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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

FIRST CATHOLIC SLOVAK LADIES ASSOCIATION  
OF THE UNITED STATES OF AMERICA

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

24950 CHAGRIN BOULEVARD

City or town, state or province, country, and ZIP or foreign postal code

CLEVELAND, OH 441225634

F Name and address of principal officer

CYNTHIA MARIA MALESKI  
24950 CHAGRIN BLVD  
BEACHWOOD, OH 44122

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

34-0220540

E Telephone number

(216) 464-8015

G Gross receipts \$ 104,769,948

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) ( 8 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.FCSLA.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1899

M State of legal domicile OH

Part I Summary				
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>TO PROVIDE FRATERNAL AND OTHER BENEFITS TO MEMBERS</div><div></div><div></div><div></div></div>			
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>			
	<div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div></div>	<div><div>3</div></div>	<div>13</div>	
	<div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div></div>	<div><div>4</div></div>	<div>0</div>	
	<div><div>5</div><div>Total number of individuals employed in calendar year 2015 (Part V, line 2a)</div></div>	<div><div>5</div></div>	<div>38</div>	
Revenue	<div><div>6</div><div>Total number of volunteers (estimate if necessary)</div></div>	<div><div>6</div></div>	<div>0</div>	
	<div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div></div>	<div><div>7a</div></div>	<div>3,904</div>	
	<div><div>b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div></div>	<div><div>7b</div></div>	<div>-2,947</div>	
	<div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div></div> <div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div></div> <div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7 d )</div></div> <div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div></div> <div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div></div>	<div><div>Prior Year</div></div>	<div><div>Current Year</div></div>	
		<div>0</div>	<div>0</div>	
Expenses		<div>33,308,974</div>	<div>44,131,059</div>	
		<div>40,450,700</div>	<div>40,296,393</div>	
		<div>24,938</div>	<div>14,835</div>	
		<div>73,784,612</div>	<div>84,442,287</div>	
<div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3 )</div></div> <div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div></div> <div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div></div> <div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div></div> <div><div>b</div><div>Total fundraising expenses (Part IX, column (D), line 25) ▶0</div></div> <div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</div></div> <div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div></div> <div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div></div>	<div>578,384</div> <div>45,340,848</div> <div>2,339,159</div> <div>0</div> <div>21,417,739</div> <div>69,676,130</div> <div>4,108,482</div>	<div>621,490</div> <div>39,841,934</div> <div>2,464,807</div> <div>0</div> <div>38,145,439</div> <div>81,073,670</div> <div>3,368,617</div>		
Net Assets or Fund Balances	<div><div>20</div><div>Total assets (Part X, line 16)</div></div> <div><div>21</div><div>Total liabilities (Part X, line 26)</div></div> <div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div></div>	<div><div>Beginning of Current Year</div></div>	<div><div>End of Year</div></div>	
		<div>781,260,865</div>	<div>815,628,607</div>	
		<div>688,716,861</div>	<div>719,966,223</div>	
		<div>92,544,004</div>	<div>95,662,384</div>	

Part II Signature Block

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

2016-09-19

Date

STEPHEN C HUDAK TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

LEO A HANNAH

Preparer's signature

LEO A HANNAH

Date

Check ☐ if self-employed

PTIN P00950147

Firm's name ▶ HOROVITZ RUDOY & ROTEMAN LLC

Firm's EIN ▶ 25-1031723

Firm's address ▶ 436 SEVENTH AVE SIXTH FLOOR

Phone no (412) 391-2920

PITTSBURGH, PA 152191853

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

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

ESTABLISHED IN 1892, THE FIRST CATHOLIC SLOVAK LADIES ASSOCIATION PROVIDES FINANCIAL SECURITY TO ITS MEMBERS NATIONWIDE THROUGH ITS PREMIER LIFE INSURANCE AND ANNUITY PRODUCTS. SALES OF THESE PRODUCTS ALLOW THE FIRST CATHOLIC SLOVAK LADIES ASSOCIATION TO SERVE BOTH ITS MEMBERS AND THE COMMUNITY WITH FRATERNAL AND CHARITABLE OPPORTUNITIES THAT PROMOTE CATHOLIC VALUES AND SLAVIC TRADITIONS.

If "Yes," describe these new services on Schedule O














If "Yes," describe these changes on Schedule O

4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$
	LIFE INSURANCE ACTIVITIES AND BENEFITS (90,754 CERTIFICATES IN FORCE	\$1,032,803,000	AMOUNT OF INSURANCE IN FORCE)	

[illegible][illegible]

**4e Total program service expenses**

Part IV Checklist of Required Schedules

	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	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . .	2	No
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	No
4 <b>Section 501(c)(3) organizations.</b> 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	
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	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  . . . . .	8	No
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	No
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	No
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  . . . . .	11a	Yes
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	No
c 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	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  . . . . .	11e	Yes
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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  . . . . .	12a	Yes
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	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	No
b 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	No
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	No
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	No
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 (see instructions) . . . . .	17	No
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	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
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? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		
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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		
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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part 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.	9,772	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
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.	38	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
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	Yes
4a 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	No
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	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a 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	No
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).			
a 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	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
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	
9a 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			
a 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			
a 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.			
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
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.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
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 employee?	2	No
3	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 management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	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?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records STEPHEN C HUDAK 24950 CHAGRIN BOULEVARD BEACHWOOD, OH 441225634 (216) 464-8015

