**30.** Number of voting members of governing body

32. Number of employees .....

**33.** Number of volunteers

31. Number of independent voting members of governing body

Form 990 Two Year Comparison Report 2023 & 2024

For calendar year 2024, or tax year beginning , ending

Name Taxpayer Identification Number Cranberry Township Athletic \*\*-\*\*\*8191 Association 2023 2024 **Differences** 1. Contributions, gifts, grants 38,425 30,331 -8,094 1. 2. Membership dues and assessments 3. Government contributions and grants ..... 3. 204,812 18,546 186,266 4. Program service revenue 4. 5. Investment income 5. 689 1,279 590 **6.** Proceeds from tax exempt bonds 6. 7. Net gain or (loss) from sale of assets other than inventory 7. 8. Net income or (loss) from fundraising events ..... 22,286 24,957 -2,671 8. 9. Net income or (loss) from gaming 9. 15,985 9,382 **10.** Net gain or (loss) on sales of inventory 10. 25,367 11. Other revenue 11. **266,357** 284,075 17,718 12. Total revenue. Add lines 1 through 11 12. 13. Grants and similar amounts paid 13. 14. Benefits paid to or for members 14. **15.** Compensation of officers, directors, trustees, etc. 15. 16. Salaries, other compensation, and employee benefits 16. 17. Professional fundraising fees 17. 1,237 18. Other professional fees 736 1,973 18. 10,581 8,470 2,111 19. Occupancy, rent, utilities, and maintenance 19. 2,008 5,598 7,606 20. Depreciation and Depletion 20. 141,819 142,094 275 21. 21. Other expenses 5,130 157,124 162,254 **22. Total expenses.** Add lines 13 through 21 22. 12,588 109,233 121,821 23. Excess or (Deficit). Subtract line 22 from line 12 23. 266,357 284,075 17,718 24. Total exempt revenue 24. 25. Total unrelated revenue 25. 227,932 253,744 25,812 26. Total excludable revenue 26. 494,510 372,689 121,821 27. Total assets 27. **28.** Total liabilities ..... 28. 29. Retained earnings 372,689 494,510 121,821 29.

19

19

150

30.

31.

32.

33.

14

14

150

## Myers, Patsy & Associates, LLC 150 E Main St Ste 201 Carnegie, PA 15106 412-276-4150

October 6, 2025

#### CONFIDENTIAL

Cranberry Township Athletic Association P.O. Box 1599 Cranberry Township, PA 16066

Dear Cranberry Township Athletic:

We have prepared the following returns from information provided by you. Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

#### Firm Policy Regarding e-Filing

Our firm policy is to e-File tax returns after receiving signed & dated e-File authorization forms from you along with payment for our services. We are not responsible for any late filing penalties or interest if you fail to comply with this policy.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Myers, Patsy & Associates, LLC

### Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning

, and ending

Cranb	erry	Township	Athletic	**-***819	91
Assoc	iatio	n			

Associat	ion			
Net Asset / Fund Balance at Begin	nning of Year			372,689
Revenue				
Contributions		30,331		
Program service revenue		30,331 204,812		
Investment income		1,279		
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue	29,930			
Direct expenses	7,644			
Net income		22,286		
Other income		25,367		
Total revenue			284,075	
Expenses				
Program services		162,254		
Management and general				
Fundraising				
Total expenses			162,254	
Excess / (deficit)				121,821
Changes				
Reconciliation of	Revenue		Reconciliation of Expe	enses
Total revenue per financial statements	3	Total expenses	per financial statements _	
Less:		Less:		
Unrealized gains		Donated ser	vices _	
Donated services		Prior year a	djustments _	
Recoveries		Losses	_	
Other		Other	_	
Plus:		Plus:		
Investment expenses		Investment	expenses _	
Other	204 075	Other	_ <del>-</del>	160 054
Total revenue per return	284,075	Total ex	penses per return	162,254
		Balance Sheet		
	Beginning	Ending	Differences	
Assets	372,689	494,510	2	
Liabilities				
Net assets	372,689	494,510	121,821	=
	Miscellaneous	Information		
	Amended return			
	Return / extended due da	te 11/17/25		

Failure to file penalty

Form **8879-TE** 

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0
----------------

For calendar year 2024, or fiscal year beginning ....., 2024, and ending ....., 20

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

2024

Department of the Treasury
Internal Revenue Service
Name of filer

Cranberry Township Athletic

EIN or SSN

	ASSC	clation			**-**8T	91
Name and title of officer or person subject to tax	David	Palascak				
•	VP Fir	nance				
Part I Type of Return ar	nd Retur	n Information				
Check the box for the return for which y	ou are usir	ng this Form 8879-TE and	d enter the applicable	amount, if any, fro	m the return. Form	
8038-CP and Form 5330 filers may ente	er dollars ar	nd cents. For all other for	ms, enter whole dolla	ars only. If you ched	ck the box on line 1a	, 2a,
<b>3a, 4a, 5a, 6a, 7a, 8a, 9a,</b> or <b>10a</b> below	, and the ar	mount on that line for the	return being filed wit	th this form was bla	ink, then leave line 11	b, 2b,
<b>3b</b> , <b>4b</b> , <b>5b</b> , <b>6b</b> , <b>7b</b> , <b>8b</b> , <b>9b</b> , or <b>10b</b> , which	hever is ap	plicable, blank (do not er	nter -0-). But, if you en	ntered -0- on the re	eturn, then enter -0- o	on the
applicable line below. Do not complete		one line in Part I.				
1a Form 990 check here	. <mark>Х</mark> р .	Total revenue, if any (Fo	orm 990, Part VIII, co	lumn (A), line 12)	1b	284,075
2a Form 990-EZ check here	. Ц в .	Total revenue, if any (Fo	orm 990-EZ, line 9)		2b	
3a Form 1120-POL check here	. ∐ р .	Total tax (Form 1120-PC	DL, line 22)		3b	
4a Form 990-PF check here	. ∐ в	Tax based on investme				
5a Form 8868 check here	.   ь і	Balance due (Form 8868	3, line 3c)		5b	
6a Form 990-T check here	.   ь	Total tax (Form 990-T, P	art III, line 4)		6b	
7a Form 4720 check here	.   b	Total tax (Form 4720, Pa	art III, line 1)		7b	
8a Form 5227 check here	.  -  b	FMV of assets at end of	,			
9a Form 5330 check here	. Н в .	Tax due (Form 5330, Pa	rt II, line 19)		9b	
10a Form 8038-CP check here		Amount of credit payme				
		Authorization of C	Officer or Person	ı Subject to Ta	ax	
Under penalties of perjury, I declare that	ıt 🗶 I	am an officer of the abov			ct to tax with respect	•
of entity)			, (EIN)		t I have examined a	
2024 electronic return and accompanyir	-			-	-	
complete. I further declare that the amo						•
ntermediate service provider, transmitte						
acknowledgement of receipt or reason the date of any refund. If applicable, I a	-					
(direct debit) entry to the financial institu				J		
return, and the financial institution to de						
1-888-353-4537 no later than 2 busines	-					-
processing of the electronic payment of	taxes to re	eceive confidential informa	ation necessary to an	nswer inquiries and	resolve issues relate	ed to
the payment. I have selected a persona	al identificati	ion number (PIN) as my	signature for the elec	tronic return and, if	f applicable, the cons	ent to
electronic funds withdrawal.						
PIN: check one box only						
X lauthorize Myers, P	atsy 8	Associates,	LLC	to enter my PIN	<b>65144</b> as r	my signature
		ERO firm name		•	Enter five numbers, bu	ut
					do not enter all zeros	
on the tax year 2024 electronica	•				-	
agency(ies) regulating charities		he IRS Fed/State prograi	m, I also authorize th	e aforementioned E	ERO to enter my PIN	on the
return's disclosure consent scre	en.					
As an officer or person subject						
filed return. If I have indicated v of the IRS Fed/State program,					es) regulating charitie	s as part
Signature of officer or person subject to tax	Will Critical	my i my on the retains an	30103010 001130111 3010	Date	10/06/25	
Part III Certification and	Authent	ication		Date		
ERO's EFIN/PIN. Enter your six-digit e						
number (EFIN) followed by your five-dig				*****	****	
				Do not ent	er all zeros	
certify that the above numeric entry is	my PIN, w	hich is my signature on th	ne 2024 electronically	/ filed return indicat	ed above. I confirm t	hat I
am submitting this return in accordance	•		•			
Providers for Business Returns.						

