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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

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.

Ā	For the	2015 cale	endar year, or tax year beginning September 1 , 2015, and ending	Aug	ust 31	, 20 16	
В	Check if	f applicable	C Name of organization Keystone Christian Education Association		D Employ	er identification n	umber
	Address	change	Doing business as Keystone Christian Education Association			23:2054696	
	Name ch	•	Number and street (or P O box if mail is not delivered to street address) Room/suit	e	E Telepho	ne number	
	Initial ret	-	6101 Bell Rd			717.564.1164	
		ım/terminated	City or town, state or province, country, and ZIP or foreign postal code				
$\overline{\Box}$			Harrisburg, PA 17111-3817		G Gross re	eceipts \$	343,835
\Box			F Name and address of principal officer Rev. Theodore E. Clater	H(a) Is this a c	roup return for	subordinates? Yes	
_			6101 Bell Rd, Harrisburg, PA 17111-3817	1	•	s included? Tes	
$\overline{}$	Tax-exe	mpt status	✓ 501(c)(3)			a list (see instruction	
J	Website		w.kcea.com	H(c) Group	exemption	number ►	
ĸ			☐ Corporation ☐ Trust ☐ Association ☑ Other ► Religious L Year of formation			of legal domicile	PA
_	art I	Summ					
	1		escribe the organization's mission or most significant activities: KCEA's	2015-16 ve	ar represe	ents the 42nd v	ear that
ě	-	=	ent schools throughout Pennsylvania have worked together for our usual sl				
/			ove the institutions and their leaders, staff, families, students, and constitue		inos ona p	MOSINITION POLICE	Potatio
. E	2		is box ▶☐ if the organization discontinued its operations or disposed o		25% of	its net assets.	
<u>≈</u> δ	3		of voting members of the governing body (Part VI, line 1a)		3		R
~%	4		of independent voting members of the governing body (Part VI, line 1b)		4		
SNS	5		nber of individuals employed in calendar year 2015 (Part V, line 2a)		5		
	6		mber of volunteers (estimate if necessary)		6		700
Activities	7a		related business revenue from Part VIII, column (C), line 12		7a		1,018
¥ 7	Ь		lated business taxable income from Form 990-T, line 34		7b		1,018
_	† -	1400 01110	indica business taxable meetre wern't erri see 1, into eq	Prior Y		Current Y	
)	8	Contribu	tions and grants (Part VIII, line 1h)		210,077		275,128
Revenue	9		service revenue (Part VIII, line 2g)		58,695		
	10	•	ent income (Part VIII, column (A), lines 3, 4, and 7d) \				58,622
æ	11				11,605		4,434
	12	Total ray	enue – add lines 8 through 11 (must equal Part VIII, (2) lumn (A), line 12)	·	9,575		5,651
	13				289,952		343,835
	14	Donofite	nd similar amounts paid (Part IX, column (A)) lines (33)		78,096		148,386
	1 45				0	 -	0
ses	15	Drofosou	other compensation, employee benefits (Part IX, column A), lines 5–10)		112,776		104,219
ē	16a	Total fun	onal fundraising fees (Part IX, column (A) Inc. +e)		0	Market was a few files at	SYPECTS
Expenses	b					## PASS ## 1974	
_	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		66,408		65,534
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		257,280		318,139
	19	Hevenue	less expenses Subtract line 18 from line 12	Seginning of C	32,672	End of Ye	25,696
sets or		T 1.1	<u> </u>	egining of Ci			
Sse	20		sets (Part X, line 16)		156,723		186,017
Net Asse Fund Bal	21		bilities (Part X, line 26)	_	63,980	 	67,578
			tts or fund balances. Subtract line 21 from line 20		92,743	<u> </u>	<u>118,439</u>
	art II	<u>~</u>	ture Block				
			.ry, I declare that I have examined this return, including accompanying schedules and staten lete. Declaration of preparer (other than officer) is based on all information of which preparer.			my knowledge an	d belief, it is
		T i	m / c.f o R. l.		7/1	2/1-	
e:		<u></u>	nature of officer		<u>3//3</u> ate	0///	
Sig	-	J Sigi					
пе	ere	- Turn		(14/1	KEA	Surer	
_			e or print name and title	<u> </u>			
Pa	aid	Printis	/pe preparer's name Preparer's signature Dat	ie.	Check	∐ #	
Pr	epare	er		·1	self-em	pioyea	
Us	se On				n's EIN ▶		
1.4	Al 10		address >	Ph	one no		- [] N
_		-	s this return with the preparer shown above? (see instructions)	• • •	· · · ·		s ✓ No
For	r Papen	work Redu	ction Act Notice, see the separate instructions. Cat No	o 11282Y		Form	990 (2015)

Cat No 11282Y

For Paperwork Reduction Act Notice, see the separate instructions.