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, or 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CYNTHIA MARIA MALESKI ..... NATIONAL PRESIDENT	50 00 .....	X		X				170,354	0	9,927
(2) STEPHEN C HUDAK ..... NATIONAL TREASURER	40 00 .....	X		X				150,740	0	20,459
(3) SUE ANN MARIE SEICH ..... NATIONAL SECRETARY	40 00 .....	X		X				155,856	0	20,862
(4) IRENE J DROTLEFF ..... NATIONAL VICE PRESIDENT	10 00 .....	X		X				10,930	0	0
(5) CAROLYN M BAZIK ..... NATIONAL EDITOR	40 00 .....	X		X				89,622	0	14,989
(6) LARRY GOLOFSKI ..... NATIONAL VICE PRESIDENT	10 00 .....	X		X				10,930	0	0
(7) JOHN JANOVEC ..... NATIONAL TRUSTEE	10 00 .....	X		X				16,888	0	0
(8) KATHERINE ESTERLE ..... NATIONAL AUDITOR	10 00 .....	X		X				18,307	0	0
(9) VIRGINIA HOLMES ..... NATIONAL TRUSTEE	10 00 .....	X		X				21,123	0	0
(10) BARBARA SEKERAK ..... NATIONAL AUDITOR	10 00 .....	X		X				18,007	0	0
(11) MSGR PETER M POLANDO ..... NATIONAL CHAPLAIN	10 00 .....	X		X				15,960	0	0
(12) DOROTHY L URBANOWICZ ..... NATIONAL AUDITOR	10 00 .....	X		X				33,103	0	0
(13) BARBARA WALLER ..... NATIONAL VICE PRESIDENT	10 00 .....	X		X				14,611	0	0



[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 3

## **Section B. Independent Contractors**

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 5

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . .						
Program Service Revenue			Business Code					
	2a	FRATERNAL INS PREMIUMS	524292	43,780,203	43,780,203			
	b	CERTIFICATE LOAN INTEREST	524292	212,022	212,022			
	c	AMORTIZATION OF IMR	524292	138,834	138,834			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		44,131,059				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		39,986,783			39,986,783	
	4	Income from investment of tax-exempt bond proceeds . . . . .						
	5	Royalties . . . . .						
	6a	Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			20,631,114					
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)	309,610				
	d	Net gain or (loss) . . . . .		309,610	309,610			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
	b	Less direct expenses . . . . .	b					
	c	Net income or (loss) from fundraising events . . . . .						
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a					
	b	Less direct expenses . . . . .	b					
	c	Net income or (loss) from gaming activities . . . . .						
	10a	Gross sales of inventory, less returns and allowances . . . . .	a					
			10,061					
	b	Less cost of goods sold . . . . .	b	6,157				
	c	Net income or (loss) from sales of inventory . . . . .		3,904		3,904		
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS	900099	10,931	10,931				
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .		10,931					
12	Total revenue. See Instructions . . . . .		84,442,287	44,451,600	3,904	39,986,783		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 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	373,484			
2	Grants and other assistance to domestic individuals See Part IV, line 22	248,006			
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	39,841,934			
5	Compensation of current officers, directors, trustees, and key employees	792,671			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,196,883			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	60,339			
9	Other employee benefits	264,513			
10	Payroll taxes	150,401			
11	Fees for services (non-employees)				
a	Management				
b	Legal	143,071			
c	Accounting	160,278			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	394,787			
12	Advertising and promotion	273,940			
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	329,168			
17	Travel	110,613			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	277,657			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	257,794			
23	Insurance	42,804			
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 O)				
a	CHANGE IN AGGREGATE RES	31,336,316			
b	POST MORTEM BENEFITS	1,308,697			
c	COMMISSIONS ON PREMIUMS	1,095,234			
d	BRANCH MEMBERSHIP	832,310			
e	All other expenses	1,582,770			
25	Total functional expenses. Add lines 1 through 24e	81,073,670			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			10,434	1	8,743
	2	Savings and temporary cash investments . . . . .			22,926,304	2	22,554,401
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .				4	
	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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			2,396	7	0
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .				9	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	10a	7,693,988			
	b	Less: accumulated depreciation . . . . .	10b	2,174,725	5,703,661	10c	5,519,263
	11	Investments—publicly traded securities . . . . .			726,701,850	11	761,340,573
	12	Investments—other securities. See Part IV, line 11 . . . . .			3,108,993	12	3,335,365
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			22,807,227	15	22,870,262
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			781,260,865	16	815,628,607
Liabilities	17	Accounts payable and accrued expenses . . . . .			2,604,417	17	1,372,788
	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	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 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 Schedule D . . . . .			686,112,444	25	718,593,435
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			688,716,861	26	719,966,223
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	27	Unrestricted net assets . . . . .				27	
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>						
	30	Capital stock or trust principal, or current funds . . . . .			0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .			0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .			92,544,004	32	95,662,384
	33	<b>Total net assets or fund balances</b> . . . . .			92,544,004	33	95,662,384
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .			781,260,865	34	815,628,607