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

10/06/25

Myers, Patsy & Associates, LLC

ERO's signature

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2024 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	e 2024 calendar year, or tax year beginning , and ending		_								
В	Check if ap	oplicable: C Name of organization Cranberry Township Athletic		D Employer	identification number							
	Address ch	hange Association	Association									
Ħ.	Name char	Doing business as Seneca Valley Softball & Baseball A **-***8191										
$\equiv$		Number and street (or P.O. box if mail is not delivered to street address)	E Telephone									
_	Initial return			/24-	772-2267							
	terminated				204 560							
	Amended i	Cranberry Township PA 16066		<b>G</b> Gross rec	eipts \$ 324,768							
Ħ	Application	F Name and address of principal officer:	H(a) Is this a gro	oup return for s	ubordinates? Yes X No							
Ш	Application	David Talaboan			<b>.</b>							
		PO Box 1599	H(b) Are all sub									
		Cranberry Township PA 16066	- III No,	allach a list.	See instructions							
<u> </u>	Tax-exem		- / /									
	Website:		H(c) Group exe									
			Year of formation: $oldsymbol{1}$	974	M State of legal domicile: PA							
P	art I	Summary										
	1 B	Briefly describe the organization's mission or most significant activities:										
S		See Schedule O										
Jan												
Governance		······································										
Ô	2 0	Check this box if the organization discontinued its operations or disposed of more than 25%	of its net asse	ts.								
⋖ర		Number of voting members of the governing body (Part VI, line 1a)		3	14							
ies		Number of independent voting members of the governing body (Part VI, line 1b)			14							
Activities		otal number of individuals employed in calendar year 2024 (Part V, line 2a)			0							
Acı		Total number of volunteers (estimate if necessary)		6	150							
	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12			0							
	b N	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0							
		Destributions and exacts (Dest VIIII Pro-Ale)	Prior Yea	8,425	Current Year <b>30,331</b>							
ne		Contributions and grants (Part VIII, line 1h)		6,266	204,812							
Revenue		Program service revenue (Part VIII, line 2g)	10	689								
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	1	0,977	1,279							
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,357	47,653							
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20	0,357	284,075							
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)  Benefits paid to or for members (Part IX, column (A), line 4)			0							
	1	· · · · · · · · · · · · · · · · · · ·			0							
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0							
xpenses		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)										
Ä	1	Others are a Country (Day 1) Country (A) Country (A)	15'	7,124	162,254							
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,124	162,254							
	1	Revenue less expenses. Subtract line 18 from line 12		9,233	121,821							
- Y	3	Revenue less expenses. Subtract line 10 110111 line 12	Beginning of Cur		End of Year							
Net Assets or	<b>20</b> T	otal assets (Part X, line 16)		2,689	494,510							
ASS	<b>21</b> T	otal liabilities (Part X, line 26)		0	0							
Net File	<b>22</b> N	Net assets or fund balances. Subtract line 21 from line 20	372	2,689	494,510							
	art II	Signature Block			-							
Sig	ue, correc	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statement, and complete. Declaration of preparer (other than officer) is based on all information of which preparer Signature of officer	has any knowledo		owledge and belief, it is							
He	re	David Palascak VP Finance	l									
		Type or print name and title  Preparer's name  Preparer's signature	Date	Τ	u DTIN							
Pai	ч			Check	if PTIN							
	parer	Michael D Patsy Michael D Patsy Michael D Patsy Michael D Patsy	10/06		**-***9412							
	Only	Firm's name Myers, Patsy & Associates, LLC	F	irm's EIN	**-***9412							
USE	, Oilly	150 E Main St Ste 201 Firm's address			/12_27 <i>6</i> /150							
N 4	, the ID			hone no.	412-276-4150							
ivia	y uie iK	S discuss this return with the preparer shown above? See instructions			X Yes No							

162,254

Total program service expenses

			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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	_X_	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	l		37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	114		х
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a		<b></b>		
124	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		<u></u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

P	art IV Checklist of Required Schedules (Continued)		V	N.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d 25-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		25a		х
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	. <b>25a</b>		
b	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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	.		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	•		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	200		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	.   23		
00	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	. 34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		X
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			v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	.   31		- 22
50	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	. 38		х
Pá	art V Statements Regarding Other IRS Filings and Tax Compliance	.   00	l	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	. 1c		X

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ıed)			Yes	No		
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	0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?		2b				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over,					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accol	ınt)?	4a		X		
b	b If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Art	ccour	its (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\dots$			5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion?	,	5b		X		
С	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		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or	V					
	gifts were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	oods						
	and services provided to the payor?			7a		_X_		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•		_		37		
	required to file Form 8282?			7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	2	7-		х		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		: <i>(</i>	7e 7f		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contractly the organization received a contribution of qualified intellectual property did the organization file Form		00 og roguirod?			X		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Forr If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizati			7g 7h		X		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11		41		
	appropring organization have exceed hydrogen holdings at any time during the year?	-		8				
9	Sponsoring organizations maintaining donor advised funds.							
а								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources							
	· · · · · · · · · · · · · · · · · · ·	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a				
		12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а				13a				
	<b>Note:</b> 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	40h						
_	Enter the account of manner on head	13b 13c						
с 14а	Did the exemplanting receive any payments for indeer tenning comises during the tay year?			14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i>			14b		21		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera							
. •	and the second section of the second section is a second section of the second section of the second section s			15		x		
	excess paracrute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	incom	ie?	16		x		
-	If "Yes," complete Form 4720, Schedule O.		· <del>··</del> · · · · · · · · · · · · · · · · ·					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activi	ities						
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			17				
	If "Yes," complete Form 6069.							

	and the contract of the contra		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   14		100	
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer director tructor or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		x
	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,	7.		x
•	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
а	The governing body?	8a	X	<del>                                     </del>
b	Each committee with authority to act on behalf of the governing body?	8b	X	<del>                                     </del>
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 on Schedule O	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		
		$\overline{}$	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			1
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on 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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c		<u> </u>
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	avid Palascak PO Box 1599			
		-77	2-2	267

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	bo: off	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D)  Reportable compensation from the	(F) Estimated amount of other compensation		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1) Mike Fabus	20.00	x		x				0	0	0	
(2) Jill Hahn	0.00	21									
	20.00										
VP Softball (3) Jon Thomas	0.00	X	-	X			-	0	0	0	
(3) JOH HIOMAS	20.00										
VP Baseball	0.00	x	Ι.,	x				0	0	0	
(4) David Palascak							7				
	20.00					Ы					
VP Finance	0.00	X		X				0	0	0	
(5) Jen O'Toole	20.00										
VP of Administration	0.00	x		x				o	0	0	
(6) Kevin Barber	3.33	1									
(0,000 1 = 00 = 00 = 00 = 00	20.00										
VP of Operations	0.00	X		х				0	0	0	
(7) Corey Klinger											
<u></u>	20.00										
VP of Communications	0.00	X		X				0	0	0	
(8) Greg Parrotto	20.00										
Board Member	0.00	x						o	0	0	
(9) Marija James		<u></u>									
(,	20.00										
Board Member	0.00	X						0	0	0	
(10) Scott Wagner											
	20.00										
Board Member	0.00	X						0	0	0	
(11) Shawn Windenhofe	er 20.00										
Board Member	0.00	x						o	0	0	
	1 2000				1			<u> </u>		Form <b>990</b> (2024)	

Pa	rt VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	d Employees (continued	d)			
	(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	rson i	than c s both or/trust	an	( <b>D</b> ) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated a of oth	er	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)		from the organization related organization o	ne n and	6
(12)	) Jim Gaydos	20.00												
	rd Member	0.00	Х						0		0			0
(13) Boa	) Ryan Kabana rd Member	20.00	x						0		0			0
(14														
(14)	rd member	20.00	x						Ó		0			0
(15)	ru member	0.00	Λ											
(16)														
(17)														
(18)														
(19)														
1b	Subtotal													
c d	Total from continuation sheet Total (add lines 1b and 1c)			ion <i>i</i>	<b>4</b>									
2	Total number of individuals (in reportable compensation from	cluding but not l	imite	d to <b>0</b>	thos	e lis	ted a	bove	e) who received more than	\$100,000 of	•		Yes	No
3	Did the organization list any fo												163	No
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	e 1a, is the sum nizations greater	of rethan	eport	table 50,00	con 00? <i>I</i>	npens f "Ye	satio s," c	complete Schedule J for su	from the ach		3		X
5	individual	1a receive or acc	crue	 com	 pens	 atior	 n fror	 n ar	ny unrelated organization o	r individual		4		X
Conti	for services rendered to the o		es,"	com	plete	Sc.	hedu	le J	for such person			5		X
1	Complete this table for your fir	ve highest comp												
	compensation from the organi.	(A) business address	эттре	ensai	lion i	OI II	ie ca	lena		(B) tion of services	x year.	Cor	(C) npensati	on
	Nume and	business dudiess							Безир	uon or sorvices			npensua	011
2	Total number of independent received more than \$100,000	contractors (inclu	iding n fror	but n the	not le ord	limite ganiz	ed to	thos	se listed above) who	0				

\*\*-\*\*\*8191 Form 990 (2024) Cranberry Township Athletic Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (A) (D) Revenue excluded (B) Related or exempt Unrelated function revenue from tax under husiness revenue sections 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns ..... 1a **b** Membership dues ..... 1b c Fundraising events ..... 1c **d** Related organizations ..... 1d e Government grants (contributions) **f** All other contributions, gifts, grants, 30,331 and similar amounts not included above ...... 1f g Noncash contributions included in lines 1a-1f ..... 1a h Total. Add lines 1a-1f. 30,331 Business Code 146,831 Registration fees 146,831 Program Service Revenue 30,488 30,488 Other Program Services Tournament Revenue 18,083 18,083 Uniforms 9,132 9,132 278 278 Adult Registrations f All other program service revenue ..... g Total. Add lines 2a-2f 204,812 3 Investment income (including dividends, interest, and other similar amounts) 1,279 1,279 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets 7a other than inventory **b** Less: cost or other Other Revenue basis and sales exps. 7с c Gain or (loss) d Net gain or (loss) ..... 8a Gross income from fundraising events (not including \$ \_\_\_\_\_ of contributions reported on line 1c). See Part IV, line 18 29,930 **b** Less: direct expenses ..... 7,644 22,286 22,286 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 ...... **b** Less: direct expenses ..... 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances ..... 58,416 10a **b** Less: cost of goods sold ...... 33,049 10b 25,367 25,367 c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue d All other revenue .....

