## 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)

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	For the	2019 calenda	r year, or tax year beginning January 1 , 2019, and ending	Decem	ber 31 , 20	20			
В	Check if ap	oplicable:	C Name of organization	D Employer	r identification num	ber			
	Address cl	hange	USATF THREE RIVERS ASSOCIATION	25-1568423					
	Name cha	inge	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite	E Telephone number					
	Initial retur		109 EVANS DRIVE		(724) 941-3918				
=	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group E					
_	Application		MCMURRAY, PA 15317	Number ▶					
		ting Method:		Check ▶ [	if the organizati	on is <b>not</b>			
	<b>Nebsite</b>		Tribute Course C		attach Schedule I				
J T	ax-exen				990-EZ, or 990-P				
			☐ Corporation ☐ Trust ☑ Association ☐ Other						
L/	Add lines	s 5b. 6c. and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets					
			500,000 or more, file Form 990 instead of Form 990-EZ		\$				
-	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the		ons for Part I)				
	arti		the organization used Schedule O to respond to any question in this Part I			. П			
	1		ns, gifts, grants, and similar amounts received			26,185			
	2		ervice revenue including government fees and contracts	2		20,100			
	3	_	p dues and assessments	3		48,601			
	4	Investment		4		178			
	1		unt from sale of assets other than inventory   5a	•		170			
	5a		or other basis and sales expenses						
	b			5.					
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c							
	6	Gaming and fundraising events:  Gross income from gaming (attach Schedule G if greater than							
0	а								
Revenue	h	Gross inco	ns						
eve	b								
ď			aising events reported on line 1) (attach Schedule G if the h gross income and contributions exceeds \$15,000)   6b						
			t expenses from gaming and fundraising events 6c						
	d	Not incom	htract						
	u		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sul	6	d				
	7-	Andrews and the second							
	7a		s of inventory, less returns and allowances						
	b		it or (loss) from sales of inventory (subtract line 7b from line 7a)	7	C				
	C		nue (describe in Schedule O)	-	3				
	8		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			74,964			
	10		I similar amounts paid (list in Schedule O)		0	17,304			
S	11		aid to or for members		1	60,109			
	1 0000		ther compensation, and employee benefits		2	00,103			
Ses	12		al fees and other payments to independent contractors		3	5,152			
e	13				4	3,132			
Expense	14	Control of the Contro	y, rent, utilities, and maintenance	_	5	6 200			
	1.0	0.1	ublications, postage, and shipping	-	6	6,290			
	16	C. 2004 C. C. 11 1 - 2000 C. C. 2004 C.	enses (describe in Schedule O)	-	7	74 554			
_	17	l otal exp	enses. Add lines 10 through 16		8	71,551			
Net Assets	18	Excess or	(deficit) for the year (subtract line 17 from line 9)	e with	3	3,413			
	19		ar figure reported on prior year's return)		9	110 124			
					20	118,134			
	20		nges in net assets or fund balances (explain in Schedule O)		21	121,547			
	177	NET ASSETS	OF HIDGO DAIANCES ALENG OF VEAL, COMDINE HITES TO UNIOUGH ZU			141,041			

Da	rt II Balance Sheets (see the instructions	for Dort II)				
1 4	Check if the organization used Schedule		ny avoation in this	Doub II		
-	Offect if the organization used Schedule	to to respond to a	ny question in this	(A) Beginning of year		(D) Food of wares
22	Cash, savings, and investments					(B) End of year
23	Land and buildings			118,114		121,547
24	Other assets (describe in Schedule O)				23	
25	Total assets				24	
26				118,114		121,547
27	Net assets or fund balances (line 27 of column	(D) must agree wit			26	
Par		plichments (see the	n line 21)	118,114	21	121,547
ı dı	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?	to to respond to a	ny question in this	Part III	(Rea	uired for section
		·			501(0	c)(3) and 501(c)(4)
Desc	cribe the organization's program service accompli	shments for each o	f its three largest p	program services,		nizations; optional for
nore	neasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the	e services provide	d, the number of	other	8.)