)				0) /Davies &	
	(Code:) (Expense	es \$ 41,593 includ	ding grants of \$	0) (Hevenue \$	32,771)
	The Annual Conference is a tw	wo-day training session for	all staff members of all job	descriptions to reinforce the	religious calling
	that each carries as they work				
	exhibits in addition to exchan	ging ideas with their educat	tional peers. Attendance b	by staff ranges from 450-525.	Approximately 20
	volunteers assist with pre-Co			f sessions, and transportation	
	(Code:) (Expense	es \$ 18,273 inclu	ding grants of \$	0) (Revenue \$	7,027)
	FINE ARTS				
				d-given talents and abilities.	
				ther in competitions between students, either individuals o	
				eaching, and academic projec	
				riting events, and an addition	

	Other program services (Des	scribe in Schedule O.)			
		1 including grants of \$) (Revenue :	\$ 18,825)	
	(Expenses \$ 68,95	Tillcluding grants of w	<u> </u>		

Part	Checklist of Required Schedules			ugo o
•			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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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		✓
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		1
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
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		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	-	1
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		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	✓	
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII.	11f		√
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	12a		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		7
b		14b		√
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		1
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		1
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		1
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		1
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		1

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a		20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		 ✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	and the second s	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			,
	If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		1
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		1
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	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		/
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-00		
	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		/
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	00		
	or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4.			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			.
C	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	
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	✓	
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		✓
þ	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		√
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
C 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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		
7 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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Ť
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7¢		✓
q	If "Yes," indicate the number of Forms 8282 filed during the year			
Ġ	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓_
ā	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
J	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	- -	ļ	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		l
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		l	
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .			
11	Section 501(c)(12) organizations. Enter:	ľ	ľ	
a	Gross income from members or shareholders			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	- <u></u> -	 	\vdash
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	T	
•	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	ļ	1	
C	Enter the amount of reserves on hand	ļ		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ —	✓
<u>b</u> _	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	- 000	10000
		For	n ササし	(2015)

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and		"No"
(200	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		
Secti	on A. Governing Body and Management			
	Education of the control of the cont		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 . 1b o			
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		✓
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6 ~-	Did the organization have members or stockholders?	6		✓
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		✓
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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		/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	· ·
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		ļ
b b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		
40	describe in Schedule O how this was done	12c		<u> </u>
13 14	Did the organization have a written whistleblower policy?	13	√	<u> </u>
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?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	1	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		<u> </u>	
	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		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► N/A Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	ı 501((c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	corde	· •	
	Theodore E. Clater; KCEA Executive Director; 6101 Bell Road, Harrisburg, PA 17111-3817; (717) 564-1164			

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Page	1

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
	(C)									
(A) Name and Title	(B) Average hours per week (list any	box, office	unles	neck s pe d a d	rson	than on the than of the than the than the than the than the the than the than the	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Dr. Tom Coleman President	44	√		1				0	0	0
(2) Rev. F. Ross Ritchey	3	/								
Vice-President (3) Mr. Michael Boole	4	-		✓				0	0	0
Secretary-Treasurer		1		~					o	0
(4) Dr. Philip Gingery Board Member	2	1						0	0	0
(5) Dr. Allen Harris Board Member	2	1						0	0	0
(6) Rev. Robert Kern Board Member	2	1						0	0	0
(7) Mr. J. Matthew Mulhorn Board Member	2	/						0	0	
(8) Rev. Steven Schmuck Board Member	2	<i>'</i>				,		0	-	0
(9) Rev. Theodore E. Clater	50	•		,		_			0	0
Executive Director (10)				✓				16,324	0	38,390
(11)										
(12)										
(13)										
(14)										
	L	l			L			<u> </u>	L	

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees	s, ar	nd F	lighe	st C	ompensated E	mployees (continue	ed)		
	(A) Name and title	(B) Average hours per	box,	unles	Pos eck s pe	rson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportabl compensation		Estir amo	F) nated unt of	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M		compe fror organ and r	her ensation n the lization related izations	
(15)														
(16)														
(17)													·	
(18)									-					
(19)										<u></u> -				
(20)														
(21)									· · · · · · · · · · · · · · · · · · ·					
(22)												_		
(23)														
(24)														
(25)														
1b c d	Sub-total	VII, Section		•				> > >	16,324 0 16,324		0			8,390 0 8,390
2	Total number of individuals (including bu reportable compensation from the organ	t not limited					abov				00,000	of		0,330
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc										3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	,000)? /	f "Ye	s,"	complete Sch	nedule J fo				✓
5	Did any person listed on line 1a receive of for services rendered to the organization													1
Section	on B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·					
1	Complete this table for your five highest compensation from the organization. Rejuear.													ax
	(A) Name and business add	dress							(B) Description of s	ervices	((C) Compens	ation	
	_							┼-						
								t						
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who				