284,075

230,179

23,565

0

e Total. Add lines 11a-11d .

Total revenue. See instructions .

Secti	on 501(c)(3) and 501(c)(4) organizations must o			mplete column (A).	7.7
	Check if Schedule O contains a resp			(0)	X
	ot include amounts reported on lines 6b, 7b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
ου, 9 <b>1</b>	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			<u> </u>	
Ŭ	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	399	399		
С	Accounting	1,574	1,574		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	915	915		
13	Office expenses	443	443		
14	Information technology				
15	Royalties				
16	Occupancy	10,581	10,581		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	7.000	7. 606		
22	Depreciation, depletion, and amortization	7,606	7,606		
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
_	Equipment Expense	45,502	45,502		
a b	Field Maintenance	33,612	33,612		
C	Umpire Fees	21,766	21,766		
d	Tournaments	21,067	21,067		
	All other expanses	18,789	18,789		
25	Total functional expenses. Add lines 1 through 24e	162,254	162,254	0	0
26	Joint costs. Complete this line only if the		_0_,_01		
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

P	art >	K Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					(A)		(B)
		Oach and interest basels a			Beginning of year		End of year 134,744
	1				127,195 150,898		272,776
	2	Savings and temporary cash investments			150,696		2/2,//0
	3	Pledges and grants receivable, net				3	
	4					4	
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan		utor, or 35%		_	
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualified					
ets	l _	under section 4958(f)(1)), and persons described in				6	
Assets	7	Notes and loans receivable, net				7	
1	8					8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		0.60 700			
		basis. Complete Part VI of Schedule D	10	a 862,792 b 775,802			06.000
		Less: accumulated depreciation			94,596		86,990
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11	1			12	
	13	Investments—program-related. See Part IV, line 1	1			13	
	14					14	
	15				200 600	15	404 510
	16	Total assets. Add lines 1 through 15 (must equal I			372,689		494,510
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Par				21	
es	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substan					
jab		controlled entity or family member of any of these	persons	·····		22	
_		Secured mortgages and notes payable to unrelated				23	
	l .	Unsecured notes and loans payable to unrelated the				24	
	25	Other liabilities (including federal income tax, paya	1				
		parties, and other liabilities not included on lines 17					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0	26	0
"		Organizations that follow FASB ASC 958, check	k here	X			
ë		and complete lines 27, 28, 32, and 33.			200 600		104 = 10
alar	27				372,689	27	494,510
ĕ	28					28	
n n		Organizations that do not follow FASB ASC 958	8, check h	ere			
Assets or Fund Balances		and complete lines 29 through 33.					
S O	l .	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equi				30	
As	31	Retained earnings, endowment, accumulated incor	me, or oth	er funds		31	
Net	32				372,689	32	494,510
_	33	Total liabilities and net assets/fund balances			372,689	33	494,510

Form **990** (2024)

Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1			34,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2			52,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		12	21,8	321
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		37	72,6	589
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		49	94,5	<u> 510</u>
Pa	art XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>	Ш
			_		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both.					
	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 oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2024)

#### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

Go to www.irs.gov/Form990 for instructions and the latest information.

2021

Employer identification number

Open to Public Inspection

Association \*\*-\*\*\*8191

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

Cranberry Township Athletic

The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, o	check only	one box	(.)	
1	$\Box$	A church, coi	nvention of churches, or ass	ociation of churches described	in <b>section</b>	170(b)(	1)(A)(i).	
2	П	A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (Forn	n 990).)		A	
3	П			ce organization described in se		(b)(1)(A)	(iii).	
4	П			I in conjunction with a hospital				ospital's name.
	ш	city, and state	-					, , , , , , , , , , , , , , , , , , , ,
5	П	•		of a college or university owned	or operate	ed by a c	governmental unit described in	,
•	ш	-	(b)(1)(A)(iv). (Complete Part	= -	o. opo.a	, a 2, a 8	,000,000	
6	$\Box$			overnmental unit described in s	section 17	70(b)(1)(A	A)(v).	
7	x			substantial part of its support from				•
•		-	section 170(b)(1)(A)(vi). (C		om a gove	THITIOTIC	drift of from the general public	,
8	Н	•		<b>170(b)(1)(A)(vi).</b> (Complete Part	,			
9	Ш	-	_	cribed in section 170(b)(1)(A)(i				ge
			or a non-land-grant college of	of agriculture (see instructions).	Enter the	name, ci	ty, and state of the college or	
	$\Box$	university:						
10	Ш	-		more than 33 1/3% of its support functions, subject to cortain				SS
		•		pt functions, subject to certain of unrelated business taxable in	•			
			S .	0, 1975. See <b>section 509(a)(2)</b> .			,	
11			•	exclusively to test for public safe			•	
12	П	An organizati	on organized and operated of	exclusively for the benefit of, to	perform th	e functio	ns of, or to carry out the purpo	ses of
	_			ons described in section 509(a				
		the box on lir	nes 12a through 12d that des	scribes the type of supporting or	rganizatior	and cor	mplete lines 12e, 12f, and 12g.	
	а			erated, supervised, or controlled				ng
				er to regularly appoint or elect		of the di	rectors or trustees of the	
			•	omplete Part IV, Sections A a				
	b			pervised or controlled in connect				
			-	ting organization vested in the s	same pers	ons that	control or manage the support	ed
	С		ion(s). You must complete functionally integrated. A s	upporting organization operated	d in conne	ction with	n, and functionally integrated w	rith,
		its suppo	rted organization(s) (see ins	structions). You must complete	Part IV, S	Sections	A, D, and E.	
	d			I. A supporting organization ope				
				e organization generally must sa nust complete Part IV, Section				ess
	е			eived a written determination from				
	·			n-functionally integrated suppor			a type i, type ii, type iii	
	f		mber of supported organizati					
	g	Provide the fe	ollowing information about th	ne supported organization(s).				
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of
	org	ganization		(described on lines 1–10	listed in you		support (see	other support (see
				above (see instructions))	docun		instructions)	instructions)
					Yes	No		
(A)								
<b>(D)</b>								
(B)								
(C)								
(C)								
(D)								
(E)								
Tota	l							
							!	!

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,494	29,608	39,317	38,425	30,331	165,175
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	27,494	29,608	39,317	38,425	30,331	165,175
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						165,175
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> 2024	(f) Total
7	Amounts from line 4	27,494	29,608	39,317	38,425	30,331	165,175
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	103	173	180	689		1,145
9	Net income from unrelated business activities, whether or not the business is regularly carried on					279	279
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				29,712	29,930	59,642
11	<b>Total support.</b> Add lines 7 through 10						226,241
12	Gross receipts from related activities, etc.						696,507
13	First 5 years. If the Form 990 is for the or	ganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						
	tion C. Computation of Public Su						
14	Public support percentage for 2024 (line 6						73.01 %
15	Public support percentage from 2023 School 1921						84.86 %
16a	33 1/3% support test — 2024. If the organization qualities and stop here. The organization qualities are 2023. If the organization qualities are 2023.	fies as a publicly s	supported organiza	ition			x
b	33 1/3% support test — 2023. If the orga						
170	this box and <b>stop here.</b> The organization						L
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization mee Part VI how the organization meets the fa	ts the facts-and-cire	cumstances test, o	check this box and	stop here. Explai	n in	
	organization		ŭ	•	. ,		
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organization in Part VI how the organization meets the	<b>123.</b> If the organization meets the facts-are	tion did not check nd-circumstances	a box on line 13, 1 test, check this box	16a, 16b, or 17a, a x and <b>stop here.</b> E	nd line Explain	
				•	. , ,	•	
18	organization  Private foundation. If the organization did	not check a box of	on line 13. 16a. 16	b, 17a, or 17b. che	eck this box and se	ee	
	instructions						

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

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support	-quantity and a				-/	
	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					4	
3	Gross receipts from activities that are not an 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 organization without charge					,	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						•
Calen	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> 2024	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)  First 5 years. If the Form 990 is for the o	rganization's first	second third form	or fifth tox year	as a section FO1/a	(3)	<u> </u>
14	organization, check this box and stop her						
Sec	tion C. Computation of Public S	upport Percen	tage				
15	Public support percentage for 2024 (line 8	• •		nn (f))		15	%
16	Public support percentage from 2023 Scho						<u> </u>
	tion D. Computation of Investme						
17	Investment income percentage for 2024 (I			3, column (f))		17	%
18	Investment income percentage from 2023		III line 17			10	
19a	<b>33 1/3% support tests</b> — <b>2024.</b> If the org						
	17 is not more than 33 1/3%, check this b						
b	<b>33 1/3% support tests</b> — <b>2023.</b> If the org		=				
	line 18 is not more than 33 1/3%, check the	nis box and <b>stop h</b>	<b>ere.</b> The organizat	ion qualifies as a	publicly supported	organization	<u>U</u>
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instructi	ons	