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	84,442,287
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,073,670
3	Revenue less expenses Subtract line 2 from line 1	3	3,368,617
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	92,544,004
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-250,237
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	95,662,384

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

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

Name of the organization  
FIRST CATHOLIC SLOVAK LADIES ASSOCIATION  
OF THE UNITED STATES OF AMERICA

Employer identification number  
  
34-0220540

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1  
► \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X  
► \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1  
► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X  
► \$ \_\_\_\_\_

Part IIIOrganizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IVEscrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part VEndowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VILand, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
1a Land . . . . .		20,100		20,100
b Buildings . . . . .		6,971,521	1,501,456	5,470,065
c Leasehold improvements . . . . .				
d Equipment . . . . .		702,367	673,269	29,098
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,519,263





<b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	84,030,271	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments . . . . .	2a		
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d	409,240	
e	Add lines 2a through 2d . . . . .	2e	409,240	
3	Subtract line 2e from line 1 . . . . .	3	83,621,031	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	460,262	
b	Other (Describe in Part XIII ) . . . . .	4b	360,994	
c	Add lines 4a and 4b . . . . .	4c	821,256	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . .	5	84,442,287	

<b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.</b> Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements . . . . .	1	81,022,647	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities . . . . .	2a		
b	Prior year adjustments . . . . .	2b		
c	Other losses . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d	409,239	
e	Add lines 2a through 2d . . . . .	2e	409,239	
3	Subtract line 2e from line 1 . . . . .	3	80,613,408	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	460,262	
b	Other (Describe in Part XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .	4c	460,262	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	81,073,670	

<b>Part XIII Supplemental Information</b>	
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.	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SELF-CHARGED RENT 403,083 COGS FOR COOKBOOK SALES NETTED AGAINST PROCEEDS 6,157
PART XI, LINE 4B - OTHER ADJUSTMENTS	NET CAPITAL GAINS POSTED TO IMR 360,994
PART XII, LINE 2D - OTHER ADJUSTMENTS	OCCUPANCY EXPENSES TO OFFSET SELF-CHARGED RENT 403,083 COGS FOR COOKBOOK SALES NETTED AGAINST PROCEEDS 6,157 ROUNDING -1

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 34-0220540

Name: FIRST CATHOLIC SLOVAK LADIES ASSOCIATION  
OF THE UNITED STATES OF AMERICA

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Book Value
	AGGREGATE RESERVE FOR CERTIFICATES & CONTRACTS	689,142,000
	CERTIFICATE AND CONTRACT CLAIMS - LIFE	2,256,471
	PROVISIONS FOR REFUNDS PAYABLE	1,380,000
	PREMIUMS AND ANNUITY ADVANCES RECEIVED	502,551
	BRANCH AND MEMBER OVERAGE	11,183
	ACCRUED COMMISSIONS TO FIELD WORKERS	142,041
	ASSET VALUATION RESERVE	6,456,298
	ACCRUED BENEFITS TO EMPLOYEES	24,000
	INTEREST MAINTENANCE RESERVE	1,239,146
	PROVISION FOR INDIGENT MEMBER FUND	100,000
	THERESA SAJAN AND OTHER SCHOLARSHIP FUNDS	5,500
	ACCRUED TAXES LICENSES AND FEES	108,676
	DEPOSIT-TYPE CONTRACTS	17,128,855
	UNPAID BENEFICIARY TRUST	24,214
	OTHER LIABILITIES	72,500

## Grants and Other Assistance to Organizations, Governments and Individuals in the United States

**Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

# 2015

**Open to Public Inspection**

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
FIRST CATHOLIC SLOVAK LADIES ASSOCIATION  
OF THE UNITED STATES OF AMERICA

Employer identification number

34-0220540

## Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

☒ Yes    ☐ No

**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

Part IIIGrants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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
SCHOLARSHIPS PROVIDED TO (1) QUALIFYING FRATERNAL MEMBERS	223	248,006			

Part IVSupplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	SCHOLARSHIP RECIPIENTS ARE REQUIRED TO PROVIDE PROOF OF ENROLLMENT AT AN ELIGIBLE EDUCATIONAL INSTITUTION U S ORGANIZATIONS WHO RECEIVE GRANTS ARE REQUIRED TO PROVIDE DOCUMENTATION THAT FUNDS WERE USED FOR THE INTENDED PURPOSE WITH PICTURES OR OTHER EVIDENCE ORGANIZATIONS WHO RECEIVED GRANTS IN EXCESS OF \$5,000 DURING THIS YEAR ARE LISTED ON SCHEDULE I THESE GRANTS ARE AWARDED QUADRENNIALLY AN ESTIMATED AMOUNT IS ACCRUED ON AN MONTHLY BASIS OVER A FOUR YEAR PERIOD THE AMOUNT ON FORM 990, PART IX, LINE 1(A) INCLUDES ONLY THE SPECIAL GRANT AMOUNTS THAT WERE ACCRUED DURING THE CURRENT YEAR, WHEREAS SCHEDULE I LIST THE CURRENT YEAR CASH BASIS AMOUNTS PAID

Additional Data

Software ID:  
Software Version:  
EIN: 34-0220540  
Name: FIRST CATHOLIC SLOVAK LADIES ASSOCIATION  
OF THE UNITED STATES OF AMERICA