Part VIII											
		Check if Schedule O contains a res	sponse or note to			<u> </u>					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
ıts	1a	Federated campaigns 1a									
irar	b	Membership dues 1b	85,338.70								
s, G	С	Fundraising events 1c									
Sift. lar /	d	Related organizations 1d									
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e									
tior er S	f	All other contributions, gifts, grants,									
ibu		and similar amounts not included above 1f	189,789.61	İ							
on tr	g	Noncash contributions included in lines 1a-1f \$									
	h	Total. Add lines 1a-1f	•	275,128.31							
Program Service Revenue			Business Code								
eve	2a	Conference	611710	32,771.12	22,969.12	1,018.00	8,784.00				
e R	b	All-State Choir	611710	9,364.63	9,364.63						
rvic	C	Fine Arts	611710	7,027.27	7,027.27						
Se r	d	Athletics	611710	5,170.89	5,170.89						
ran	e	All-State Band	611710	2,174.00	2,174.00		 				
rog	f a	All other program service revenue . Total. Add lines 2a–2f	611710	2,114.50	2,114.50		1				
<u>-</u>	<u>g</u> 3	Investment income (including divide		58,622.41		· 1					
				4,434.31			4,434.31				
	4	Income from investment of tax-exempt to		4,434.31			4,434.31				
	5	Royalties		5,512.48			5,512.48				
	"	(i) Real	(II) Personal	3,312.40			3,312.40				
	6a	Gross rents									
	b	Less: rental expenses									
	c	Rental income or (loss)									
	d	Net rental income or (loss)	<u></u> ▶								
	7a	Gross amount from sales of (i) Secunties	(ıi) Other								
		assets other than inventory									
	b	Less. cost or other basis									
		and sales expenses .					İ				
	С	Gain or (loss)									
;	d	Net gain or (loss)	<u> ▶</u>								
enue	8a	Gross income from fundraising									
Other Reve		events (not including \$ of contributions reported on line 1c).				-					
je Pe	١.		a		İ						
ŏ			D								
		Net income or (loss) from fundraising Gross income from gaming activities.	events . ►								
	30	See Part IV, line 19									
	۱ .										
	b	Less: direct expenses	o[tivities ▶								
		Gross sales of inventory, less									
		returns and allowances									
	Ь	· · · · · · · · · · · · · · · · · · ·	5								
	C	Net income or (loss) from sales of in									
		Miscellaneous Revenue	Business Code								
	11a	Refund Insurance Premiums	900099	37.00	37.00						
	b	Sales Tax Collected	900099	32.13	32.13						
	c	Personal Gifts	900099	25.00	25.00						
	d	All other revenue	900099	43.68	43.68						
	е	Total. Add lines 11a-11d		137.81							
	12	Total revenue. See instructions		242 025	40.050	1 010	10 721				

Form 990 (2015) Page 10 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 (D) Fundraising expenses (B) Program service expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses Management and 8b, 9b, and 10b of Part VIII. general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 148,386.21 148,386.21 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 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 83,846.74 65,278.78 18,567.96 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 15,187.04 11,823.85 3,363.19 Other employee benefits q 3,685.22 2,869.12 816.10 10 Payroll taxes 1,500.43 1,168.16 332.27 11 Fees for services (non-employees): а Management b Accounting C 1,800.00 1,401.39 398.61 Lobbying . . d Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 358.65 358.65 13 Office expenses 5,186.42 4,037.88 1,148.54 14 Information technology 700.00 544.98 155.02 15 16 17 717.75 558.80 158.95 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings . 19 48,725.10 48,725.10 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 2,178.20 2,178.20 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.) Scholarship Operating Expenses 1,499.77 1,499.77 Gift Designated for Staff 525.00 525.00 In School Ministries - Postage 189.63 147.64 41.99 PA Sales Tax d 41.11 41.11 All other expenses Loss on Inv., Due Overpay 3,611.50 3,611.50 Total functional expenses. Add lines 1 through 24e <u>31,69</u>7 286,442 318,139 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 following SOP 98-2 (ASC 958-720) if

ينكر	art X				
		Check if Schedule O contains a response or note to any line in this Par	tX		<u> U</u>
			. (A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	16,398	1	117,913
	2	Savings and temporary cash investments	54,907	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		ŀ	
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
S	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	
Assets	7	Notes and loans receivable, net		7	
As	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			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	85,417	11	68,104
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	156,723	16	186,017
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	.
	19	Deferred revenue	21,173	19	22,007
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
es	22	Loans and other payables to current and former officers, directors,			
≣		trustees, key employees, highest compensated employees, and			
Liabilities		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	40.007	25	45 574
	26	Total liabilities. Add lines 17 through 25	42,807		45,571
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	63,980	20	67,578
ces		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	92,743		118,439
	34	Total liabilities and net assets/fund balances	156,723	34	186,017
					Form 990 (2015)

Page	1	2
ugo	•	-

ruilli əə				- ι α	gc 12
Part			<u></u> -		
•	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>	<u></u>	✓
1	Total revenue (must equal Part VIII, column (A), line 12)	1		34	3,835
2	Total expenses (must equal Part IX, column (A), line 25)	2		31	8,139
3	Revenue less expenses. Subtract line 2 from line 1	3		2	5,696
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9	2,743
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8		_	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		11	<u>8,439</u>
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: 🗸 Cash 🔲 Accrual 🔲 Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ii	n		
	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 comp	olled o	r		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>		لب
b	Were the organization's financial statements audited by an independent accountant?		. <u>2b</u>		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	_	L.		
	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	n		
	Schedule O.		ļ	<u> </u>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set				_
	the Single Audit Act and OMB Circular A-133?		· 3a	<u> </u>	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		<u> </u>
			For	m 99 0	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