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

			_
		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
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Scho	10b	(Form C	90) 2024
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Hast few arganization accepted a gif or contribution from any of the following persons?  A person who directly or indirectly controls, either abone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A harmly member of a person described on line 11a above?  A SSS controlled entity of a preson described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide details in Part VI.  Section B. Type I Supporting Organizations  1 bill the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect all least a majority of the organizations's officers, directors, or trustees at all times during the tax year? If "No" describe in Part VI have the supported organizations and another or controlled the supported organizations have a supported organizations and unables in the organization but more than one than organizations or subsequent organizations and another than the supported organization of the organization of the supported organization and more than organization of the organization of the properties of the supported organization and more than organization organization organization of the organization		t IV Supporting Organizations (continued)			r age o
11 Has the organization accepted a gift or contribution from any of the following persons?  2 A person with directly or inflation control, either acceptance or together with persons described on lines 11b and 11b body. The governing body of a supported organization?  2 A 85% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, or 11c, or 11c body. The provide detail in Pierr VI.  3 A 15m year of the properties of the governing body, efficient sating in their official capacity, or membership of one or more supported organizations have the power to regulately apopen or effect at least a majority of the organizations of more supported organizations have the power to regulately apopen or office at least a majority of the organizations of the control organization organization organization organization organization organization organization describe how the yeaves to appoint andorre renove officers, if the organization and with conditions or restrictions, if any, applied to such powers during the tax year.  3 Dot the organization operated for the benefit of any apported organizations of the supported organization of the benefit of any apported organizations of the supporting organizations of the supporting organizations of the supporting organizations.  4 Dot the organization operated for the benefit of any apported organizations (a) the organization of the supporting organizations.  5 Election C. Type III Supporting Organizations  1 Were a majority of the organization's directions or trustees during the tax year also a majority of the direction or instances of each of the organization's direction or instances of each of the organization's provides to each of its supported organization's provided organization's organization's provided organization's via a supported organization's provided organization's p	ı aı	Continued)		Voc	No
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c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization or incress, directors, or trustees at all times during the tax year? If "No," describe in Part V I but we supported organizations or incress, directors, or trustees at a majority of the organizations and what conditions or restrictions, if any, applied to such powers cluring the tax year.  2 Did the organization operated by experted organizations and what conditions or restrictions, if any, applied to such powers cluring the tax year.  2 Did the organization operated is queried, or controlled the supported organization(s) that operated, supervised, or controlled the supporting organization.  3 Person C. Type II Supporting Organizations  4 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how morthly organization's supported organization's under the supporting organization's retrustees of each of the organization's supervised, or controlled the supporting organization's very testing organization's provide to each of the supported organization's provide organization's provide organization's very testing					
Section B. Type I Supporting Organizations	b	·	116		
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more supported organizations have the power to regularly appoint or elect at least a majority of the organizations offices, directors, or trustees at all times during the tax year? If No.* describe in Part VI how the supported organizations offices, effectively operated, supervised, or controlled the organization activities. If the organization had more their one supported organization, discribe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization of the tax year?  2. Did the organization operate for the benefit of any supported organization of the tax year organization operate for the benefit of any supported organization (s) that operated, supervised, or controlled the supporting organization if "Yes," expelsin in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organizations or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supported organization's supported organization(s).  1. Were a majority of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supported organization's provided organization's provided organization's provided organization's provided organization's supported organization's provided organ				Yes	No
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	b				
			3h		

Schedu	le A (Form 990) 2024 Cranberry Township Athletic		**-**81	. <b>91</b> Page (
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	ı. 20,	1970 (explain in Part VI). Se	ee
	instructions. All other Type III non-functionally integrated supporting organizations must	com	olete Sections A through E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year
	on A - Adjusted Net Income		(A) FIIOI Teal	(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		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year
			7.17 1.0. 1.00.	(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):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated.	Type	III supporting organization	

Schedule A (Form 990) 2024

(see instructions).

Schedu	ıle A (Form 990) 2024 Cranberry Townshij	<u> Athletic</u>	**-**	*81	<b>91</b> Pa	age 7
Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)			
Sect	ion D – Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exempt purpo	ses		1		
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.		<u> </u>	6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the organization	ation is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2024 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	1		10		
		(i)	(ii)		(iii)	
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	s	Distributable	
			Pre-2024	_	Amount for 2024	
1_	Distributable amount for 2024 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2024					
	(reasonable cause required–explain in Part VI). See					
3	instructions.  Excess distributions carryover, if any, to 2024					
_	=					_
	From 2020					
	From 2021					
	From 2022					
	From 2023					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2024 distributable amount					
	Carryover from 2019 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2024 from					
	Section D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2024 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2024, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2024. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2025. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2020					
	Excess from 2021					
C	Excess from 2022					

Schedule A (Form 990) 2024

d Excess from 2023e Excess from 2024

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 I Other	I, Line 10 - Other Income Detail income \$ 29,712
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## SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

#### **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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Cranberry Township Athletic \*\*-\*\*\*8191 Association Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ..... Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? | Yes | No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X .....

Pa	rt III Organizations Maintaining	Collections of	Art, Historic	al Treasures, o	or Other Sin	nilar Assets	(contin	ued)	
3	Using the organization's acquisition, accessio collection items (check all that apply).	n, and other record	ls, check any of the	ne following that m	ake significant ι	use of its			
а	Public exhibition	d $\square$	Loan or exchang	e program					
b	Scholarly research	е 🗆	-						
С	Preservation for future generations								
4	Provide a description of the organization's co	lections and explai	n how they furthe	r the organization's	exempt purpos	se in Part			
	XIII.								
5	During the year, did the organization solicit or	receive donations	of art, historical t	reasures, or other	similar			_	_
	assets to be sold to raise funds rather than to	be maintained as	part of the organi	zation's collection?			. L Ye	s L	No
Pa	rt IV Escrow and Custodial Arr	•							
	Complete if the organization 990, Part X, line 21.					an amount	on Forn	۱ 	
1a	Is the organization an agent, trustee, custodia		-					_	_
	included on Form 990, Part X?						. L Ye	:s	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table.				A		
						<b>)</b>	Amoun	i	
	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year								
1 22	Ending balance	orm 000 Port V lin			at liability?		☐ Ye		No
	If "Yes," explain the arrangement in Part XIII.							_	HINO
	rt V Endowment Funds	Oncok here it the c	SAPIGNATION NGS DE	cer provided in r d				<u></u>	
	Complete if the organization	answered "Yes	" on Form 990	. Part IV. line 1	0.				
		(a) Current year	(b) Prior year	(c) Two year		Three years back	(e) Fou	r years	back
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre		ce (line 1g, columi	n (a)) held as:					
а	Board designated or quasi-endowment								
b	Permanent endowment %								
С	Term endowment %								
_	The percentages on lines 2a, 2b, and 2c shows								
3a	Are there endowment funds not in the posses	sion of the organiz	ation that are held	d and administered	for the				Γ
	organization by:						0-(1)	Yes	No
	(!!) Deleted assessmetters 0						3a(i)		
		tions listed as you							
D 4	If "Yes" on line 3a(ii), are the related organiza			κ			. 3b		
Pa	rt VI Land, Buildings, and Equi		lowment lunus.						
ıa	Complete if the organization		" on Form 990	Part IV line 1	1a See Forr	n 990 Part :	X line 1	0	
-	Description of property	(a) Cost or other		ost or other basis	(c) Accumul		(d) Book		
		(investment)		(other)	depreciation	on			
1a	Land			84,737				34,	737
	Buildings			-					
	Leasehold improvements			621,501	619	9,248		2,	253
	Equipment			155,213		5,213			
	Other			1,341		1,341			
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pa	rt X, line 10c, colu	ımn (B))				36,9	990

	(a) Description of security or category	(b) Book value	ne 11b. See Form 990, Part X, line 12.  (c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
Financial	derivatives		
	eld equity interests		
O-1			
/ <b>/</b>			
( <b>D</b> )			
(C)			
(D)			
(E)			
F)			
(C)			
\ . / (Н)			
	nn (b) must equal Form 990, Part X, line 12, col. (B))		
art VIII	Investments – Program Related		
	Complete if the organization answered "Yes	s" on Form 990. Part IV. li	ne 11c. See Form 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(,)	(,,	Cost or end-of-year market value
			<del>                                     </del>
1 (0 )	(I) (Fig. 100 P. (VIII) (O. (100))		
	nn (b) must equal Form 990, Part X, line 13, col. (B))		
art IX	Other Assets	" F 000 P- + D/ - "	
	Complete if the organization answered "Yes		
	(a) Descript	ion	(b) Book value
	(a) Descript	iion	(b) Book Value
	(a) Descript	ion	(b) Book Value
	(a) Descript	ion	(b) Book Value
	(a) Descript	ion	(b) Book Value
	(a) Descript	ion.	(b) Book Value
	(a) Descript	ion.	(b) Book Value
	(a) Descript	ion.	(b) BOOK Value
	(a) Descript	ion.	(b) Book Value
	(a) Descript	ion.	(b) Book Value
ıl. (Colum	nn (b) must equal Form 990, Part X, line 15, col. (B))	ion	(b) Book Value
	on (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities		
	nn (b) must equal Form 990, Part X, line 15, col. (B))		
	on (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities		
	on (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Yes	s" on Form 990, Part IV, li	
art X	on (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Yes line 25.	s" on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,
art X	on (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Yes line 25.  (a) Description of	s" on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,
nrt X	on (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Yes line 25.  (a) Description of	s" on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,
art X	on (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Yes line 25.  (a) Description of	s" on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,
art X	on (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Yes line 25.  (a) Description of	s" on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,
art X	on (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Yes line 25.  (a) Description of	s" on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,
art X	on (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Yes line 25.  (a) Description of	s" on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,
art X	on (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Yes line 25.  (a) Description of	s" on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,
art X	on (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Yes line 25.  (a) Description of	s" on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,
Federal	on (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Yes line 25.  (a) Description of	s" on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,

Pa	rt XI Reconciliation of Revenue per Audited Financial		ie pei Ketuili	
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 12a.	<u> </u>	
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:	1 1		
а	• ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
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			
b	,	4b		
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			
Pa	Reconciliation of Expenses per Audited Financial		ses per Return	
_	Complete if the organization answered "Yes" on Form			
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 0-1		
	Donated services and use of facilities			
b	* * * * * * * * * * * * * * * * * * * *			
C				
d	Other (Describe in Part XIII.)			
	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:  Investment expenses not included on Form 990, Part VIII, line 7b	40		
а	Investment expenses not included on Form 990. Part VIII, line 70	4a		
_				
b	Other (Describe in Part XIII.)	4b	40	
b c	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		
b c 5	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	4b		
b c 5	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information	18.)	5	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information	4b 18.) 4; Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 18.) 4; Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b  18.)  4; Part IV, lines 1b and 2b; Part to provide any additional informa	V, line 4; Part X, line tion.	