28	ons beneficed, and other relevant information for ea	acii program uue.	And the second second			1
20					8	
	(Cronto ¢	in alcolo a face in				
29		includes foreign gra			28a	
23						
	(Cronto ¢	in all relations				
30	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	<b>P</b> U	29a	
30					1	
	(Cranto C					
24	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ 📙	30a	
31	Other program services (describe in Schedule O) (Grants \$ ) If this amount					
	(Grants 5) It this amount	includes foreign gra	ants, check here .	📙	31a	
32	Total program service expenses (add lines 28a	through 31a			00	
	Total program service expenses (add lines 28a	through 31a)	one even if not com		32	fo D . + NA
32 Par	t IV List of Officers, Directors, Trustees, and Ke	/ Employees (list eacl	n one even if not com	pensated-see the in		tions for Part IV)
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	/ Employees (list each O to respond to a	n one even if not com ny question in this	pensated—see the in		tions for Part IV)
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	/ Employees (list each O to respond to a (b) Average	n one even if not com ny question in this (c) Reportable compensation	pensated—see the in Part IV (d) Health benefits, contributions to employ	nstruc	🗀
	t IV List of Officers, Directors, Trustees, and Ke	/ Employees (list each O to respond to a	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	🗀
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a  (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc ee (e) i	Estimated amount of

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	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 change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		1
oou	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		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
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		271	
b	Did the organization file Form 1120-POL for this year?	37b	2401258899	<b>√</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	36a		V
39	Section 501(c)(7) organizations. Enter:		3	
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 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100		V
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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			
Ū	transaction? If "Yes," complete Form 8886-T	40e	A Themselves	1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
1.	Located at ► ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Vos	No
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		140
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		1
	If "Yes," enter the name of the foreign country ▶			<b>L</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
	and enter the amount of tax-exempt interest received of accrued during the tax year		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		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
J	completed instead of Form 990-EZ	44b	-	<b>√</b>
С	Did the organization receive any payments for indoor tanning services during the year?	44c	;	<b>√</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	111		1
4.5	explanation in Schedule O	44d		1
45a b	Did the organization have a controlled entity within the meaning of section 312(b)(13)?			V
D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-F7. See instructions	45b	)	1

Part V   Section 501(c)(3) Organizations Only   All section 501(c)(3) Organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.   Check if the organization used Schedule O to respond to any question in this Part VI						7/11				Yes	No
Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI  7 Did the organization aspage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  7 J V Spa Did the organization as school as desoribed in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  8 Is the organization as achool as desoribed in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  9 Signature of organization as action 527 organization?  9 So Complete this table for the organization as exercition 507 organization?  9 Average  (a) Name and title of each employee  (b) Average (c) Reportable (	46	Did th	e organization engage, directly or ir	ndirectly, in political c	ampaign activitie	es on	behalf of or	in opposit	ion		
All section 501 (c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part V!    Ves   No					Part I				. 46		1
Check if the organization used Schedule O to respond to any question in this Part VI    1	Part	All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines									
Ves   No year? If "Yes," complete Schedule C, Part II   Ves   No year? If "Yes," complete Schedule C, Part II   Ves   No year? If "Yes," complete Schedule C, Part II   Ves   No year? If "Yes," complete Schedule C, Part II   Ves   No year? If "Yes," complete Schedule C, Part II   Ves   No year? If "Yes," complete Schedule E   Ves											
A			Check if the organization used Sc	hedule O to respond	to any question	n in th	nis Part VI				