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENEDICTINE HIGH SCHOOL 2900 M L KING JR DRIVE CLEVELAND,OH 44104	34-1619790		5,000				BACKUP GENERATOR FOR SCHOOL
BISHOP NEWMANN CATHOLIC JRSR HIGH SCHOOL 202 SOUTH LINDEN AVE WAHOO,NE 68066	47-0632908		6,000				IMPROVE TECHNOLOGY IN SCHOOL
BORROMEO SEMINARY - TOLLE LEGE SUMMER INSTITUTE 28700 EUCLID AVE WICKLIFFE,OH 44092	34-0762125		9,000				CAPITAL RENOVATIONS OF ST ANTHONY CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFS CATHOLIC SCHOOLST WENCESLAUS P O BOX 815 CALMAR,IA 53132	19-6006421		12,000				REPLACE CHURCH ROOF
CALUMET COLLEGE OF ST JOSEPH 2400 NEW YORK AVE WHITING,IN 46394	35-1087173		15,000				MASONRY WORK AND REPLACE WINDOWS IN THE GRUTKA CENTER
CARDINAL MAIDA ACADEMY 315 FRANKLIN AVE VANDERGRIFT,PA 15690	20-3837126		7,000				REPLACE COMPUTER & SERVER EQUIPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHEDRAL OF ST COLUMBA 159 WEST RAYEN AVE YOUNGSTOWN, OH 44503	34-0714700		15,000				RENOVATION OF CATHEDRAL
CENTRAL CATHOLIC HIGH SCHOOL 4720 FIFTH AVENUE PITTSBURGH, PA 15213	20-0478989		5,000				SUPPORT THE CONSTRUCTION OF A STEM BUILDING ON CAMPUS
CHURCH OF ST JOSEPH 16 EAST SOMERSET ST RARITAN, NJ 08869	22-2453663		10,000				REPLACEMENT COST OF SIDE ENTRANCE TO CHURCH



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CLEVELAND SLOVAK LANGUAGE SCHOOL 514 DANBURY LANE AVON LAKE,OH 44012	99-9999999		5,000				INTRODUCE ADULTS & CHILDREN TO THE SLOVAK LANGUAGE
ELYRIA CATHOLIC HIGH SCHOOL 725 GULF ROAD ELYRIA,OH 44035	34-1349320		6,000				ALTERNATIVE SPRING BREAK PROGRAM / FUNDING FOR STUDENTS' INVOLVEMENT IN THE NATIONAL RELIEF NETWORK
EPIPHANY OF OUR LORD PARISH 618 KNOX AVE MONESSEN,PA 15062	25-1650357		9,000				OUTDOOR LIGHTING AND UPDATE SS CYRIL & METHODIUS SHRINE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY CROSS CATHOLIC SCHOOL 6100 37TH ST W WEBSTER, MN 55088	41-0954737		6,000				FUNDING FOR 3 SMART BOARDS FOR CLASSROOMS
HOLY TRINITY CHURCH-HEUN CEMETERY BOARD 2107 E STREET SCHUYLER,NE 68661	47-6029281		9,000				REPAIR DOORS AND WINDOWS OF THE CHURCH
HOLY TRINITY PARISH PO BOX 39 BRAINARD,NE 68626	47-0421274		6,000				ST LUKE CEMETERY IMPROVEMENT PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMMACULATE CONCEPTION CATHOLIC CHURCH P O BOX 169 LONSDALE,MN 55046	41-0718325		10,000				UPGRADE CHURCH ORGAN AND SOUND SYSTEM
IMMACULATE HEART OF MARY CHURCH 1905 PORTAGE TRAIL CUYAHOGA FALLS,OH 44223	34-0792932		5,000				REFINISH OLD CONVENT BUILDING
JESUIT RETREAT HOUSE 5629 STATE RD PARMA,OH 44134	34-6558938		9,000				RENOVATION OF EXISTING KITCHEN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JULIE BILLIART SCHOOL 4982 CLUBSIDE RD LYNDHURST,OH 44124	34-0827831		12,000				TUITION ASSISTANCE FOR NEEDY CHILDREN WITH DISABILITIES
KING'S COLLEGE 133 NORTH RIVER STREET WILKES BARRE,PA 18711	24-0804602		9,000				FUNDING FOR STUDY-ABROAD SCHOLARSHIPS TO SLOVAKIA, POLAND & THE CZECH REPUBLIC FOR RESEARCH
LIGHT OF HEARTS VILLA 283 UNION ST BEDFORD,OH 44146	34-1619270		9,000				REUPHOLSTERING 100 CHAPEL CHAIRS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAPLE HEIGHTS SENIOR CENTER 15901 LIBBY RD MAPLE HEIGHTS, OH 44137	34-1373297		12,000				FUND ONE MONTH SERVICES & PROGRAMS PROVIDED BY THE CITY'S DEPARTMENT OF HUMAN SERVICES
MARGARET MARY HEALTH FOUNDATION PO BOX 226 321 MITCHELL AVE BATESVILLE,IN 47006	45-5039355		5,000				BUILD A NEW WOMEN'S BOUTIQUE FOR CANCER PATIENTS
METRO CATHOLIC SCHOOL 3555 WEST 54TH ST CLEVELAND,OH 44102	34-1574746		12,000				SUPPORT THE SPECIAL EDUCATION RESOURCE ROOM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NATIVITY OF THE BLESSED VIRGIN MARY HIGH SCHOOL ONE LAWTONS HILL POTTSVILLE, PA 17901	23-1472489		6,000				IMPROVEMENTS TO SCIENCE ROOM & PURCHASE CHROME BOOKS
NOTRE DAME SISTERS 3501 STATE STREET OMAHA, NE 68112	47-0408244		6,000				SUPPORT MISSION TRIPS & ACTIVITIES
OSTERHOUT FREE LIBRARY 71 SOUTH FRANKLIN STREET WILKES BARRE, PA 18701	24-0795971		5,000				FUNDING FOR A COMMUNITY ROOM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OUR LADY OF FATIMAST ANNE'S CHURCH 965 PULASKI MERCER RD NEW WILMINGTON, PA 16142	25-1072141		9,000				PAINT AND WASH THE INSIDE OF THE CHURCH
OUR LADY OF LOURDES PARISH 3395 EAST 53RD ST CLEVELAND,OH 44127	34-0733173		12,000				REPLACE STORM WINDOWS IN CHURCH
OUR LADY OF SORROWS PARISH 915 CORNELL ST YOUNGSTOWN,OH 445022765	34-0841776		17,000				CHURCH RESTROOM RENOVATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OUR LADY OF THE ANGELS ACADEMY 123 E WATER ST LANSFORD, PA 18232	23-2215823		10,000				UPDATE COMPUTERS
PEDIATRIC ONCOLOGY - TREASURE CHEST FOUNDATION 15430 70TH COURT ORLAND PARK,IL 60462	36-4111220		5,000				ASSIST IN FUNDING FOR THE UPKEEP OF NEW FACILITY
POLICE CHAPLAINS MINISTRY OF CHICAGO POLICE DEPARTMENT 1140 W JACKSON BLVD CHICAGO,IL 60607	36-3564588		9,000				FUNDING CPD MINISTRY THAT SERVES THE SPIRITUAL NEEDS OF ALL FAITHS