Schedule D (F	orm 990) (Rev. 12-2	2024)Cranberry	Township	Athletic	!	**-***8191	Page <b>5</b>
Part XIII	Supplemental	2024)Cranberry Information (cor	ntinued)	11011110010	•	0171	ı aye <b>y</b>
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#### SCHEDULE G (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inspection Cranberry Township Athletic Name of the organization Employer identification number \*\*-\*\*\*8191 Association Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of nongovernment grants Solicitation of government grants Internet and email solicitations b Phone solicitations Special fundraising events C In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity from activity fundraiser listed in or entity (fundraiser) organization control of contributions? col. (i) Yes No 1 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		gross receipts of	greater than \$5,000.					
			(a) Event #1			<b>(b)</b> Event #2	(c) Other events	(d) Total avents
			Fundraising	E <sub>170</sub>			None	(d) Total events (add col. (a) through
			(event type)	Eve		(event type)	(total number)	col. (c)
ne			(Overlit type)			(Ovone type)	(total Hambor)	
Revenue	4	Gross receipts	26	,550				26,550
Re	٠	Gross receipts	20	,550				20,550
	2	Less: Contributions						
		Gross income (line 1						
	5	minus line 2)	26	,550				26,550
		711111d3 11110 Zj		,				
	4	Cash prizes						
	5	Noncash prizes						
es	6	Rent/facility costs						
ens								
Expenses	7	Food and beverages						
Direct								
Ë	8	Entertainment						
	9	Other direct expenses	3	,223				3,223
								2 222
	10	Direct expense summary.	Add lines 4 through 9 in	column (	d)			3,223
_		Net income summary. Su	plate if the ergenization	column (	(a)	d "Yes" on Form 990, P	lart IV lina 10 ar ranar	
Г	art		rm 990-EZ, line 6a.	on ansv	were	a res dii Folili 990, P	art iv, line 19, or repor	teu more trian
_		\$15,000 011 F0				(h) Dull take for stant		(a) Total manning (add
Revenue			(a) Bingo		Γ.	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
yer						3.1		(7)
å	1	Gross revenue						
_		01000 10101110						
Ω	2	Cash prizes						
Expenses								
xbe	3	Noncash prizes						
ш								
Direct	4	Rent/facility costs						
	5	Other direct expenses				_		
			Yes	%	L	Yes %	Yes %	
	6	Volunteer labor	No No			No	No	
	7	Direct expense summary.	Add lines 2 through 5 in	column (	d)			
		Not goming income gumn	non, Cultinat lina 7 from	lina 1 ac	مصبياه	(4)		
	0	Net gaming income sumin	nary. Subtract line 7 from	line i, co	Jiumn	(d)		
•	Г.,	tor the etete(a) in which the	a arganization conducto a	ina	-ti. :iti			
9		he ergenization licensed to	e organization conducts g	aming ac	cof th	s: ese states?		Yes No
D	"							
10a	 We					or terminated during the tax		
		Yes," explain:	J J 12 121 131 310	,	1		*	
		•						

Sched	dule G (Form 990) (Rev. 12-2024) Cranberry Township Athletic **-***8191			Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	s No
12	Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes	s $\square$ No
13	Indicate the percentage of gaming activity conducted in:		~	
a		13a		%
_	The organization's facility	13b		<del>//</del> / %
b 14	An outside facility	[130]		/0
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming	•		
	revenue?		Yes	s $\square$ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the		ш	- Ш
-	amount of gaming revenue retained by the third party \$			
С	If "Yes," enter tha name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
' <i>'</i>	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а	ratein the state gaming license?		□ v <sub>0</sub>	s $\square$ No
h	retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or		Yes	140
Ŋ	spent in the organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in See instructions.			
	Schedule G	(Form 99	0) (Rev.	12-2024)

#### SCHEDULE O (Form 990)

(Rev. December 2024)

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury nternal Revenue Service	· ·		ch to Form 990 or Form 1990 for instructions	n 990-EZ. and the latest informati	on.	Open to Public Inspection
Name of the organization	Cranberry	Township A	thletic		Employer identific	ation number
	Association	_			**-***81	91
and softbal courage, an and happier Form 990, F No review w	firmly in a program of reveren children part VI, I was or will	the boys and the idea and will go in the line 11b - 0	and girls of als of good hopes that to grow to become organization's	the community sportsmanship they will be the healthier some sports are the sports to the	o, honesty, come finer, men and wo o Review Fo	loyalty, , stronger, omen.
No document	s availab	ole to the p			Sure Expi	
Description						
	Tot/Prog	Service	Mgt &	General	Fund	lraising
Misc Progra	am Ś	7,892	\$		\$	
Registration	n					
	\$	3,952	\$	0	\$	0
Trophies						
	\$	3,557	\$	0	\$	0
Contribution	ns					
	Ş	3,388	\$	0	\$	0
Total	<u>.</u>				<u>.</u>	
	<b>Ş</b>	18,789	\$	0	\$	0

Form **4562** 

Department of the Treasury Internal Revenue Service

#### **Depreciation and Amortization**

(Including Information on Listed Property) Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Name(s) shown on return Cranberry Township Athletic Association

Identifying number \*\*-\*\*\*8191

	ess or activity to which this form relate							
	ndirect Depreciat			.ti.a 470				
Pa	ert I Election To Expe	•	•		amandata Dant			
_	Note: If you have		y, complete Part	v before you c	omplete Part	<u>l.</u>		1,220,000
1	Maximum amount (see instruction						1	1,220,000
2	Total cost of section 179 property	y piaced in service (si	ee instructions)				2	3,050,000
3	Threshold cost of section 179 pr						3	3,030,000
4	Reduction in limitation. Subtract I						5	,
5	Dollar limitation for tax year. Subtract I	on of property	or less, eriter -o Il filar	(b) Cost (business use		Elected cost	3	
6	(a) Descripin	on or property		(b) Cost (business use	Only) (c)	Liceted cost		
7	Listed property. Enter the amoun	t from line 20			7			
8	Total elected cost of section 179		to in column (c) lines				8	
9	Tentative deduction. Enter the si						9	
10	Carryover of disallowed deduction						10	
11	Business income limitation. Enter	r the emaller of busine	see income (not less	than zero) or line	5 See instruction	ne	11	
12	Section 179 expense deduction.						12	
13	Carryover of disallowed deduction				13		12	
	: Don't use Part II or Part III below				10			
	rt II Special Depreciat			eciation (Don't	include liste	d proper	ty Se	e instructions )
14	Special depreciation allowance for					а ріороі	.y. U	in our doublio.
	during the tax year. See instruction			., .			14	
15	Property subject to section 168(f						15	
16	Other depreciation (including AC	:RS)					16	7,606
	rt III MACRS Deprecia							,,,,,,
	iii iii iiii iiii iiii iiii iii iii ii	ition (Bont moide	Section		), in (i)			
17	MACRS deductions for assets pla	aced in service in tax	vears beginning befo	ore 2024			17	(
18	If you are electing to group any assets place							
<del></del>		Assets Placed in Se					ystem	
	(a) Observition of many arts	(b) Month and year	(c) Basis for deprecia		(-) ()	(0. 14-4)		(a) Demociation deduction
	(a) Classification of property	placed in service	(business/investment only-see instruction		(e) Convention	(f) Meti	100	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
	Section C—A	ssets Placed in Serv	vice During 2024 Ta	x Year Using the	Alternative De	oreciation	Syster	n
20a	Class life					S/L		
b	12-year			12 yrs.		S/L		
C	30-year			30 yrs.	MM	S/L		
d	40-year			40 yrs.	MM	S/L		
Pa	rt IV Summary (See in	structions.)						
21	Listed property. Enter amount fro						21	
22	<b>Total.</b> Add amounts from line 12,						_	П (0)
22	here and on the appropriate lines				ictions I		22	7,606
23	For assets shown above and pla portion of the basis attributable to							

