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**2014****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**A** For the 2014 calendar year, or tax year beginning 2014, and ending 2014

**B** Check if applicable: ☐ Address change, ☐ Name change, ☐ Initial return, ☐ Final return/terminated, ☐ Amended return, ☐ Application pending

**C** Name of organization: FIRST Regiment Infantry of Pennsylvania

**D** Employer identification number: 23-6272332

Number and street for P.O. box, if mail is not delivered to street address: P.O. Box 477

**E** Telephone number: \_\_\_\_\_

City or town, state or province, country, and ZIP or foreign postal code: MULLICA HILL, NJ 08062

**F** Group Exemption Number: \_\_\_\_\_

**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)4 ☐ 501(c)6 ☐ 527

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

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

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

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

For Paperwork Reduction Act Notice, see the separate instructions

Caution: 2542

Form 990-EZ (2014)

**Total Expenses**

2

2

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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 ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		22 7/24852
23 Land and buildings		23 378,979.31
24 Other assets (describe in Schedule O)		24 984,434.63
25 <b>Total assets</b>		25 1,431,666.86
26 <b>Total liabilities</b> (describe in Schedule O)		26 0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		27 1,431,666.86

**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? *SUPPORT OF 13th ENF BN PA Nat'l Guard 28th*

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

28	PA Nat'l Guard Troops in Foreign Countries		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	35,514.44
29	PA Nat'l Guard Troops in home (ARMED) Station/Phila, PA		6238.40
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	well Fargo Compensation		16,129.96
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 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 ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
* Thomas P. Anglim President	41/45 hrs	-0-	-0-	-0-
Albert Manjiani Vice President	41/45 hrs	-0-	-0-	-0-
*** Chester T. Osinski ASST Secretary	41/150 hrs	1600.00	-0-	1600.00
*** Franklin J. Heim, Jr. Treasurer	41/230 hrs	1600.00	-0-	1600.00
James J. DiBella Vice President	41/20 hrs	-0-	-0-	-0-
Robert R. McQue Vice President	41/20 hrs	-0-	-0-	-0-
William McE Barnes Secretary	41/25 hrs	1417.00	-0-	1417.00
Lawrence J. Volz ASST Treasurer	41/00 hrs	-0-	-0-	-0-
Phillip DeHennis Trustee	41/30 hrs	-0-	-0-	-0-
Harry V. Dutkysky Trustee	41/15 hrs	-0-	-0-	-0-
John L. Granski Trustee	41/15 hrs	-0-	-0-	-0-
Wesley E. Craig Trustee	41/15 hrs	-0-	-0-	-0-
James P. Wong Trustee	41/15 hrs	-0-	-0-	-0-

\* 9 meetings per year \*XX 150 hrs per year  
 \*\* 5 meetings per year \*\*\* 300 hrs per year

**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 ☐

	Yes	No
<b>33</b> 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		<input checked="" type="checkbox"/>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		<input checked="" type="checkbox"/>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		<input checked="" type="checkbox"/>
<b>38a</b> 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?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40a</b> , section 4955 <b>40a</b>		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I <b>40b</b>		<input checked="" type="checkbox"/>
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>40c</b>		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T <b>40e</b>		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed <b>None</b>		
<b>42a</b> The organization's books are in care of <b>FAM Assoc. F S Heim, Jr</b> Telephone no <b>42a</b> Located at <b>P.O. Box 477, Mollie Hill, NJ</b> ZIP + 4 <b>08062</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <b>42b</b> If "Yes," enter the name of the foreign country <b>42b</b> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		<input checked="" type="checkbox"/>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? <b>42c</b> If "Yes," enter the name of the foreign country <b>42c</b>		<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <b>43</b> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		<input type="checkbox"/>
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44a</b>		
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44b</b>		
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? <b>44c</b>		
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>44d</b>		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? <b>45a</b>		
<b>b</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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) <b>45b</b>		

- 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

	Yes	No
<b>46</b>		<input checked="" type="checkbox"/>

**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 ☐

- 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

	Yes	No
<b>47</b>		<input checked="" type="checkbox"/>
<b>48</b>		<input checked="" type="checkbox"/>
<b>49a</b>		<input checked="" type="checkbox"/>
<b>49b</b>		<input checked="" type="checkbox"/>

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

- b** If "Yes," was the related organization a section 527 organization?

- 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	(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
William Mc Barnes Secretary	41/25	141700	-0-	141700
Chester T. Osinski Asst. Secretary	41/150	160000	-0-	160000
Franklin J. Herm, Jr. Treasurer	41/230	160000	-0-	160000

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

None

- 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 business address of each independent contractor	(b) Type of service	(c) Compensation

- 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 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	PTIN	
	Treasurer	4/19/15		P00141880
Paid Preparer Use Only	Type or print name and title	Preparer's signature	Date	Check box if self-employed
	Print/Type preparer's name		4/19/15	<input checked="" type="checkbox"/>
	Firm's name	Firm's EIN	Firm's address	Phone no.
Firm's name		Firm's EIN		Firm's address
Firm's name		Firm's EIN		Firm's address

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

☐ Yes ☐ No