ame	or the organization					Employer identification	number
	tone Christian Education Association					23:20	
Pai	t I Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.
	organization is not a private founda						
	A church, convention of church						
2	A school described in section		•			• •	
3	☐ A hospital or a cooperative hos						
4	A medical research organization hospital's name, city, and state		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in
6	☐ A federal, state, or local govern	nment or govern	mental unit described	ın secti o	on 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				the general public
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	☑ An organization that normally	receives: (1) mo	re than 331/3% of its	support f	from con	tributions, members	hip fees, and gross
	receipts from activities related						
	support from gross investme acquired by the organization a						x) from businesses
10	An organization organized and	operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).	
11	☐ An organization organized and	operated exclusi	vely for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the purposes of
	one or more publicly supported						
	the box in lines 11a through 11c						=
а							
	the supported organization(s			ct a majo	rity of the	e directors or trustee	es of the supporting
	organization. You must com						
b	_ ,, , ,						
	control or management of the organization(s) You must co			ie same p	ersons ti	ial control or manag	je trie supported
c				ted in cor	nection	with and functionall	v integrated with
	its supported organization(s)	(see instructions	s). You must comple	te Part I\	/, Section	ns A, D, and E.	
d	Type III non-functionally integrated that is not functionally integrated that it is not functionally integrated that it is not functionally integrated the functional integrated that it is not functionally integ						
	requirement (see instructions						an attentiveness
е			•				I Type III
•	functionally integrated, or Ty						,, . , p
f	Enter the number of supported of						🗆
g	Provide the following information	about the supp	orted organization(s).				
	(i) Name of supported organization	(II) EIN	(iii) Type of organization		rganization	' '	(vi) Amount of
			(described on lines 1-9 above (see instructions))	listed in you docui	ir governing ment?	support (see instructions)	other support (see instructions)
							mou donone,
				Yes	No		
A)							
B)							
C)							
D)	*****						
E)							
•							
				1	l		

Part	(Complete only if you checked th							
	Part III. If the organization fails to							_
	on A. Public Support							_
Calen	ıdar year (or fiscal year beginning in) ▶ │	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	_
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							_
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			_				_
3	The value of services or facilities furnished by a governmental unit to the organization without charge							_
4	Total. Add lines 1 through 3						ļ	_
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							_
6	Public support. Subtract line 5 from line 4.				<u> </u>		L	_
	ion B. Total Support				1 (0.001)	1 () 5	T	_
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	_
7	Amounts from line 4						 	_
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							_
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							_
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	•	•			12	504(-)(0)	_
13	First five years. If the Form 990 is for the organization, check this box and stop her						.	_
Socti	ion C. Computation of Public Suppor			· · · · · ·	· · · · · · · · · · · · · · · · · · · 	<u> </u>	· · · · - L	٢
14	Public support percentage for 2015 (line 6			11 column (f)		14	%	_
15	Public support percentage from 2014 Sch		•			15	9/	_
16a	33 ¹ / ₃ % support test—2015. If the organized box and stop here. The organization qual	zation did not	check the box	on line 13, an	d line 14 is 33	/3% or more, c	check this	_]
b	331/3% support test—2014. If the organicheck this box and stop here. The organi				•	e 15 is 33½% · · · · ·		_
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "fa organization	ets the "facts- acts-and-circ	and-circumsta	ances" test, ch st. The organiz	eck this box a ation qualifies	nd stop here. I	Explain in supported	
b	10%-facts-and-circumstances test20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m	on meets the eets the	e "facts-and-c s-and-circums	ircumstances" stances" test. 7	test, check t The organization	his box and st on qualifies as	top here.	_
18	supported organization						see	_

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

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

Secti	on A. Public Support			т, р.оцоо оо			
		(=) 0011	(h) 0010	(a) 2012	(4) 2014	(a) 2015	(f) Total
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(i) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	198,941	125,724	230,406	210,077	275,128	1,040,276
_	sold or services performed, or facilities						
	furnished in any activity that is related to the				i		
	organization's tax-exempt purpose	54,732	57,615	55,115	58,695	58,622	284,779
3	Gross receipts from activities that are not an		1	l			
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the			l	ì		
	organization without charge						
6	Total. Add lines 1 through 5	252 672	102 220	205 524	260 772	222.750	1 225 055
7a	Amounts included on lines 1, 2, and 3	253,673	183,339	285,521	268,772	333,750	1,325,055
<i>,</i> a	received from disqualified persons .						
b	Amounts included on lines 2 and 3		i	ľ	ľ		
	received from other than disqualified			1			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		1]	}	Ì	
	line 6.)						1,325,055
<u>Secti</u>	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	253,673	183,339	285,521	268,772	333,750	1,325,055
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		1				
	royalties and income from similar sources .	8,495	1,775	8,974	19,396	9,947	48,587
b	Unrelated business taxable income (less			. ,	· ·	,	
	section 511 taxes) from businesses						
	acquired after June 30, 1975	l i					
С	Add lines 10a and 10b	8,495	1,775	8,974	19,396	9,947	48,587
11	Net income from unrelated business	- 0,100	,,,,,		107000		15,557
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)	5,553	9,676	7,547	1,784	138	24,698
13	Total support. (Add lines 9, 10c, 11,		9,070	7,347	1,704	130	24,030
	and 12.)	267 724	194,790	302.042	289,952	242 025	1 200 240
14	First five years. If the Form 990 is for the	267,721				343,835	1,398,340
	organization, check this box and stop he	•					
Saati	on C. Computation of Public Suppor			· · · · · · · · · · · · · · · · · · · 			· · _ <u>-</u>
15	Public support percentage for 2015 (line			3 column (fl)		15	04.750.96
16	Public support percentage for 2013 (line of 2013)	, ,	-			16	94.759 %
	on D. Computation of Investment In			· · · · · ·			95.386 %
17	Investment income percentage for 2015 (/ line 13 colum	nn (fl)	17	3.475 %
18	Investment income percentage for 2013 (18	
	33 ¹ / ₃ % support tests – 2015. If the organ						2.829 %
19a	17 is not more than 33 ¹ /3%, check this box						
_		-	-				
þ	331/3% support tests—2014. If the organization 18 is not mare than 231/2%, shock this						
	line 18 is not more than 331/3%, check this		_	•			
20	Private foundation. If the organization d	ia not check a l	oox on line 14,	19a, or 19b, c	HECK THIS DOX	and see i nstru d	ctions

Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations		T.,	T
1	Are all of the arganization's supported expensions listed by some in the arganizations	Γ	Yes	No
•	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	ł	
2	Did the organization have any supported organization that does not have an IRS determination of status			1
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			<u> </u>
_	organization was described in section 509(a)(1) or (2).	2		ļ
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_	ļ	ļ
ь	(b) and (c) below.	3a		1
	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4-		<u>.</u>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a	ļ	
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			1
	despite being controlled or supervised by or in connection with its supported organizations.	4b		1
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4-		ļ
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c		╂
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			<u> </u>
L		5a		
D	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	<u> </u>	ļ
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	<u> </u>	ļ ———	<u> </u>
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			ļ
7		6		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	<u> </u>	ļ
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		1	1
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	and any are any are any are any are any are any are any are any are any are any			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			<u> </u>
b		9a		ļ
	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		ļ
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	The time of game and the character backings raise of cooling to to booken			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	-	<u> </u>	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a	-	-
-	and diganization have any excess business notatings in the tax year: (USE Scriedule C, FUIII 4/20, to	ı	1	L

determine whether the organization had excess business holdings)

10b

-				
Schedulle	A (Form	990 or	990-F7	2015

Part	V Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b	├─	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		L
oecti	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	140
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		<u> </u>	
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		ļ
Secti	on C. Type II Supporting Organizations		L)
	on or type meappering enganizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			,
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		·	ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		<u> </u>
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	<u> </u>	<u> </u>	ļ
Section	on E. Type III Functionally-Integrated Supporting Organizations	3		
				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s):
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			,
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u></u>		
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h	<u> </u>	<u> </u>
	- OLIDA SUCCUCIONEU DICIANIZAMONS CHI. LES CESCADE IN PART VI IDE TOIE DIAVEN DV TOE OTOANIZATION IN TOIE TEMPER	1 .50		r

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	ugo v
1	trus	st on Nov. 20, 1970. See	
other Type III non-functionally integrated supporting organizations must co	mple	ete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	İ		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	ľ		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-ın	tegrated Type III support	ing organization (see
instructions).	•	S 71 - FFF	,

Part) Supporting Organi	zations (continued)	
Secti	on D - Distributions		Current Year	
1_	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		-	
	Other distributions (describe in Part VI). See instructions.	-		
	Total annual distributions. Add lines 1 through 6.	 		
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		·	· rar
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			· ·
3	Excess distributions carryover, if any, to 2015:			
<u>a</u>				
<u>b</u>	I and a supplication of the supplication of th			
<u>c</u>	France 0010			
<u>d</u> _	From 2014	_		
<u>е</u>	From 2014			
f	Total of lines 3a through e Applied to underdistributions of prior years			
g h	Applied to underdistributions of prior years Applied to 2015 distributable amount			
<u></u> i	Carryover from 2010 not applied (see instructions)			
_ <u>-</u> -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<u></u>	Distributions for 2015 from Section			
4	D, line 7:			
<u>а</u>	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.	l		
5	Remaining underdistributions for years prior to 2015, if			
-	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7.			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)							
PART III, LI	ART III, LINE 12 - "Other Income" includes personal gifts, refunds, and State sales tax collected.							
	······································							
	······································							
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes." on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-F7, Part V, line 350 (Proxy