# SENEVAL01 Cranberry Township Athletic \*\*-\*\*\*8191 Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179 Bc	Basis onus for Depr	Per Conv Meth	Prior .	Current
<u>Other</u>	Depreciation:							
1	Dugouts	3/31/97	15,258		15,258		15,258	0
	Pitching Machine	4/30/97	2,812		2,812	7 MO200DB	2,812	0
3 4	Fencing/Backstop Fencing	4/30/97 6/30/99	3,710 9,950		3,710 9,950		3,710 9,950	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
5	Concession Stand	12/01/99	200,794		200,794	15 MO150DB	200,527	267
6	Signs	5/31/99	6,314		6,314		6,314	0
7	Fencing	6/01/98	30,373		30,373	15 MO150DB	30,373	ŏ
8	Fencing	6/30/00	2,460		2,460		2,460	0
	Dugouts	6/30/00	15,800		15,800		15,800	0
10	Concession Stand Equipment	6/30/00	1,408		1,408		1,408	0
11 12	Batting Cages Signs	5/14/01 7/01/01	2,600 6,657		2,600 6,657	7 MO200DB 15 MO150DB	2,600 6,657	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
13	Fencing	8/31/01	2,052			15 MO150DB	2,052	0
14	Scoreboard	4/30/01	2,440		2,440		2,440	ő
15	Concession Stand Equipment	6/30/00	1,632		1,632		1,607	25
16	Trophy Case	10/29/02	1,500		1,500		1,500	0
17	Toro Field Groomer	2/28/02	10,298		10,298		10,298	0
18 19	Trailer Fence	2/28/02 2/28/02	815 5,817		815 5,817	15 MO150DB 15 MO150DB	815 5,817	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
20	Scoreboards	3/31/02	3,675		3,675		3,675	0
21	Concrete Dugouts	3/31/02	5,411		5,411	15 MO150DB	5,411	ő
22	Batting Cages	3/31/02	627		627	7 MO200DB	627	0
23	Benches	3/31/02	112		112		112	0
24	Irrigation Hoses	6/30/02	1,375		1,375	15 MO150DB	1,375	0
25 26	Softball Net Scoreboard Tarps	7/31/02 9/30/02	1,750 875		1,750 875		1,750 875	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
	Fencing	3/01/02	3,715		3,715		3,715	0
	Equipment Sheds	3/09/03	673		673		620	53
29	Portable Pitching Mound	4/13/03	1,296		1,296	7 MO200DB	1,296	0
30	Dugouts & Concession Stand Concrete	4/15/03	12,860		12,860		11,835	1,025
31	Pony Scoreboard Portable Pitching Mound	4/11/03 6/01/03	425		425		425	0
32 33	Portable Pitching Mound Fence	6/01/03 4/11/04	1,294 12,020		1,294 12,020		1,294 10,068	0 1,952
34	Club Car	3/22/04	6,060		6,060	5 MO200DB	6,060	0
	Tarps	4/18/04	729		729		729	ŏ
36	Umbrellas	6/13/04	1,860		1,860	7 MO200DB	1,860	0
37	Equipment Boxes	7/29/04	631		631	7 MO200DB	631	0
38 39	Shed Net	3/07/04 4/11/05	850 1,020		850 1,020		850 1,020	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
40	Relamping	5/30/05	9,106		9,106		9,106	0
41	Batting Cage Improvements	6/24/05	1,643		1,643	7 MO200DB	1,643	ŏ
42	Irrigation Installment	12/24/05	1,900		1,900	15 MO150DB	1,900	0
43	Field Mainanance Project	11/01/05	20,002		20,002		20,002	0
44 45	6' Fence w/gate	4/18/06	1,420			15 MO150DB	1,420	0
	Batting Cage Exhaust Fan	11/20/07 8/16/07	27,550 2,245		27,550 2,245	15 MO150DB 7 MO200DB	27,550 2,245	$\begin{array}{c} 0 \\ 0 \end{array}$
	Scoreboard	2/05/08	25,408		2,243 25,408		25,256	152
	Convection Oven	5/10/08	1,341		1,341	5 MO200DB	1,341	0
49	Batting Cages Lighting	6/14/08	3,643		3,643	7 MO200DB	3,643	0
	Sound System	7/08/08	5,478		5,478		5,478	0
	Club Car	10/14/08	4,250		4,250		4,250	0
	Field Maintenance Facility Fencing	8/08/09 10/04/09	49,941 86,000			15 MO150DB 15 MO150DB	49,125 84,365	816 1,635
54	Equipment - Various	4/19/09	7,072		7,072		7,072	1,033
	PA System	5/09/09	1,041		1,041	7 MO200DB	1,041	ő
	Windscreens & Accessories	7/14/09	1,158		1,158		1,158	0
	Equipment	8/20/09	921		921		921	0
	Scoreboards Safe	10/04/09 10/21/09	7,483 500		7,483 500		7,483 500	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
	2 Batting Cages @ Graham Park	8/23/12	5,550		5,550		5,550	0
	Land Improve to Haines Farm Field	10/30/01	4,624		4,624		0,550	ő
62	Grading	10/30/01	1,757		1,757	0 Land	0	0
	Irrigation Ditches	6/30/02	2,406		2,406	0 Land	0	0
	Improvements to Haines Farm Field	1/01/02	843		843		0	0
	Irrigation Ditches Irrigation Ditches	4/16/03 12/31/03	4,376 6,142		4,376 6,142		$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
	Land Improvements	11/28/09	64,589		64,589		0	0
	Fence	10/21/10	7,800			15 MO S/L	6,865	520

SENEVAL01 Cranberry Township Athletic

\*\*-\*\*\*8191 Federal Asset Report Form 990, Page 1

10/06/2025 11:24 AM

FYE: 12/31/2024

		Date		Bus	Sec	Basis				
Asset	Description	In Service	Cost		179 Bonus	for Depr	Per	Conv Meth	Prior	Current
69	Fences	11/17/11	10,000			10,000	15	MO S/L	8,251	666
70	Club Car	2/08/09	4,250			4,250	5	MO200DB	4,250	0
71	Sheds	10/18/14	5,263			5,263	15	MO150DB	4,351	157
72	Fully Depreciated Assets	1/01/15	33,048			33,048	7	MO200DB	33,048	0
73	Batting Cages	7/05/17	15,151			15,151	7	MO200DB	14,813	338
74	Batting Cages	6/30/18	16,850			16,850	7	MO200DB	16,850	0
75	Sheds	6/30/18	260			260	15	MO150DB	260	0
76	Batting Cages	6/30/19	1,188			1,188	7	MO200DB	1,188	0
77	Sheds	6/30/19	618			618	15	MO150DB	618	0
78	Field Upgrades	6/30/19	40,027		_	40,027	15	MO150DB	40,027	0
	<b>Total Other Depreciation</b>		862,792			862,792			768,196	7,606
	Total ACRS and Other Depre	eciation =	862,792		=	862,792			768,196	7,606
	Grand Totals Less: Dispositions and Transf Less: Start-up/Org Expense Net Grand Totals	ers - =	862,792 0 0 862,792		(	862,792 0 0 862,792			768,196 0 0 768,196	7,606 0 0 7,606

