directors  
*Godfrey Daniels*  
Bethlehem, Pennsylvania

We have reviewed the accompanying statements of financial position of Godfrey Daniels (a non-profit organization) as of December 31, 2012 and 2011, and the related statements of activities and cash flows for the years then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Organization management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the reviews in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. We believe that the results of our procedures provide a reasonable basis for our report.

Based on our reviews, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

*Regan, Levin, Bloss, Brown & Savchak, P.C.*

October 31, 2013

1620 Pond Rd. • Suite 101  
Allentown, PA 18104  
610-434-7700 • Fax: 610-434-9577

400 Northampton St. • Suite 404  
Easton, PA 18042  
484-546-0650 • Fax: 484-546-0652

814 Main St • Suite 100  
Stroudsburg, PA 18360  
570-421-7434 • Fax 570-421-0456

## **GODFREY DANIELS**

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### **Statements of Financial Position**

**December 31, 2012 and 2011**

*(See Independent Accountants' Review Report)*

<b>Assets</b>	<u>2012</u>	<u>2011</u>
Current assets:		
Cash and cash equivalents	\$ 17,236	\$ 35,453
Total current assets	<u>17,236</u>	<u>35,453</u>
Fixed assets, net	3,582	4
Other asset - security deposit	<u>119</u>	<u>—</u>
Total assets	<u>\$ 20,937</u>	<u>\$ 35,457</u>
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Accounts payable	\$ 2,776	\$ 1,107
Deferred grants	4,800	20,000
Advance ticket sales	2,634	1,235
Gift certificates	1,102	1,110
PA sales tax liability	<u>139</u>	<u>142</u>
Total current liabilities	<u>11,451</u>	<u>23,594</u>
Unrestricted net assets	<u>9,486</u>	<u>11,863</u>
Total liabilities and net assets	<u>\$ 20,937</u>	<u>\$ 35,457</u>

*See accompanying notes to financial statements.*

**GODFREY DANIELS****Statements of Activities**

Years ended December 31, 2012 and 2011

*(See Independent Accountants' Review Report)*

	2012		2011	
	Amount	Ratio	Amount	Ratio
<b>Support:</b>				
Admissions	\$ 73,053	50.22	\$ 87,064	59.10
Contributions	8,720	5.99	10,916	7.41
Food sales	6,183	4.25	7,667	5.20
Fund raising	1,871	1.29	2,040	1.38
Grants	28,834	19.82	9,134	6.20
Interest	40	0.03	1,361	0.92
Miscellaneous	1,854	1.27	90	0.06
Memberships	23,448	16.12	28,313	19.22
Merchandise sales	1,470	1.01	740	0.51
<b>Total support</b>	<b>145,473</b>	<b>100.00</b>	<b>147,325</b>	<b>100.00</b>
<b>Expenses:</b>				
<b>Program services:</b>				
Concert production	1,106	0.76	1,829	1.24
Food for resale	6,179	4.25	6,204	4.21
Performers' fees	58,269	40.05	64,071	43.49
Performers' hospitality	4,602	3.16	3,191	2.17
<b>Total program services</b>	<b>70,156</b>	<b>48.22</b>	<b>75,295</b>	<b>51.11</b>
<b>Managerial and general:</b>				
Advertising	518	0.36	877	0.60
Bank and card fees	1,984	1.36	2,371	1.61
Depreciation and amortization	894	0.61	228	0.15
Flyer printing and production	—	0.00	1,934	1.31
Fund raising	1,064	0.73	2,418	1.64
Insurance	3,386	2.33	2,232	1.52
Licenses and fees	831	0.57	694	0.47
Maintenance/repair	3,727	2.56	4,734	3.21
Miscellaneous	117	0.08	33	0.02
Office supplies	4,106	2.82	3,552	2.41
Payroll taxes	3,116	2.14	3,027	2.05
Professional fees	5,677	3.90	2,440	1.66
Postage	2,005	1.38	3,230	2.19
Rent	9,496	6.53	9,000	6.11
Telephone	1,417	0.97	1,403	0.95
Trash removal	840	0.58	1,274	0.86
Utilities	5,578	3.83	6,268	4.25
Wages	32,938	22.64	22,822	15.49
<b>Total managerial and general</b>	<b>77,694</b>	<b>53.39</b>	<b>68,537</b>	<b>46.50</b>
<b>Total expenses</b>	<b>147,850</b>	<b>101.61</b>	<b>143,832</b>	<b>97.61</b>
Increase (decrease) in unrestricted net assets	(2,377)	-1.61	3,493	2.39
Net assets, beginning of year	11,863		8,370	
Net assets, end of year	\$ 9,486		\$ 11,863	