Section 501(c)(4), (5), or (6) organizations: Complete Part III Name of organization Keystone Christian Education Association Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political expenditures	Tax) (s	see separate instructions), t		y raxy (see separati		7.00-122, 1 art v , mic 500 (1 10x)
Employer identification number East-2015 East-2015 Employer identification is exempt under section 501(c) or is a section 521 Section East-2015 Enter the amount of any excise tax incurred by the organization under section 4955 Section Enter the amount of any excise tax incurred by organization managers under section 4955 Section Sectio		•				
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures			a material deliphoto furth		Employer i	dentification number
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures	Kevst	one Christian Education Ass	sociation			23:2054696
Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political expenditures				der section 501(c) or is a section 52	
Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955	1					
Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955	2	· · · · · · · · · · · · · · · · · · ·	_	•	-	
Enter the amount of any excise tax incurred by the organization under section 4955 .	3	Volunteer hours				0
Enter the amount of any excise tax incurred by the organization under section 4955 .						
2 Enter the amount of any excise tax incurred by organization managers under section 4955 .	Part					
If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	1	-				\$0
Was a correction made?						
If "Yes," describe in Part IV.	3	_		•		
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filling organization for section 527 exempt function activities	4a					LYes LNo
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities					 	
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities		Complete if the	e organization is exempt und	der section 501(c), except section 5	01(c)(3).
Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	1				•	•
Total exempt function activities	^					\$
Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	2			-		Φ
Inne 17b	2	•				Φ
Did the filing organization file Form 1120-POL for this year?	3					œ
Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0- (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0- (1)	4					
organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0- (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0- (1)			•			
the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0- (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0- (1)	Þ					
as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0- funds if none, enter -0- (1) (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-						
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0- from the filing organization's funds If none, enter -0- from the filing organization's funds If none, enter -0- (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- (1)						
filing organization's funds if none, enter -0- filing organization's funds if none, enter -0- funds if none, enter -0- filing organization's contributions received and promptly and directly delivered to a separate political organization if none, enter -0- (1)			T			Т
funds if none, enter -0- funds if none, enter -0- promptly and directly delivered to a separate political organization if none, enter -0- (1)		(a) Name	(b) Address	(c) EIN		
political organization If none, enter -0-						promptly and directly
(1) none, enter -0-						
						none, enter -0-
	/4\					
(2)	(1)			-		
(2)	(2)					
	(2)	_		<u> </u>		
(3)	(3)					
						
(4)	(4)					
				<u> </u>		
(5)	(5)			_		
	(6)		ļ			
	(6)					T

•						
Sched	ule C (Form 990 or 990-EZ) 2015					Page 2
Part	II-A Complete if the organizati section 501(h)).	ion is exempt ι	ınder section 50	01(c)(3) and filed	d Form 5768 (el	ection under
	heck ► ☐ If the filing organization be name, address, EIN, expense.	enses, and sha	re of excess lobb	oying expenditur	es).	oup member's
ВС	check 🕨 🗌 if the filing organization c			trol" provisions a	ıpply.	
		bbying Expendit			(a) Filing	(b) Affiliated
	(The term "expenditures" r	means amounts	paid or incurred.	<u>) </u>	organization's totals	group totals
1a	reading experience to imagine					
b	Total lobbying expenditures to influence	ce a legislative bo	dy (direct lobbying	g)		
С	Total lobbying expenditures (add lines	1a and 1b) .				
d	Other exempt purpose expenditures .					
е	Total exempt purpose expenditures (ad					
f	Lobbying nontaxable amount Enter columns.	r the amount fr	om the following	table in both		
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the an	nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 2	25% of line 1f)				
h	Subtract line 1g from line 1a If zero or	less, enter -0-				
i	Subtract line 1f from line 1c If zero or I	less, enter -0-				
j	If there is an amount other than zero	o on either line	1h or line 1i, did	the organization	file Form 4720	
	reporting section 4911 tax for this yea	ır?				Yes No
			Period Under sec		· · · · · · · · · · · · · · · · · · ·	
	(Some organizations that made a se				of the five colum	ns below.
	See th	ne separate instr	uctions for lines	2a through 2f.)		
	Lobbyir	ng Expenditures	During 4-Year A	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total

	Lobbyir	ng Expenditures	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))	***************************************	- Int			
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))				1916-19	
f	Grassroots lobbying expenditures					

	(election under section 501(h)).	(a	a)		(b)	
	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ption of the lobbying activity.	Yes	No	A	Amount	:
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or	-				
	referendum, through the use of:					
а	Volunteers?		1			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓				
С	Media advertisements?		✓			
d	Mailings to members, legislators, or the public?		✓	<u> </u>		
e	Publications, or published or broadcast statements?	✓				242
f	Grants to other organizations for lobbying purposes?		√	-		
9 h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .		1			
i	Other activities?		1			
i	Total. Add lines 1c through 1i		_	-		242
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1			272
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (or se	ction		
	301(0)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	_	-
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		_
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3		
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of	R (b)	Par	A-III 1	, line	3, is
	answered "Yes."					
1	Dues, assessments and similar amounts from members		1	├—		
2	political expenses for which the section 527(f) tax was paid).					
a	Current year		2a	ــــــ		
b	Carryover from last year	i	2b			
C	Total		2c	<u> </u>		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	_		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5	 		
Par				1		_
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	ıp lıs	t); Pa	rt II-A,	lines 1	and
2 (see	instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
The \$2	42 represents time expended in research and writing, and presenting testimony on the subjects of child ca	are li	censir	ng and	religio	us
freedo	<u>m.</u>					
		·				

	rm 990 or 990-EZ) 2015	Page 4
Part IV	Supplemental Information (continued)	
•		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► 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.