\*\*-\*\*\*8191 PA Asset Report FYE: 12/31/2024 Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	PA Prior	PA Current	Federal Current	Difference Fed - PA	
Other	Depreciation:								
$\frac{1}{2}$	Dugouts Pitching Machine	3/31/97 4/30/97	15,258 2,812	15,258 2,812	15,258	0	0	$0 \\ 0$	
3	Pitching Machine Fencing/Backstop	4/30/97	3,710	3,710	2,812 3,710	$0 \\ 0$	0	0	
4	Fencing	6/30/99	9,950	9,950	9,950	Ö	0	0	
5	Concession Stand	12/01/99	200,794	200,794	200,794	0	267	267	
6 7	Signs Fencing	5/31/99 6/01/98	6,314 30,373	6,314 30,373	6,314 30,373	0	$\begin{array}{c} 0 \\ 0 \end{array}$	$0 \\ 0$	
8	Fencing	6/30/00	2,460	2,460	2,460	0	0	0	
9	Dugouts	6/30/00	15,800	15,800	15,800	0	0	0	
10	Concession Stand Equipment	6/30/00	1,408	1,408	1,408	0	0	0	
11 12	Batting Cages Signs	5/14/01 7/01/01	2,600 6,657	2,600 6,657	2,600 6,657	0	$\begin{array}{c} 0 \\ 0 \end{array}$	$0 \\ 0$	
13	Fencing	8/31/01	2,052	2,052	2,052	0	ő	ő	
14	Scoreboard	4/30/01	2,440	2,440	2,440	0	0	0	
15	Concession Stand Equipment	6/30/00	1,632	1,632	1,632	0	25	25	
16 17	Trophy Case Toro Field Groomer	10/29/02 2/28/02	1,500 10,298	1,500 10,298	1,500 10,298	0	0	$0 \\ 0$	
18	Trailer	2/28/02	815	815	815	0 0	0	ő	
19	Fence	2/28/02	5,817	5,817	5,817	0	0	0	
20	Scoreboards	3/31/02	3,675	3,675	3,675	0	0	0	
21 22	Concrete Dugouts Batting Cages	3/31/02 3/31/02	5,411 627	5,411 627	5,411 627	0	0	$0 \\ 0$	
23	Benches	3/31/02	112	112	112	Ö	0	Ö	
24	Irrigation Hoses	6/30/02	1,375	1,375	1,375	0	0	0	
25 26	Softball Net	7/31/02 9/30/02	1,750 875	1,750 875	1,750 875	$0 \\ 0$	0	$0 \\ 0$	
27	Scoreboard Tarps Fencing	3/01/02	3,715	3,715	3,715	0	0	0	
28	Equipment Sheds	3/09/03	673	673	673	Ö	53	53	
29	Portable Pitching Mound	4/13/03	1,296	1,296	1,296	0	0	0	
30 31	Dugouts & Concession Stand Concrete Pony Scoreboard	4/15/03 4/11/03	12,860 425	12,860 425	12,860 425	$0 \\ 0$	1,025 0	1,025 0	
32	Portable Pitching Mound	6/01/03	1,294	1,294	1,294	0	0	0	
33	Fence	4/11/04	12,020	12,020	12,020	0	1,952	1,952	
34	Club Car	3/22/04	6,060	6,060	6,060	0	0	0	
35 36	Tarps Umbrellas	4/18/04 6/13/04	729 1,860	729 1,860	729 1,860	$0 \\ 0$	0	$0 \\ 0$	
37	Equipment Boxes	7/29/04	631	631	631	0	0	0	
38	Shed	3/07/04	850	850	850	0	0	0	
39	Net	4/11/05	1,020	1,020	1,020	0	0	0	
40 41	Relamping Batting Cage Improvements	5/30/05 6/24/05	9,106 1,643	9,106 1,643	9,106 1,643	$0 \\ 0$	0	$0 \\ 0$	
42	Irrigation Installment	12/24/05	1,900	1,900	1,900	0	0	0	
43	Field Mainanance Project	11/01/05	20,002	20,002	20,002	0	0	0	
44	6' Fence w/gate	4/18/06	1,420	1,420	1,420	0	0	0	
	Batting Cage Exhaust Fan	11/20/07 8/16/07	27,550 2,245	27,550 2,245	27,550 2,245	$0 \\ 0$	0	$0 \\ 0$	
47	Scoreboard	2/05/08	25,408	25,408	25,408	ő	152	152	
	Convection Oven	5/10/08	1,341	1,341	1,341	0	0	0	
49 50	Batting Cages Lighting	6/14/08 7/08/08	3,643 5,478	3,643 5,478	3,643 5,478	0	0	$0 \\ 0$	
	Sound System Club Car	10/14/08	4,250	3,478 4,250	4,250	0	0	0	
52	Field Maintenance Facility	8/08/09	49,941	49,941	47,999	1,942	816	-1,126	
	Fencing	10/04/09	86,000	86,000	82,735	3,265	1,635	-1,630	
54 55	Equipment - Various PA System	4/19/09 5/09/09	7,072 1,041	7,072 1,041	7,072 1,041	$0 \\ 0$	0	$0 \\ 0$	
	Windscreens & Accessories	7/14/09	1,158	1,158	1,158	0	0	0	
57	Equipment	8/20/09	921	921	921	0	0	0	
58	Scoreboards	10/04/09	7,483	7,483	7,483	0	0	0	
	Safe 2 Batting Cages @ Graham Park	10/21/09 8/23/12	500 5,550	500 5,550	500 5,550	$0 \\ 0$	0	$0 \\ 0$	
	Land Improve to Haines Farm Field	10/30/01	4,624	3,330 4,624	3,330	0	0	0	
62	Grading	10/30/01	1,757	1,757	0	0	0	0	
	Irrigation Ditches	6/30/02	2,406	2,406	0	0	0	0	
	Improvements to Haines Farm Field Irrigation Ditches	1/01/02 4/16/03	843 4,376	843 4,376	0	$0 \\ 0$	0	$0 \\ 0$	
66	Irrigation Ditches	12/31/03	6,142	6,142	0	0	0	0	
67	Land Improvements	11/28/09	64,589	64,589	0	0	0	0	
68	Fence	10/21/10	7,800	7,800	6,865	520	520	0	

SENEVAL01 Cranberry Township Athletic

\*\*-\*\*\*8191

PA Asset Report Form 990, Page 1 10/06/2025 11:24 AM

FYE: 12/31/2024

Asset	Description	Date In Service	Cost	Basis for Depr	PA Prior	PA Current	Federal Current	Difference Fed - PA
69	Fences	11/17/11	10,000	10,000	8,251	666	666	0
70	Club Car	2/08/09	4,250	4,250	4,250	0	0	0
71	Sheds	10/18/14	5,263	5,263	3,440	313	157	-156
72	Fully Depreciated Assets	1/01/15	33,048	33,048	33,048	0	0	0
73	Batting Cages	7/05/17	15,151	15,151	14,474	677	338	-339
74	Batting Cages	6/30/18	16,850	16,850	14,595	1,503	0	-1,503
75	Sheds	6/30/18	260	260	114	16	0	-16
76	Batting Cages	6/30/19	1,188	1,188	923	106	0	-106
77	Sheds	6/30/19	618	618	233	39_	0	-39
78	Field Upgrades	6/30/19	40,027	40,027	15,080	2,495	0	-2,495
	<b>Total Other Depreciation</b>	_	862,792	862,792	739,666	11,542	7,606	-3,936
	Total ACRS and Other Depre	eciation	862,792	862,792	739,666	11,542	7,606	-3,936
	Grand Totals Less: Dispositions	862,792 0	862,792 0	739,666	11,542	7,606	-3,936 0	
	Less: Start-up/Org Expense		0	0	0	0	0	0
	<b>Net Grand Totals</b>	=	862,792	862,792	739,666	11,542	7,606	-3,936

FYE: 12/31/2024

# SENEVAL01 Cranberry Township Athletic \*\*-\*\*\*8191 AMT Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonu	Basis is for Depr	PerConv Meth	Prior	Current
Othon	Depreciation:							
<u> </u>	Dugouts	3/31/97	0		0	15 MO S/L	0	0
2	Pitching Machine	4/30/97	0		0		0	0
3 4	Fencing/Backstop Fencing	4/30/97 6/30/99	0		0	1. 1.00	$0 \\ 0$	0
5	Concession Stand	12/01/99	0		0	15 MO S/L 15 MO S/L	0	0
6	Signs	5/31/99	ő		Ő		ő	Ö
7	Fencing	6/01/98	0		0	15 MO S/L	0	0
8	Fencing	6/30/00	0		0		0	0
9 10	Dugouts Concession Stand Equipment	6/30/00 6/30/00	0		0	15 MO S/L 15 MO S/L	0	0
11	Batting Cages	5/14/01	0		Ö		ő	ő
12	Signs	7/01/01	0		0		0	0
13	Fencing	8/31/01	0		0	15 MO S/L	0	0
14 15	Scoreboard Concession Stand Equipment	4/30/01 6/30/00	0		0	15 MO S/L 15 MO S/L	$0 \\ 0$	0
16	Trophy Case	10/29/02	0		Ö		0	0
17	Toro Field Groomer	2/28/02	0		0	15 MO S/L	0	0
18	Trailer	2/28/02	815		815		815	0
19 20	Fence Scoreboards	2/28/02 3/31/02	$0 \\ 0$				$0 \\ 0$	0
21	Concrete Dugouts	3/31/02	0		ő		ő	0
22	Batting Cages	3/31/02	0		0		0	0
23 24	Benches Irrigation Hoses	3/31/02 6/30/02	0		0	15 MO S/L 15 MO S/L	$0 \\ 0$	0
25	Softball Net	7/31/02	0		0	15 MO S/L 15 MO S/L	0	0
26	Scoreboard Tarps	9/30/02	0		Ő	15 MO S/L	Ö	Ö
27	Fencing	3/01/02	0		0	15 MO S/L	0	0
28 29	Equipment Sheds Portable Pitching Mound	3/09/03 4/13/03	0		0	15 MO S/L 0 HY	$0 \\ 0$	0
30	Dugouts & Concession Stand Concrete	4/15/03	0		0		0	0
31	Pony Scoreboard	4/11/03	0		0	0 HY	0	0
32	Portable Pitching Mound	6/01/03	0		0		0	0
33 34	Fence Club Car	4/11/04 3/22/04	0		0		$0 \\ 0$	0
35	Tarps	4/18/04	0		ő		Ö	ŏ
36	Umbrellas	6/13/04	0		0		0	0
37 38	Equipment Boxes Shed	7/29/04 3/07/04	0		0		$0 \\ 0$	0
39	Net	4/11/05	0		0	15 MO S/L 15 MO S/L	0	0
40	Relamping	5/30/05	0		0	15 MO S/L	0	0
41	Batting Cage Improvements	6/24/05	0		0	0 HY	0	0
42 43	Irrigation Installment Field Mainanance Project	12/24/05 11/01/05	0		0	15 MO S/L 15 MO S/L	$0 \\ 0$	$\begin{array}{c} 0 \\ 0 \end{array}$
44	6' Fence w/gate	4/18/06	0		ő	4 - 3 - 6 - 6 -	ő	ő
	Batting Cage	11/20/07	0		0	15 MO S/L	0	0
46	Exhaust Fan	8/16/07	0		0		0	0
47 48	Scoreboard Convection Oven	2/05/08 5/10/08	0		0		$0 \\ 0$	0
	Batting Cages Lighting	6/14/08	0		ő	0 HY	0	0
50	Sound System	7/08/08	0		0		0	0
51 52	Club Car Field Maintenance Facility	10/14/08 8/08/09	0		0		$0 \\ 0$	0
53	Fencing	10/04/09	0		0		Ö	0
54	Equipment - Various	4/19/09	0		0		0	0
	PA System Windscreens & Accessories	5/09/09 7/14/09	0		0		$0 \\ 0$	0
56 57	Equipment & Accessories	8/20/09	0		0		0	0
58	Scoreboards	10/04/09	0		0	0 HY	0	0
59	Safe 2 Patting Coggs @ Cychem Pauls	10/21/09	0		0		0	0
60 61	2 Batting Cages @ Graham Park Land Improve to Haines Farm Field	8/23/12 10/30/01	0		0		$0 \\ 0$	0
62	Grading	10/30/01	0		0	0 HY	0	0
63	Irrigation Ditches	6/30/02	0		0	0 HY	0	0
64	Improvements to Haines Farm Field	1/01/02	0		0		0	0
65 66	Irrigation Ditches Irrigation Ditches	4/16/03 12/31/03	0		0		$0 \\ 0$	0
	Land Improvements	11/28/09	0		0		0	0
68	Fence	10/21/10	0		0		Ö	0

