## Form 990-EZ

## Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No. 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

open to Public Inspection

A	For the	2013 calenda	r year, or tax year beginning , 2013, and endi	ng			, 20			
В	Check if a	pplicable:	C Name of organization		) Empl	oyer id	entification number			
	Address of	change	USATF THREE RIVERS ASSOCIATION				25-1568423			
님	Name cha	1970	Number and street (or P.O. box, if mail is not delivered to street address)  Room/sui	te E	E Telephone number					
H	Initial retu	7270	109 EVANS DRIVE			72	4-941-3918			
H	Terminate Amended		City or town, state or province, country, and ZIP or foreign postal code	F	F Group Exemption					
d			MCMURRY, PA 15317		Number ▶					
G	Account	ting Method:		H C	heck •	► 🗸 i	f the organization is not			
1	Website	e: <b>&gt;</b>	***************************************			uired to attach Schedule B				
JI	ax-exen	mpt status (che	ck only one) —   501(c)(3) □ 501(c) ( )   (insert no.) □ 4947(a)(1) or □ 527	(F	orm 99	90, 990	)-EZ, or 990-PF).			
_			✓ Corporation ☐ Trust ☐ Association ☐ Other							
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total a	assets					
			are \$500,000 or more, file Form 990 instead of Form 990-EZ			<b>▶</b> \$				
12	art I	Revenue	, Expenses, and Changes in Net Assets or Fund Balances (see	the in	struc	tions	for Part I)			
			he organization used Schedule O to respond to any question in this Pa							
	1		ns, gifts, grants, and similar amounts received			1	39768			
	2		rvice revenue including government fees and contracts			2	30700			
	3		dues and assessments		· }	3	31247			
	4	Investment				4	88			
	5a		int from sale of assets other than inventory   5a			(1975)	00			
	b	Less: cost								
	C		$\neg \neg$	5c						
	6	The state of the s	s) from sale of assets other than inventory (Subtract line 5b from line 5a) . I fundraising events	.	KYANY.					
	а		me from gaming (attach Schedule G if greater than			edean.				
ē	-	\$15,000) .								
Revenue	b		ne from fundraising events (not including \$ of contribu							
ě	"		ising events reported on line 1) (attach Schedule G if the	uono						
Œ	l		gross income and contributions exceeds \$15,000)   6b							
	С		expenses from gaming and fundraising events 6c							
	d		act	eru e						
	-	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtiline 6c)								
	7a		of inventory, less returns and allowances   7a		1	6d	**************************************			
	b		f goods sold							
	C		or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c				
	8	1070	ue (describe in Schedule O)		8					
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	-	9	71103				
	10		similar amounts paid (list in Schedule O)	<u> </u>		10	71103			
	11	Benefits pai	. 1	11	50079					
es	12	(A)	d to or for members	.	12	30073				
Se	13		fees and other payments to independent contractors	.	13	125				
je.	14		rent, utilities, and maintenance	.	14	4696				
Expense	15		olications, postage, and shipping		15	4030				
	16		ses (describe in Schedule O)	. }	16					
	17		ses. Add lines 10 through 16		17	E4000				
	18	Evenee or le	eficit) for the year (Subtract line 17 from line 9)	-	18	54900				
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must a		10	16203				
Net Assets			figure reported on prior year's return)	5.0	1.9	19	04570			
	20		es in net assets or fund balances (explain in Schedule O)		_	20	91572			
	21			21	40777					
	41	INEL assets (	r fund balances at end of year. Combine lines 18 through 20	<u> </u>		21	107775			

