

<b>Form 990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b>  ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>	OMB No 1545-0047  <b>2015</b>  <b>Open to Public Inspection</b>

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




<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ST MARKS HOME FOR WOMEN		<b>D</b> Employer identification number 01-6014031	
	Doing business as		E Telephone number (207) 623-3124	
	Number and street (or P O box if mail is not delivered to street address) 57 WINTHROP STREET	Room/suite	<b>G</b> Gross receipts \$ 652	
	City or town, state or province, country, and ZIP or foreign postal code AUGUSTA, ME 043305502			
	<b>F</b> Name and address of principal officer SUSAN SMITH 21 HERITAGE WOOD LANE EAST WINTHROP, ME 04364		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶				

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE ROOM AND BOARD FOR WOMEN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	0
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .	5	0	
6 Total number of volunteers (estimate if necessary) . . . . .	6		
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) . . . . .	88,420	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	15	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,050	652
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	96,485	652
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		244,222	7,304
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .			0
b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .		75,414	104,388
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		319,636	111,692
19 Revenue less expenses Subtract line 18 from line 12 . . . . .		-223,151	-111,040
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16) . . . . .	923,972	837,236
	21 Total liabilities (Part X, line 26) . . . . .		0
	22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	923,972	837,236

## Part II Signature Block

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

<b>Sign Here</b>	***** Signature of officer		2016-08-01 Date				
	CONSTANCE MCDONALD ST MARKS VESTRY Type or print name and title						
<b>Paid Preparer Use Only</b>	Print/Type preparer's name LINDA B MASCIADRI		Preparer's signature LINDA B MASCIADRI		Date 2016-08-01	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name  MASCIADRI ACCOUNTING					Firm's EIN 	
	Firm's address  10 LITCHFIELD ROAD  HALLOWELL, ME 043471109					Phone no (207) 623-1900	