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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POPE BENEDICT XVI ACADEMY OF EXCELLENCE 22400 S TORRENCE AVE SAUK VILLAGE, PA 60411	47-1306933		10,000				TUITION ASSISTANCE, FINANCIAL AID AND SCHOLARSHIPS FOR STUDENTS
PROTECTION OF THE BVM UKRANIAN CATHOLIC CHURCH 27275 AURORA RD SOLON, OH 44139	27-1268662		6,000				REPAIR CHURCH BELLS & PLUMBING IN BELL TOWER
SERRA CATHOLIC HIGH SCHOOL 200 HERSHEY DR MCKEESPORT, PA 15132	20-5696522		6,000				SUPPORT HIGH SCHOOL MUSIC DEPARTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SISTERS OF SAINTS CYRIL AND METHODIUS 580 RAILROAD ST DANVILLE,PA 17821	24-0795486		8,000				MAKE 14 BATHTUBS HANDICAP ACCESSIBLE
SLOVAK ACADEMY OF CHICAGO 9016 WINDSOR LANE BRIDGEVIEW,IL 60455	47-5017409		5,000				SLOVAK LANGUAGE CLASSES
SOCIETY OF ST VINCENT DEPAUL - MAHONING DISTRICT PO BOX 224 YOUNGSTOWN,OH 44501	27-0223497		6,000				NEW PICK-UP/DELIVERY VAN FOR FOOD PANTRY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SS CYRIL AND METHODIUS PARISH 604 NORTH LAUREL ST HAZELTON,PA 18201	24-0813704		12,000				REPLACE BOILERS IN CHURCH
ST ALOYSIUS CHURCH 459 RANCH ROAD DUNBAR,PA 15431	80-0654351		5,000				NEW PEW CUSHIONS FOR CHURCH
ST ANGELA MERICI CHURCH 1640 FAWCETT AVE WHITE OAK,PA 15131	20-1534621		5,000				REPLACE CURRENT SECURITY MONITOR AND FIRE SUPPRESSION SYSTEMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ANTHONY OF PADUA CHURCH 405 PINES STREET BRUNO,NE 68014	47-0824893		5,000				STORAGE SHED FOR PARISH HALL
ST CASIMIR PARISH 18022 NEFF RD CLEVELAND,OH 44119	27-1162716		17,000				REPAIRS TO FRONT PARKING LOT AND CHURCH ENTRANCES
ST ELIZABETH ANN SETON PARISH 185 LAIRD AVE NE WARREN,OH 44483	34-0728984		12,000				NEW ELEVATOR IN PARISH CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST ISAAC JOGUES PARISH 1216 COLLINS AVE JEFFERSON HILLS, OH 15025	20-1537282		17,000				REPAIR CHURCH PARKING LOT
ST JOHN NEPOMUCENE SCHOOL 130 N FRONT ST WESTON, NE 680700010	47-0403977		6,000				NEW MATH PROGRAM - PURCHASE BOOKS, WORKBOOKS, INTERNET AND OTHER NECESSARY TEACHING TOOLS
ST JOHN NEUMANN CATHOLIC SCHOOL 420 CHERRY ST PO BOX 457 CLARKSON, NE 68629	47-0379004		9,000				CARPETING FOR 5 CLASSROOMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST JOHN THE BAPTIST PO BOX 96 PRAGUE,NE 68050	47-0470077		12,000				COMPLETION OF THE RECTORY BASEMENT FOR PARISH USE
ST JOHN THE BAPTIST CHURCH 444 ST JOHN ST PITTSBURGH,PA 15239	20-1540630		8,518				NEW WATER FOUNTAINS AT THE SCHOOL
ST JOSEPH CATHOLIC SCHOOL 420 N 6TH ST BEATRICE,NE 68310	05-0530670		6,000				ROOF REPLACEMENT & HEATING/COOLING FOR THE SCHOOL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH HIGH SCHOOL 800 MONTANA AVE NATRONA HTS,PA 15065	99-9999999		12,000				FUNDING FOR TUITION AID AND SCHOLARSHIPS
ST MARY MAGDALENE CATHOLIC CHURCH 127 S BRIGGS ST JOLIET,IL 60433	36-2678837		12,000				RENOVATING CHURCH
ST MICHAEL SLOVAK CEMETERY 605 CHURCH ST JESSUP,PA 18434	99-9999999		6,000				PAVING PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST SEBASTIAN CATHOLIC CHURCH 801 BROAD AVE BELLE VERNON,PA 15012	25-0966606		17,000				NEW ROOF FOR THE CHURCH BUILDING
ST SEBASTIAN SCHOOL 307 SIEBERT RD PITTSBURGH,PA 15237	25-1683046		6,000				FUND S T R E A M , SPARK & SOAR CAMPAIGN FOR NEW LAPTOP COMPUTERS & A MOBILE COMPUTER LAB
ST SIMON THE APOSTLE CHURCH 5157 SO CALIFORNIA AVE CHICAGO,IL 60632	36-2171127		12,000				FIX OR REPLACE CHURCH ORGAN