SENEVAL01 Cranberry Township Athletic

\*\*-\*\*\*8191

FYE: 12/31/2024

## AMT Asset Report Form 990, Page 1

10/06/2025 11:24 AM

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<u> </u>	Description		CUSI		119 DOILUS	тог рерг	r ei conv ivieur		Current
69	Fences	11/17/11	0			0	0 HY	0	0
70	Club Car	2/08/09	0			0	0 HY	0	0
71	Sheds	10/18/14	0			0	15 MO S/L	0	0
72	Fully Depreciated Assets	1/01/15	0			0	0 HY	0	0
73	Batting Cages	7/05/17	0			0	0 HY	0	0
74	Batting Cages	6/30/18	0			0	0 HY	0	0
75	Sheds	6/30/18	0			0	15 MO S/L	0	0
76	Batting Cages	6/30/19	0			0	0 HY	0	0
77	Sheds	6/30/19	0			0	15 MO S/L	0	0
78	Field Upgrades	6/30/19	0			0	15 MO S/L	0	Ö
	<b>Total Other Depreciation</b>	_	815		•	815		815	0
	Total ACRS and Other Depre	ciation _	815			815		815	0
	Grand Totals Less: Dispositions and Transfers Net Grand Totals					815 0 815		815 0 815	0 0

SENEVAL01 Cranberry Township Athletic

\*\*-\*\*\*8191

FYE: 12/31/2024

# **Depreciation Adjustment Report**

10/06/2025 11:24 AM

AMT

**All Business Activities** 

Form Unit Asset Description Tax There are no assets that meet the criteria of this report

AMT Adjustments/ Preferences

SENEVAL01 Cranberry Township Athletic 10/
\*\*-\*\*\*8191 Future Depreciation Report FYE: 12/31/25 10/06/2025 11:24 AM

Asset	Description	Date In Service	Cost	Tax	AMT	-
Other 1	Depreciation:					
1 2 3 4 4 5 6 6 7 7 8 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67	Dugouts Pitching Machine Fencing/Backstop Fencing Concession Stand Signs Fencing Dugouts Concession Stand Equipment Batting Cages Signs Fencing Scoreboard Concession Stand Equipment Trophy Case Toro Field Groomer Trailer Fence Scoreboards Concrete Dugouts Batting Cages Benches Irrigation Hoses Softball Net Scoreboard Tarps Fencing Equipment Sheds Portable Pitching Mound Dugouts & Concession Stand Concrete Pony Scoreboard Portable Pitching Mound Fence Club Car Tarps Umbrellas Equipment Boxes Shed Net Relamping Batting Cage Improvements Irrigation Installment Field Mainanance Project 6' Fence w/gate Batting Cage Exhaust Fan Scoreboard Convection Oven Batting Cages Lighting Sound System Club Car Field Maintenance Facility Fencing Equipment - Various PA System Windscreens & Accessories Equipment Scoreboards Safe 2 Batting Cages @ Graham Park Land Improve to Haines Farm Field Irrigation Ditches Improvements	3/31/97 4/30/97 4/30/97 6/30/99 12/01/99 5/31/99 6/01/98 6/30/00 6/30/00 6/30/00 5/14/01 7/01/01 8/31/01 4/30/01 6/30/00 10/29/02 2/28/02 2/28/02 2/28/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/03 4/13/03 4/11/03 6/01/03 4/11/04 3/22/04 4/18/04 6/13/04 7/29/04 3/07/04 4/11/05 5/30/05 6/24/05 11/01/05 4/18/06 11/20/07 8/16/07 2/05/08 5/10/08 6/14/08 7/08/08 10/14/08 8/08/09 10/04/09 4/19/09 5/09/09 7/14/09 8/23/12 10/30/01 10/30/01 6/30/02 1/01/02 4/16/03 12/31/03 11/28/09	15,258 2,812 3,710 9,950 200,794 6,314 30,373 2,460 15,800 1,408 2,600 6,657 2,052 2,440 1,632 1,500 10,298 815 5,817 3,675 5,411 627 112 1,375 1,750 875 3,715 673 1,296 12,860 425 1,294 12,020 6,060 729 1,860 631 850 1,020 9,106 1,643 1,900 20,002 1,420 27,550 2,245 25,408 1,341 3,643 1,900 20,002 1,420 27,550 2,245 25,408 1,341 3,643 5,478 4,250 4,941 86,000 7,072 1,041 1,158 921 7,483 500 5,550 4,624 1,757 2,406 843 4,376 6,142 64,589			

SENEVAL01 Cranberry Township Athletic

\*\*-\*\*\*8191 Future Depreciation Report 10/06/2025 11:24 AM FYE: 12/31/25

Asset	Description	Date In Service	Cost	Tax	AMT
68	Fence	10/21/10	7,800	415	0
69	Fences	11/17/11	10,000	667	0
70	Club Car	2/08/09	4,250	0	0
71	Sheds	10/18/14	5,263	156	0
72	Fully Depreciated Assets	1/01/15	33,048	0	0
73	Batting Cages	7/05/17	15,151	0	0
74	Batting Cages	6/30/18	16,850	0	0
75	Sheds	6/30/18	260	0	0
76	Batting Cages	6/30/19	1,188	0	0
77	Sheds	6/30/19	618	0	0
78	Field Upgrades	6/30/19	40,027	0	0
<b>Total Other Depreciation</b>			862,792	1,238	0
<b>Total ACRS and Other Depreciation</b>			862,792	1,238	0
	<b>Grand Totals</b>	862,792	1,238	0	

10/06/2025 11:24 AM

FYE: 12/31/25

<u>Asset</u>	Description	Date In Service	Cost	PA	
<u>Other</u>	Depreciation:				
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 66 66 66 66 66 66 66 66 66 66 66	Dugouts Pitching Machine Fencing/Backstop Fencing Concession Stand Signs Fencing Fencing Dugouts Concession Stand Equipment Batting Cages Signs Fencing Scoreboard Concession Stand Equipment Trophy Case Toro Field Groomer Trailer Fence Scoreboards Concrete Dugouts Batting Cages Benches Irrigation Hoses Softball Net Scoreboard Tarps Fencing Equipment Sheds Portable Pitching Mound Dugouts & Concession Stand Concrete Pony Scoreboard Portable Pitching Mound Fence Club Car Tarps Umbrellas Equipment Boxes Shed Net Relamping Batting Cage Improvements Irrigation Installment Field Mainanance Project 6' Fence w/gate Batting Cage Exhaust Fan Scoreboard Convection Oven Batting Cages Lighting Sound System Club Car Field Maintenance Facility Fencing Equipment - Various PA System Windscreens & Accessories Equipment Scoreboards Safe 2 Batting Cages @ Graham Park Land Improve to Haines Farm Field Grading Irrigation Ditches Improvements to Haines Farm Field Irrigation Ditches	3/31/97 4/30/97 4/30/97 4/30/97 6/30/99 12/01/99 5/31/99 6/01/98 6/30/00 6/30/00 6/30/00 5/14/01 7/01/01 8/31/01 4/30/01 6/30/00 10/29/02 2/28/02 2/28/02 2/28/02 2/28/02 2/28/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/02 3/31/02 5/30/02 7/31/02 9/30/02 3/01/02 3/09/03 4/11/03 6/01/03 4/11/04 3/22/04 4/18/04 6/13/04 7/29/04 3/07/04 4/11/05 5/30/05 6/24/05 11/01/05 4/18/06 11/20/07 8/16/07 2/05/08 5/10/08 6/14/08 7/08/08 10/14/08 8/08/09 10/04/09 10/21/09 8/23/12 10/30/01 6/30/02 1/01/02 4/16/03 12/31/03 12/31/03	15,258 2,812 3,710 9,950 200,794 6,314 30,373 2,460 15,800 1,408 2,600 6,657 2,052 2,440 1,632 1,500 10,298 815 5,817 3,675 5,411 627 112 1,375 1,750 875 3,715 673 1,296 12,860 425 1,294 12,020 6,060 729 1,860 631 850 1,020 9,106 1,643 1,900 20,002 1,420 27,550 2,245 25,408 1,341 3,643 5,478 4,250 49,941 86,000 7,072 1,041 1,158 921 7,483 500 5,550 4,624 1,757 2,406 843 4,767 2,406 843 4,376 6,142		
67	Land Improvements	11/28/09	64,589	0	

10/06/2025 11:24 AM FYE: 12/31/25

Asset	Description	Date In Service	Cost	PA
68	Fence	10/21/10	7,800	415
69	Fences	11/17/11	10,000	667
70	Club Car	2/08/09	4,250	0
71	Sheds	10/18/14	5,263	312
72	Fully Depreciated Assets	1/01/15	33,048	0
73	Batting Cages	7/05/17	15,151	0
74	Batting Cages	6/30/18	16,850	752
75	Sheds	6/30/18	260	15
76	Batting Cages	6/30/19	1,188	106
77	Sheds	6/30/19	618	36
78	Field Upgrades	6/30/19	40,027	2,363
Total Other Depreciation			862,792	4,666
	Total ACRS and Other Depreciation	862,792	4,666	
	Grand Totals	862,792	4,666	