Pa	rt II Balance Sheets (see the instructions					
	Check if the organization used Schedul	e O to respond to a	ny question in this		· ·	
	Oneth and the and the anterior			(A) Beginning of year	001	(B) End of year
22 23	Cash, savings, and investments			91572	23	107775
24	Land and buildings				24	
25	Total assets			91572		107775
26	Total liabilities (describe in Schedule O) .				26	0
27	Net assets or fund balances (line 27 of column		h line 21)	91572		107775
Par	t III Statement of Program Service Accor			Part III)		
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part III 🔲	(Rec	Expenses guired for section
Wha	t is the organization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
as n pers	cribe the organization's program service accomp neasured by expenses. In a clear and concise on ons benefited, and other relevant information for e	manner, describe the	f its three largest pe services provide	orogram services, d, the number of	494	nizations and section 7(a)(1) trusts; optional others.)
28						
	(Grants \$ ) If this amoun	t includes foreign gra	ants, check here .	<u>▶⊔</u>	28a	ļ
29						
	(Create C	t includes foreign gra	uda abaalibaya	······································	00-	
30					29a	
30						
						1
	(Grants \$ ) If this amoun	t includes foreign gra	ints check here	▶ □	30a	
31	Other program services (describe in Schedule O)				-	
		t includes foreign gra			31a	
32	Total program service expenses (add lines 28a				32	
Par	t IV List of Officers, Directors, Trustees, and Ke	y Employees (list eacl	one even if not com	pensated-see the in	struc	ctions for Part IV)
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part IV		🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		0	Estimated amount of their compensation
		_				
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	1	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			,
25-	change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
26	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b	\$950 BX500	_
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	Asia asi	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	Joa		2000
39	Section 501(c)(7) organizations. Enter:	1		injendent
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶ ; section 4955 ▶	2011		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	Witten Day	A Charles	STPEATITION.
2.0	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	-14000000	
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶			
42a		724-49	1-3918	3
b	Located at ► ASSOCIATION ADDRESS ABOVE ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	Т	Yes	No
1.77	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<b>√</b>
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	glassica.		
_	and Financial Accounts.	400	MANAST.	
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. )	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>✓</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	(20)	<b>✓</b>
	Did the organization receive any payments for indoor tanning services during the year?	44c	26504220	<b>√</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	444		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		<b>/</b>
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	104		<b>V</b>
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		J

Form 9	90-EZ (	2013)							Page 4
								Ye	s No
46	Did to ca	the organization engage, directly or in andidates for public office? If "Yes," o	complete Schedule C	campaign activities, Part I	on behalf	of or in opposi	ition	6	1
Part	VI	Section 501(c)(3) organizations					• • • •		
		All section 501(c)(3) organization 50 and 51.	is must answer que	estions 47–49b a	nd 52, an	d complete th	e table:	s for li	nes
		Check if the organization used Sc	hedule O to respond	to any question	in this Par	<u>t VI</u>			<u>., 🛚</u>
47	Did	the organization engage in lobbying						Yes	s No
	-	? If "Yes," complete Schedule C, Par					<b></b>	7	_ ✓
48		e organization a school as described in							11
49a b		the organization make any transfers t es," was the related organization a se							1
50		pplete this table for the organization's						-	nd kev
•••		loyees) who each received more than							
	(a) Name and title of each employee		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	boooff plane and deferred				
								<del></del>	
	- <b>-</b>								
-	Tota	I number of other employees paid over	or \$100 000	J	1	i			
51		plete this table for the organization			ent contrac	— ctors who each	receive	ed mor	e than
	\$100	0,000 of compensation from the orga	nization. If there is no	one, enter "None."					
	(a)	Name and business address of each independ	ent contractor	(b) Type of service		(c)	) Compens		
					· · · · · · · · · · · · · · · · · · ·				
			· · · · · · · · · · · · · · · · · · ·						<del></del>
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶				
52		he organization complete Schedule A exempt charitable trusts must attach a			ons and 49		► ∏ Ye	es 🗆	No
	enalties	of perjury, I declare that I have examined this read complete. Declaration of preparer (other than	etum, including accompany	ying schedules and stat	ements, and t	o the best of my kn			
				<del></del> .					
Sign		Signature of officer		18774.4.4	Date				
Here		T			·				
		Type or print name and title	Preparer's signature		Date		I PTIN		
Paid Prepa	arer	Print/Type preparer's name		Said	Check Self-employ	# [			
	A	Firm's name				Eirm'e EIN			

Firm's address ►
May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Phone no.