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST VINCENT SEMINARY 300 FRASER PURCHASE RD LATROBE,PA 15650	25-0964126		27,000				IMPLEMENT PRIESTLY FORMATION PROGRAM FOR SEMINARIANS
ST WENCESLAUS CATHOLIC CHURCH 215 E MAIN ST NEW PRAGUE,MN 56071	41-0695519		6,000				SIX PARK BENCHES OUTSIDE CHURCH
ST WENCESLAUS CATHOLIC CHURCH 743 SECOND ST DODGE,NE 68633	47-0423418		10,000				REPAIR CHURCH WINDOWS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST BARNABAS VILLA 9234 OLD EIGHT RD NORTHFIELD CENTER, OH 44067	34-1449041		5,000				REPLACE CARPETING FOR THE FACILITY
ST AGNES & OUR LADY OF FATIMA PARISH 6800 LEXINGTON AVE CLEVELAND, OH 44103	34-0714694		12,000				SPONSOR & MEMORIALIZE BELL TOWER (IN HONOR OF BISHOP ROGER GRIES)
ST ANDREW PARISH AND ST MARY PARISH P O BOX 656 TECUMSEH, NE 68450	47-0496663		9,000				RENOVATE CHURCH ATTIC, REPLACE CEILING TILES, PLASTER & PAINT CHURCH WALLS AND REPLACE CARPET IN CHURCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST CLARE OF ASSISI CHURCH 460 REED ST CLAIRTON,PA 15025	25-1726985		17,000				MAKE CHURCH BATHROOMS HANDICAP ACCESSIBLE
ST FRANCIS XAVIER CHURCH 606 E WASHINGTON ST MEDINA,OH 44256	34-0762134		12,000				ASBESTOS REMOVAL & TILE REPLACEMENT
ST GIANNA WOMEN'S HOMECATHOLIC SOCIAL SERVICES OF NE 2241 O STREET LINCOLN,NE 68510	47-0751554		5,000				POST GRADUATION CARE OF ST GIANNA GRADUATES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST JOHN THE BAPTIST BYZANTINE CATHOLIC CHURCH 116 EAST BERTSCH ST LANSFORD,PA 18232	10-0020000		12,000				RESTORE AND RENOVATE CHURCH PROPERTY FOR 125 YEAR CELEBRATION
ST JOSEPH CATHOLIC CHURCH 111 CHERRY ST P O BOX 58 COLON,NE 68018	47-6025935		6,000				RENOVATE INTERIOR OF THE CHURCH
ST JOSEPH NURSING HOME 401 9TH ST LACON,IL 61540	36-2549037		10,000				UPDATES TO BUILDING/INSTALLATION OF ELECTRIC DOORS TO MAIN ENTRANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST JOSEPH'S CENTER 2010 ADAMS AVE SCRANTON,PA 18509	24-0795689		9,000				OUTDOOR THERAPEUTIC/RECREATIONAL SPACE FOR ADULT DAY CARE
ST JOSEPH'S SOCIAL SERVICE CENTER 118 DIVISION ST ELIZABETH,NJ 07201	52-1467470		5,000				REPLACE FREEZERS, TABLES & CHAIRS
ST LEONARD CATHOLIC CHURCH W173 S7743 WESTWOOD DR MUSKEGO,WI 53150	39-0939900		6,000				GROWING WITH GOD CAPITAL CAMPAIGN / SCHOOL ROOF REPLACEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST LUKES CZECH CATHOLIC SHRINE 4100 SW 56TH STREET LINCOLN,NE 68522	47-0421274		6,000				SHRINE IMPROVEMENT PROJECT
ST MARK CHURCH & SCHOOL 1025 RADCLIFFE ST BRISTOL,PA 19007	23-1401525		7,000				UPDATE COMPUTER HARDWARE & EQUIPMENT
ST MARY'S BYZANTINE CATHOLIC CHURCH 116 EAST BERTSCH ST LANSFORD,PA 18232	24-0811503		6,000				MAINTENANCE & UPKEEP OF CHURCH CEMETERY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARY'S CATHOLIC CHURCH 580 I STREET DAVID CITY,NE 68632	47-0391877		12,000				NEW SOUND SYSTEM FOR CHURCH