year? If "Yes," complete Schedule C, Part II  ### Is the organization a school as described in section 170(b)(1)(V)(ii)? If "Yes," complete Schedule E  ### If "Yes," was the related organization a section 527 organization?  ### OF It "Yes," was the related organization a section 527 organization?  ### OF It "Yes," was the related organization a section 527 organization?  ### OF It "Yes," was the related organization a section 527 organization?  ### OF It "Yes," was the related organization in section 527 organization?  ### OF It "Yes," was the related organization in section 527 organization?  ### OF It "Yes," was the related organization in section 527 organization?  ### OF It "Yes," was the related organization in section 527 organization?  ### OF It "Yes," was the related organization in section 527 organization?  ### OF It "Yes," was the related organization in section 527 organization from the organization. If there is none, enter "None."  ### OF It Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None."  ### OF It Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None."  ### OF It Complete this table for the organization. If there is none, enter "None."  ### OF It Complete this table for the organization. If there is none, enter "None."  ### OF It Complete this table for the organization of the properties of the organization of th	47	Did the constitution are to labele to the first the control of the							tov	Yes	No
88 is the organization a school as described in section 170(b)(1)(A)(B)? If "Yes," was the rollated organization make any transfers to an exempt non-charitable related organization?	47							iumng me			1
bild the organization make any transfers to an exempt non-charitable related organization?    Value	48		180 I I I I I I I I I I I I I I I I I I I					1		1	
b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee  (b) Average hours per veek devoted to position  (c) Health benealits, compensation compensation from the organization. If there is none, enter "None."  (d) Reportable compensation compensation of the compensation of the compensation of the compensation of the compensation. If there is none, enter "None."  (e) Betainsted amount of other compensation from the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of nervice  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000 . ▶  (e) Total number of other independent contractors each receiving over \$100,000 . ▶  (d) Total number of other independent contractors each receiving over \$100,000 . ▶  (e) Compensation of period of the compensation of period of the remover of the compensation of period of the remover of the remover of the compensation of period of the remover of the rem	510700		T								1
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."    (a) Name and title of each employee			•			_					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(a) Name and title of each employee   (b) Average   (c) Reportable   (c) Reportable   (c) Average   (c) Aver	50								ors, truste	es, an	d key
(a) Name and title of each employee		emplo	oyees) who each received more than	1 \$100,000 of comper	nsation from the	orgar	ization. If th	ere is non	e, enter "N	lone."	
Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of pprjury, Ldeclare 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 propagate of their transformers is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer's signature  Date  Check   if self-employed   Print/Type preparer's name   Preparer's signature   Print/Sname   Print/Type preparer's name   Preparer's signature   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Preparer's signature   Print/Sname		(a) Name and title of each employee hours per week			compensation	compensation contributions					
Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of pprjury, Ldeclare 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 propagate of their transformers is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer's signature  Date  Check   if self-employed   Print/Type preparer's name   Preparer's signature   Print/Sname   Print/Type preparer's name   Preparer's signature   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Preparer's signature   Print/Sname											
Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of pprjury, Ldeclare 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 propagate of their transformers is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer's signature  Date  Check   if self-employed   Print/Type preparer's name   Preparer's signature   Print/Sname   Print/Type preparer's name   Preparer's signature   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Preparer's signature   Print/Sname											
Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of pprjury, Ldeclare 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 propagate of their transformers is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer's signature  Date  Check   if self-employed   Print/Type preparer's name   Preparer's signature   Print/Sname   Print/Type preparer's name   Preparer's signature   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Preparer's signature   Print/Sname											
Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of pprjury, Ldeclare 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 propagate of their transformers is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer's signature  Date  Check   if self-employed   Print/Type preparer's name   Preparer's signature   Print/Sname   Print/Type preparer's name   Preparer's signature   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Preparer's signature   Print/Sname			W (12.30.30.30.30.30.30.30.30.30.30.30.30.30.								
Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of pprjury, Ldeclare 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 propagate of their transformers is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer's signature  Date  Check   if self-employed   Print/Type preparer's name   Preparer's signature   Print/Sname   Print/Type preparer's name   Preparer's signature   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Preparer's signature   Print/Sname											
Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of pprjury, Ldeclare 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 propagate of their transformers is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer's signature  Date  Check   if self-employed   Print/Type preparer's name   Preparer's signature   Print/Sname   Print/Type preparer's name   Preparer's signature   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Preparer's signature   Print/Sname											
Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of pprjury, Ldeclare 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 propagate of their transformers is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer's signature  Date  Check   if self-employed   Print/Type preparer's name   Preparer's signature   Print/Sname   Print/Type preparer's name   Preparer's signature   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Preparer's signature   Print/Sname								.000			
Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of pprjury, Ldeclare 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 propagate of their transformers is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer's signature  Date  Check   if self-employed   Print/Type preparer's name   Preparer's signature   Print/Sname   Print/Type preparer's name   Preparer's signature   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Preparer's signature   Print/Sname	~~~~~				Production of the Particular State of the St			THE PERSONNEL PROPERTY OF			
Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of pprjury, Ldeclare 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 propagate of their transformers is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer's signature  Date  Check   if self-employed   Print/Type preparer's name   Preparer's signature   Print/Sname   Print/Type preparer's name   Preparer's signature   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Print/Sname   Preparer's signature   Print/Sname				<b>*</b> 100 000							
\$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 ▶  2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ✓ Yes No  Under penalties of perfury, Ideclare 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 prypater (other tisan officer) is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer  Use Only  Firm's address ▶  Print SEIN ▶  Phone no.						dont		who sook	, received	PO O V	than
d Total number of other independent contractors each receiving over \$100,000 . ▶  2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ✓ Yes No  Under penalties of perfury, Lideclare 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 tigan officer) is based on all information of which preparer has any knowledge.  Paid Preparer Use Only  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Print/Type preparer's name  Preparer's signature	51	\$100	000 of compensation from the organization	's five nignest compo	ensated indepen one, enter "None	aent	contractors	wno eacr	1 received	more	unan
d Total number of other independent contractors each receiving over \$100,000 . ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ✓ Yes No  Under penalties of perjury, Lacalare 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 fother trian officery is based on all information of which preparer has any knowledge.  Sign Here  Paid Preparer Use Only  Firm's name    Preparer's signature   Date   Check   if   PTIN				se				(c) Compensation			
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		(a)	Name and business address of each indepen-	dent contractor	(b) Type of service			(c) Compensation			
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A											
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A											
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					1						
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A			West of the second seco	La company of the com						- 1	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					-						
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	-	40						- www.needi			
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A											
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A											
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A											
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer other than officer is based on all information of which preparer has any knowledge.  Sign Here    Noel Webb, Treasurer   Type or print name and title	d		•				<b></b>				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer other than officer) is based on all information of which preparer has any knowledge.  Sign Here    Noel Webb, Treasurer   Type or print name and title									NI.		
Type or print/Type preparer's name  Preparer  Preparer  Prim's name  Firm's address  Proparer  Firm's address  Proparer  Preparer  Proparer  Preparer  Preparer  Preparer  Preparer  Preparer's signature  Preparer  Preparer's signature	_	1									***************************************
Sign Here   Signature of officer     Noel Webb, Treasurer     Type or print name and title     Preparer     Use Only     Firm's name     Firm's address     Property     Firm's address     Property     Preparer's signature     Preparer's signature     Date     Check     if self-employed     Firm's EIN     Property     Firm's address     Phone no.	Under p true, co	penalties prrect, an	of perjury, I declare that I have examined this domplete. Declaration of preparer other that	return, including accompar in officer) is based on all inf	nying schedules and s ormation of which pre	stateme eparer h	nas any knowle	dge. /	liowiedge an	a bellet	, it is
Here  Noel Webb, Treasurer  Type or print name and title  Paid  Preparer  Preparer  Use Only  Firm's name  Firm's address  Proper  Preparer  Preparer's signature  Preparer's signature  Date  Check ☐ if self-employed  Firm's name  Firm's address  Phone no.		- T	X Qelll				7//	120	20	)	
Paid Preparer Use Only  Firm's name  Preparer's signature  Prim's signature	Sign		Signature of officer	Date (   1   VIO V)				, _			
Paid     Print/Type preparer's name     Preparer's signature     Date     Check if self-employed     PTIN       Preparer     Firm's name     ►     Firm's EIN     ►       Firm's address     Phone no.	Here	.	Noel Webb, Treasurer								
Print/Type preparer's name  Print/Type preparer's name  Check ☐ if self-employed  Firm's name ►  Firm's address ►  Phone no.			Type or print name and title						DTIE		
Preparer Use Only Firm's name ► Firm's EIN ► Firm's address ► Phone no.	Paid		Print/Type preparer's name	Preparer's signature		Da	ite		J if		
Use Only Firm's name ► Firm's eln ► Firm's address ► Phone no.									oyea		
	000 m				and the second second						
IVIAY LID II TO GIOCUSS LIIIS IGLUITI WILLI LIIC PICPALOI SHOWII ADOVC, OCC IIISLIGUIGIO	May t	he IRS	discuss this return with the prepare	er shown above? See	instructions .				► ☐ Ye	s 🔲	No