*See accompanying notes to financial statements.*

**GODFREY DANIELS****Statements of Cash Flows****Years ended December 31, 2012 and 2011***(See Independent Accountants' Review Report)*

	<u>2012</u>	<u>2011</u>
Cash flows from operating activities:		
Increase (decrease) in unrestricted net assets	\$ (2,377)	\$ 3,493
Adjustments to reconcile increase (decrease) in unrestricted net assets to net cash provided by (used in) operating activities:		
Depreciation and amortization	894	228
Increase in assets	(119)	—
(Decrease) increase in current liabilities	<u>(12,143)</u>	<u>17,573</u>
Cash flows provided by (used in) operating activities	<u>(13,745)</u>	<u>21,294</u>
Cash flows from investing activities:		
Purchase of capital assets	<u>(4,472)</u>	<u>—</u>
Cash used by investing activities	<u>(4,472)</u>	<u>—</u>
Net increase (decrease) in cash and cash equivalents	(18,217)	21,294
Cash and cash equivalents at beginning of year	<u>35,453</u>	<u>14,159</u>
Cash and cash equivalents at end of year	<u>\$ 17,236</u>	<u>\$ 35,453</u>

*See accompanying notes to financial statements.*

## **GODFREY DANIELS**

---

### **Notes to Financial Statements**

**December 31, 2012 and 2011**

*(See Independent Accountants' Review Report)*

1. Nature of Activities:

Godfrey Daniels was established to develop and promote community awareness of and interest in folk music and art in Bethlehem, Pennsylvania and the surrounding Lehigh Valley area. Admission fees are charged in order to pay for folk art and music performances. Membership dues are also collected to further fund the Organization's services and presentations.

2. Summary of Significant Accounting Policies:

Godfrey Daniels prepares its financial statements on the basis of generally accepted accounting principles. The Organization utilizes the accrual method of accounting. Under the accrual method of accounting, revenues are recorded when earned rather than when received, and expenses are recorded when incurred rather than when paid.

All highly-liquid investments with maturities of three months or less at date of purchase are considered to be cash equivalents. Amounts reported as cash and cash equivalents include checking, savings, and money market accounts.

Depreciation and amortization of fixed assets are provided using the straight-line method over the estimated useful lives of the assets. Depreciation and amortization expense amounted to \$894 in 2012 and \$228 in 2011.

Advertising costs are expensed as incurred. Advertising expense amounted to \$518 in 2012 and \$877 in 2011.

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

## **GODFREY DANIELS**

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### **Notes to Financial Statements**

**December 31, 2012 and 2011**

*(See Independent Accountants' Review Report)*

#### **3. Fixed Assets:**

Fixed assets are stated at cost and consisted of the following at December 31, 2012 and 2011:

	<u>2012</u>	<u>2011</u>
Equipment	\$ 26,306	\$ 21,834
Leasehold improvements	<u>22,399</u>	<u>22,399</u>
	48,705	44,233
Less accumulated depreciation and amortization	<u>45,123</u>	<u>44,229</u>
	<u>\$ 3,582</u>	<u>\$ 4</u>

#### **4. Lease Agreement and Rent Expense:**

The Organization leases space under a lease agreement which automatically renews annually if the Organization continues in possession of the premises. Rent expense under the lease amounted to \$9,496 and \$9,000 in 2012 and 2011, respectively.

#### **5. Taxes:**

Godfrey Daniels is a non-profit organization based in the state of Pennsylvania. The Organization has been granted non-profit status from the Internal Revenue Service under Section 501(c)(3) of the Internal Revenue Code. The Organization's tax returns for years prior to 2009 are no longer subject to examination by tax authorities.

#### **6. Evaluation of Subsequent Events:**

The Organization evaluated events and transactions occurring subsequent to December 31, 2012, for items that could potentially be recognized or disclosed in these financial statements. The evaluation was conducted through October 31, 2013, the date these financial statements were available to be issued.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  <small>File by the due date for filing your return See instructions</small>	Name of exempt organization or other filer, see instructions.	<b>Enter filer's identifying number, see instructions</b>	
	GODFREY DANIELS	Employer identification number (EIN) or 23-1986385	
	Number, street, and room or suite no. If a P O box, see instructions. 7 EAST FOURTH STREET	Social security number (SSN)	
City, town or post office, state, and ZIP code. For a foreign address, see instructions BETHLEHEM, PA 18015			

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of  GODFREY DANIELS  
 Telephone No.  610 867-2390 FAX No.

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 2013.

5 For calendar year 2012, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	<b>8a \$</b>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b \$</b>
c <b>Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>8c \$</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title  BRIAN T. REGAN, CPA Date  08/08/2013