ST MARY'S CHURCH 17630 NORTH 3RD ST DAVEY,NE 68336	47-0824889		6,000				IMPROVEMENTS TO EXTERIOR OF CHURCH
ST MAXIMILIAN KOLBE CHURCH 363 WELEVENTH AVENUE EXT HOMESTEAD,PA 15120	25-1689404		12,000				PAVE HANDICAP PARKING LOT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MICHAEL THE ARCHANGEL PARISH 3430 ST MICHAEL BLVD NE CANTON, OH 44718	34-0782263		10,000				COMPLETE BASEMENT LEVEL PROJECT
ST NICHOLAS CATHOLIC CHURCH 1152 OAK RD WALNUTPORT, PA 18088	23-1979544		14,000				REPLACE CARPETING, REFINISH PEWS AND REPLACE OLD WOOD PANELING IN CHURCH
ST PATRICK CATHOLIC CHURCH 195 NORTH SUTTON LAKE RD JORDAN, MN 55352	41-1330233		12,000				MAINTENANCE PROJECTS FOR THE CHURCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PATRICK PARISH 310 32ND ST MCKEESPORT, PA 15132	20-1546734		10,000				OFFSET CHURCH RENOVATIONS OF \$63,000
ST PATRICK'S CATHOLIC SCHOOL 4142 N 61ST STREET LINCOLN, NE 68507	47-0438579		6,000				PURCHASE WHITE BOARDS & CARPETING
ST VINCENT ARCHABBEY BASILICA 300 FRASER PURCHASE RD LATROBE, PA 15650	25-1014579		20,500				MAKE CHURCH HANDICAP ACCESSIBLE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST WENCESLAUS CATHOLIC SCHOOL 227 MAIN STREET EAST NEW PRAGUE, MN 56071	41-0695519		6,000				SCIENCE/TECHNOLOGY/ENGINEERING/MATH TRAINING FOR TEACHERS
ST WENCESLAUS CATHOLIC SCHOOL 108 N LINDEN WAHOO, NE 68066	47-0401237		8,000				UPDATE SCHOOL RESTROOMS
ST WENCESLAUS CATHOLIC SCHOOL 221 LINDEN ST DODGE, NE 68633	47-0423418		6,000				BUILDING ADDITION TO CONNECT THE CHURCH TO THE ELEMENTARY SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST WENCESLAUS CHURCH CEMETERY 408 GRANDVIEW DR TOLEDO,IA 52342	42-6074381		6,000				KEEP PARISH CEMETERY BEAUTIFUL
ST WENCESLAUS PARISH 205 NORTH LIDICE AVE TABOR,SD 57063	46-0239785		17,000				ENERGY & GENERAL UPGRADES FOR CHURCH & SCHOOL
STS CYRIL AND METHODIUS PO BOX 96 PRAGUE,NE 68050	47-0470077		6,000				COMPLETION OF THE RECTORY BASEMENT FOR PARISH USE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STS MARY AND JOSEPH CHURCH 637 IVER ST VALPARAISO, NE 68065	47-0596870		9,000				CONSTRUCT ROOF OVER AIR CONDITIONING UNITS
STS PETER AND PAUL PARISH 405 PINES STREET BRUNO, NE 68014	47-0824893		6,000				CHURCH RENOVATION PROJECT - TILE FLOOR IN THE SANCTUARY
THE LYCEUM 1545 SOUTH GREEN RD SOUTH EUCLID, OH 44121	32-0079287		6,000				FCSLA TEACHING ASSISTANTSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF SCRANTON 800 LINDEN ST SCRANTON, PA 18510	24-0795495		7,000				SUPPORT BOTANICAL RESEARCH
WALSH JESUIT HIGH SCHOOL 4550 WYOGA CUYAHOGA FALLS, OH 44224	34-0947373		12,000				REPLACE CEMENT SIDEWALK LEADING TO THE SCHOOL
YOUNGSTOWN SISTER CITIES PROGRAM INC 2634 TAFT AVE YOUNGSTOWN, OH 44502	34-1744632		5,000				PROVIDE FUNDING FOR SPECIAL NEEDS IN SLOVAKIA