OMB No 1545-0047 2015

Open to Public Inspection

Employer identification number

	one Christian Education Association		23:2054696
Pai	Organizations Maintaining Donor Adv	vised Funds or Other Similar Fur	nds 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 h	neld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	-	
•	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Par	t II Conservation Easements.		· · · · · · · · · · · · · · · · · · ·
ı aı		"Vee" on Form 990 Part IV line 7	
4	Complete if the organization answered		·
1	Purpose(s) of conservation easements held by the		Callanda III and a second
	Preservation of land for public use (e.g., recrea	·	· · · · · · · · · · · · · · · · · · ·
	Protection of natural habitat	☐ Preservation o	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified I		
d	Number of conservation easements included in		
	historic structure listed in the National Register .		· · 2d
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or teri	minated by the organization during the
4	Number of states where property subject to conse	nyation easement is located	
5	Does the organization have a written policy re-		spection handling of
•	violations, and enforcement of the conservation ea		· · ·
6	Staff and volunteer hours devoted to monitoring, inspec		
U	Stan and volunteer hours devoted to morntoning, inspec	ung, nanding of violations, and emorcing	conservation easements during the year
7	Amount of ovnonces included in manufacture includes		
7	Amount of expenses incurred in monitoring, inspectin	ng, nandling of violations, and enforcing	conservation easements during the year
•	`	0/15 1	
8	Does each conservation easement reported on line		
			· · · · · · · · · Yes · No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		nancial statements that describes the
	organization's accounting for conservation easeme		
Par	Organizations Maintaining Collection		
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar	assets held for public exhibition, ed	ducation, or research in furtherance o
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements tha	at describes these items.
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue statement and balance shee
	works of art, historical treasures, or other similar		
	public service, provide the following amounts relat	•	
	(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	r assets for financial dain, provide the
_	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these i	tems:
9			
a	Revenue included on Form 990, Part VIII, line 1 .		· · · · • • • • • • • • • • • • • • • •
b	Assets included in Form 990, Part X		> S

Schedute D (Form 990) 2015

Par	III Organizations Maintaining								
. 3	Using the organization's acquisition, a collection items (check all that apply).	accession, and oth	her recoi	rds, ched	ck any of th	e follow	ving that are a	significant us	e of its
а	☐ Public exhibition		d	□ Loan	or exchang	ie progr	ams		
b	☐ Scholarly research								
С	Preservation for future generations	ł			·				
4	Provide a description of the organizat		and expla	an how t	hev further	the ora	anization's exe	mnt purpose	ın Part
	XIII.		and oxpic	2011 11000 1	ancy runtinoi	uic org	anization 5 cac	mpt parpose	mi i dit
5	During the year, did the organization	solicit or receive	donation	s of art	historical tr	eacure	e or other simi	lar	
•	assets to be sold to raise funds rather	than to be mainta	ined as r	art of th	e organizati	on's co	s, or other simil Hection?		☐ No
Par	IV Escrow and Custodial Arra				o organizati	-		tes	<u> </u>
<u> </u>	Complete if the organization 990, Part X, line 21.	answered "Yes"					•		orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or other	er interm	nediary fo	or contribut	ions or	other assets r	_	
b	If "Yes," explain the arrangement in Pa							☐ Yes	⊔ ио
b	ii res, explain the arrangement in Fa	art Aill and Comple	ie lile io	llowing t	able:		т	Amount	
•	Paginning halance					1		Amount	
C	Beginning balance					1c	_		
d	Additions during the year					1d			
e	Distributions during the year					1e		50 to 150	
f	Ending balance					1f			
2a	Did the organization include an amour								∐ No
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the ex	kplanatio	n has been	provide	d on Part XIII .	.	<u>Ш</u>
Par	Endowment Funds.								
	Complete if the organization						·	- ,	
_		(a) Current year	(b) Prid	or year	(c) Two year	s back	(d) Three years bad	ck (e) Four yea	rs back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships						<u> </u>		
е	Other expenditures for facilities and								
	programs				İ				
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	ne current vear end	d balanc	e (line 1o	. column (a))) held a	ıs:		
а	Board designated or quasi-endowmen	nt 🕨	%	. (,, ()	,,			
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	[*]							
	The percentages on lines 2a, 2b, and 2		00%.						
За	Are there endowment funds not in the			zation tha	at are held a	and adr	ninistered for t	he	
	organization by:	,	3					Ye	s No
	(i) unrelated organizations							3a(i)	} 100
	(ii) related organizations							3a(ii)	+
b	If "Yes" on line 3a(II), are the related or								
4	Describe in Part XIII the intended uses							3b	<u> </u>
Part			ii s endo	willelit ii	unus.	_			
r en	Complete if the organization		on For	~ 000 г	Dort IV line			Dank V. Base	. 10
	Description of property			-					
	Description of property	(a) Cost or oth (investme			or other basis other)		occumulated preciation	(d) Book va	ue
1a	Land				1				
b	Buildings								
С	Leasehold improvements								
d	Equipment			-	-				
e	Other					· ·			
	Add lines 1a through 1e. (Column (d) m		00. Part X	. column	(B), line 10	c.)	+		
			,	.,	. ,,,	,			