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization FIRST CATHOLIC SLOVAK LADIES ASSOCIATION OF THE UNITED STATES OF AMERICA	Employer identification number  34-0220540
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Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div>	1b	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div>	2	
<div>3</div> <div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div> <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div>4</div> <div>During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	4c	No
<div></div> <div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div>		
<div>a</div> <div>The organization?</div>	5a	
<div>b</div> <div>Any related organization?</div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>	5b	
<div>6</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div>		
<div>a</div> <div>The organization?</div>	6a	
<div>b</div> <div>Any related organization?</div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>	6b	
<div>7</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div>	7	
<div>8</div> <div>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>	8	
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	9	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CYNTHIA MARIA MALESKI NATIONAL PRESIDENT	(i)	170,354	0	0	9,927	0	180,281	0
	(ii)	0	0	0	0	0	0	0
2 STEPHEN C HUDAK NATIONAL TREASURER	(i)	150,740	0	0	8,890	11,569	171,199	0
	(ii)	0	0	0	0	0	0	0
3 SUE ANN MARIE SEICH NATIONAL SECRETARY	(i)	155,856	0	0	9,293	11,569	176,718	0
	(ii)	0	0	0	0	0	0	0

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization FIRST CATHOLIC SLOVAK LADIES ASSOCIATION OF THE UNITED STATES OF AMERICA	Employer identification number  34-0220540
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERSHIP SHALL BE EXTENDED TO ANY PERSON IN ACCORDANCE WITH THE REQUIREMENTS AND LIMITATIONS SET FORTH IN THE CHARTER, THE BY-LAWS, AND THE ACTIONS OF THE BOARD
FORM 990, PART VI, SECTION A, LINE 7A	AT THE GENERAL CONVENTION, WHICH IS THE HIGHEST GOVERNING BODY OF THE ASSOCIATION, DELEGATES ELECT THE BOARD OF DIRECTORS THE ELECTED BOARD OF DIRECTORS THEN OPERATES AS THE GOVERNING BODY BETWEEN CONVENTIONS
FORM 990, PART VI, SECTION A, LINE 7B	AT THE GENERAL CONVENTION, WHICH IS THE HIGHEST GOVERNING BODY OF THE ASSOCIATION, DELEGATES ELECT THE BOARD OF DIRECTORS THE ELECTED BOARD OF DIRECTORS THEN OPERATES AS THE GOVERNING BODY BETWEEN CONVENTIONS THE BOARD OF DIRECTORS MUST SEEK APPROVAL FROM A GENERAL OR SPECIAL CONVENTION ONLY IF THEY WISH TO AMEND THE ASSOCIATION BY-LAWS, EXCEPT IN THE LIMITED CIRCUMSTANCES AS SET FORTH IN ARTICLE III A6
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WILL BE DISTRIBUTED TO BOARD MEMBERS PRIOR TO THE EXTENDED DUE DATE OF THE TAX RETURN THE PARTNER OF THE ACCOUNTING FIRM WILL REVIEW THE FORM 990 AND ANSWER ANY QUESTIONS BOARD MEMBERS MAY HAVE
FORM 990, PART VI, SECTION B, LINE 12C	EVERY DECEMBER, THE NATIONAL SECRETARY DISTRIBUTES CONFLICT OF INTEREST QUESTIONAIRES TO EVERY BOARD MEMBER, OFFICER AND KEY EMPLOYEE TO COMPLETE AND RETURN
FORM 990, PART VI, SECTION B, LINE 15	THE CONVENTION APPROVES THE COMPENSATION FOR THE ASSOCIATION'S ELECTED OFFICERS AS RECOMMENDED BY THE SALARY COMMITTEE
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST, FIRST CATHOLIC SLOVAK LADIES ASSOCIATION (FCSLA) WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION AT FCSLA'S OFFICE FCSLA WILL ALSO MAKE ITS AUDITED FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION THROUGH THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS OR THE OHIO DEPARTMENT OF INSURANCE
FORM 990, PART XI, LINE 9	UNREALIZED GAINS AND LOSSES -1,031,620 CHANGE IN NONADMITTED ASSETS 59,827 CHANGE IN ASSET VALUATION RESERVE 1,082,537 CHANGE IN INTEREST MAINTENANCE RESERVE -360,994 PY DIFFERENCE IN UNASSIGNED SURPLUS 13
PART XII, LINE 2C	FIRST CATHOLIC SLOVAK LADIES ASSOCIATION'S BOARD OF DIRECTORS CHARTERED AN AUDIT COMMITTEE , WITH SPECIFIC POWERS AND DUTIES RELATING TO FCSLA'S INDEPENDENT AUDIT PROGRAM AND INTERNAL CONTROL PROGRAM THE COMMITTEE MEETS ON A REGULAR BASIS, AND PROVIDES ACTIVE OVERSIGHT TO FCSLA'S FINANCIAL AND COMPLIANCE ACTIVITIES THE COMMITTEE IS DIRECTLY RESPONSIBLE FOR THE RECOMMENDATION TO THE FULL BOARD FOR THE APPOINTMENT AND DISMISSAL, EVALUATION, COMPENSATION, AND OVERSIGHT OF FCSLA'S INDEPENDENT ACCOUNTANT, WHICH IS IN CONFORMITY WITH THE ASSOCIATION BYLAWS