Part VII	Investments—Other Securitie				
<u></u>	Complete if the organization and				
	(a) Description of security or catego (including name of security)	ry	(b) Book value		nod of valuation -of-year market value
(1) Financial					
	neld equity interests				
(3) Other	·				
(A)					
(B)			<u> </u>		
(C)				ļ	
(D)					
(E)					
(F)					
(G) (H)					
	1)				·····
	b) must equal Form 990, Part X, col. (B) line 12)			<u> </u>	
Part VIII	Investments - Program Relate		000 Doubly 1	11- C Form	000 Dark V line 10
	Complete if the organization and	swered tes on Fol			
	(a) Description of investment		(b) Book value	(c) Met Cost or end	hod of valuation -of-year market value
(1)					
(2)					
(3)			<u> </u>		
(4)					
(5)					
(6)		· · · · · · · · · · · · · · · · · · ·			
(7)					
(8)					
_(9)					·
	b) must equal Form 990, Part X, col. (B) line 13) 🕨	·	<u>.</u>		
Part IX	Other Assets.				
	Complete if the organization an		<u>rm 990, Part IV, lı</u>	ne 11d. See Form	
		(a) Description			(b) Book value
_(1)					
_(2)					
_(3)		_			
(4)					
_(5)					
_(6)					
_(7)					
_(8)					
(9)	mn (b) must equal Form 990, Part X,	ool (P) (mo 15.)			
	Other Liabilities.	COI. (B) III e 13.)	 	<u> ▶</u>	 .
Part X	Complete if the organization and	swered "Yes" on Fo	rm 990, Part IV, li	ne 11e or 11f. See	e Form 990, Part X,
	line 25.	<u> </u>	,		·
1.	(a) Description of liability	(b) Book value			
(1) Federal in		ļ			
(2) Rabbi T	rust		15,571		
(3)					
(4)					
(5)		<u> </u>			
(6)					
(7)					
(8)					
(9)	45 - 200 2 - 10 - 10 - 10 - 10 - 10 - 10 -	 			
	b) must equal Form 990, Part X, col. (B) line 25.)		15,571		

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

• Schedu	le D (Form 990) 2015	Page (
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	
	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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	1
С	Recoveries of prior year grants	1
d	Other (Describe in Part XIII.)	1
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	1
С	Add lines 4a and 4b	4c
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments]
С	Other losses],
d	Other (Describe in Part XIII.)]
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)]
C	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part	XIII Supplemental Information.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b. Also complete this part to provide any additional ir	
·		
		·
	·····	

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
•		
		
		
/		

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection 2015

OMB No 1545-0047

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Keyston	다.	tion						23:2054696
Partl	General Information on Grants and Assistan	on Grants and	Assistance					
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	in records to sub	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility for	or the grants or assi	ָ [
	the selection criteria used to award the grants or assistance?	award the grants	or assistance?					· · · · · · · · · · · · · · · · · · ·
	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring t	he use of grant fur	nds in the United	States.		
Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization ans 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	sistance to Do or any recipient	mestic Organizathat received mo	ations and Dom	lestic Governm Part II can be do	ients. Complete in uplicated if addition	f the organization onal space is need	rganizations and Domestic Governments. Complete if the organization answered "Yes" on Form ved more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) L	1 (a) Name and address of organization or government	(p) 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
(1)								
(2)								
(3)								
(4)								
(2)								
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)								-
% 6	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov ganizations listed	rernment organizat	ions listed in the li	ne 1 table			A A .
For Pape	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		Ca	Cat No 50055P		Schedule I (Form 990) (2015)

Schedule I (For	Schedule I (Form 990) (2015) Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed.	nestic Individuals. space is needed.	<u>છં</u>	organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22	Part IV, line 22.
	(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
1 Pre-Kin	1 Pre-Kindergarten	12	17,099			
2 K-12 St	2 K-12 Student Scholarships	156	131,287			
က						
4						
ေ						
, ,						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	he information re	equired in Part I, line	e 2, Part III, column	(b), and any other additi	onal information.
The KCEA	The KCEA Board appointed nine professional and business leaders to design and implement policies to not only surpass the requirements enacted by the Legislature of	ss leaders to design	and implement polici	es to not only surpass	the requirements enacted by	the Legislature of
Pennsylvan	Pennsylvania (and Department guidelines) but to also fulfill our or	II our organizationa	al mission. Five profes	sional and business le	aders currently comprise KO	ganizational mission. Five professional and business leaders currently comprise KCEA's Scholarship Committee
to oversee t	to oversee the program, to ensure that established policies are fol	s are followed, and	to review the program	in light of KCEA's org	anizational mission. Detaile	lowed, and to review the program in light of KCEA's organizational mission. Detailed reports are provided to the KCEA
Board and L	Board and participating schools. An independent CPA annually reviews this program for programmatic compliance. An independent, professional need assessment company	inually reviews this	program for programn	natic compliance. An	ndependent, professional ne	ed assessment company
processes	processes all applications. Awards are determined by the Committee based upon objective criteria without the knowledge of identifiable information, such as student name, school	Committee based to	upon objective criteria	without the knowledg	e of identifiable information.	such as student name, school
name, etc.	name, etc. Letters are sent to both the student/family and school		e financial details of a	wards. Checks are iss	telling of the financial details of awards. Checks are issued to the schools of the students' attendance after the	dents' attendance after the
school has	school has verified data and enrollment. For the 2015-16 fiscal year, scholarship awards ranged from \$10 to \$2,370.	fiscal year, scholars	ship awards ranged fro	om \$10 to \$2,370.		

Schedule I (Form 990) (2015)