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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2011

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 20 12 JULY 1 2011, and ending For the 2011 calendar year, or tax year beginning C Name of organization WASHINGTON REPUBLICAN ASSN INC D Employer identification number Check if applicable Doing Business As SOCIAL CLUB 24-0753720 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 701 WYANDOTTE STREET Initial return City or town, state or country, and ZIP + 4 Terminated **BETHLEHEM, PA 18015-1446** G Gross receipts \$ Amended return H(a) Is this a group return for affiliates? Yes Vo F Name and address of principal officer Application pending H(b) Are all affiliates included? Yes No 645 WYANDOOTE STREET, BETHLEHEM, PA 18015 If "No," attach a list (see instructions) 7) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status 501(c)(3) **☑** 501(c) (Website: ▶ H(c) Group exemption number ▶ Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation M State of legal domicile PA Briefly describe the organization's mission or most significant activities: Foster and promote good citizenship and leadership in the youth of our community with donations and scholarships. 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 3 4 7 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 6 25 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from 990-T, line 34 7b 0 Current Year 842 Contributions and grants (Part VIII, line 1h) 915 8 Program service revenue (Part VIII, line 2g) | APP | Nestment income (Part VIII, column (A), lines 3, 4, and 7d) 9 10852 10 11204 Other revenue (Part VIII, column (A), lines 5 6d, 8c, 9c, 10c, and 11e) 74124 76683 11 Total revenue - add lines 8 through 11 (must equal) an VIII-collumn (A); line 12) 86243 88377 12 1850 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1500 13 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 34457 39620 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 50794 55988 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 91945 92264 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 (5702)(3887) 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 553478 20 Total assets (Part X, line 16) 549591 21 Total liabilities (Part X, line 26) 549591 Net assets or fund balances. Subtract line 21 from line 20 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

Sign Signature of officer Here Type or print name and title Preparer's signature Print/Type preparer's name Check ___ ıf **Paid** self-employed Preparer Firm's name Firm's EIN ▶ Use Only Phone no Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No Form **990** (2011 For Paperwork Reduction Act Notice, see the separate instructions. Cat No. 11282Y

Part		Accomplishments esponse to any question in this Part	111	
1	Briefly describe the organization's missic Foster and promote good citizenship and	on: leadership in the youth of our communi	y with donations and scholarships.	
2	Did the organization undertake any signi			
2	prior Form 990 or 990-EZ?			☐Yes ☑No
3	If "Yes," describe these new services on Did the organization cease conducting services?	g, or make significant changes in h]Yes ☑No
4	If "Yes," describe these changes on Sch Describe the organization's program set expenses. Section 501(c)(3) and 501(c) grants and allocations to others, the total	rvice accomplishments for each of its (4) organizations and section 4947(a)(1) trusts are required to report	is measured by the amount of
4a	(Code:) (Expenses \$ Donation to the Girl Scouts of Eastern Per) (Revenue \$	
		•••••		
4b	(Code:) (Expenses \$ Donation to the Hurricane Wrestling Assn	200 including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	200 including grants of \$) (Revenue \$)
	Donation to the UCC Youth Organization			
			····	
4d	Other program services (Describe in Sch		, ¢ \	
4e	(Expenses \$ including g Total program service expenses ▶	rants of \$) (Revenue	, <u>)</u>	

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Part	V Checklist of Required Schedules			
			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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; 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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		√
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or 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		
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	1	
20 a		20a	-	1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 	†

Part	Checklist of Required Schedules (continued)			
0.4			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
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 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
•	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

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Part				
	Check if Schedule O contains a response to any question in this Part V	• •	Yes	. 🔲 No
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	\Box	res	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			ŀ
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
·	reportable gaming (gambling) winnings to prize winners?	1c	1	-
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 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		ļ —
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		┼
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	-	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		+-
6a	organization solicit any contributions that were not tax deductible?	6a]	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		†
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	3		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		,	1
	and services provided to the payor?	7a		
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			•
	required to file Form 8282?	7c	<u> </u>	<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		+
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g	-	┼
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		+
h 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		1	+
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	. :	,	
	organization, have excess business holdings at any time during the year?	8	· · · · · · · · · · · · · · · · · · ·	
9	Sponsoring organizations maintaining donor advised funds.	* 2		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	200	1.5.	
а	Initiation fees and capital contributions included on Part VIII, line 12	- ↓	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	4		
11	Section 501(c)(12) organizations. Enter:		٠	
a	Gross income from members or shareholders	- `		1
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	1	1	
10-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	 	+
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		+
a	Note. See the instructions for additional information the organization must report on Schedule O.	1	1	1
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans] .		
C	Enter the amount of reserves on hand		<u> </u>	↓
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	4
1	If "Vos " has it filed a Form 700 to report these payments? If "No " provide an explanation in Schedule O	14h	1	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	tructi	ons.		
Section	on A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7					
	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 in Schedule O.			ì		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7	-#				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		/		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1		
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓_		
6	Did the organization have members or stockholders?	6	✓			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			!		
а	The governing body?	8a	1			
b	Each committee with authority to act on behalf of the governing body?	8b	✓			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C				
			Yes	No		
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		✓		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<i></i>			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		✓		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c				
13	Did the organization have a written whistleblower policy?	13		✓		
14	Did the organization have a written document retention and destruction policy?	14		✓_		
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		✓		
b	Other officers or key employees of the organization	15b	<u> </u>	/		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
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		\ \display \tag{1}		
Secti	on C. Disclosure			<u> </u>		
17 18	List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only)		
19	☐ Own website ☐ Another's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			oolicy,		
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: > JAMES DELMORE, 2041 KEMMERER ST. BETHLEHEM, PA 18017, 610-317-0277	of the	е			

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Form		

Part VII	Compensation of Officers, I	Directors, Trustees,	Key Employees,	Highest Compe	ensated Employee	s, and
	Independent Contractors					

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

hours per week (describe hours for law	(F) timated nount of other
Name and Title Name and Title Average box, unless person is both an officer and a director/trustee) Average box, unless person is both an officer and a director/trustee) Reportable compensation from am officer and a director/trustee)	timated nount of
Name and Title Average box, unless peron is both an hours per officer and a director/trustee) Average box, unless peron is both an hours per officer and a director/trustee) Average box, unless peron is both an officer and a director/trustee) From related	timated nount of
hours per officer and a director/trustee) compensation from am	
week (describe hours for larger large	otner
hours for a a a a a a a a a	pensation
	om the
related ctrial mp of each control organizations of the control of the control organizations organization organizations organizations organizations organizations organization organ	anızatıon d related
In Schedule Strict Property Strict Stric	inizations
de	
(1) GARY TIMKO	
PRESIDENT 1 0 0	0
(2) DENNIS ORTWEIN	
VICE-PRESIDENT 1 0 0	0
(3) JAMES DELMORE	
SECRETARY/TREASURER 6 ✓ 0 0	0
(4) ALLEN REPASCH	
TRUSTEE 1 √ 0 0	0
(5) CHARLES KORPICS	
TRUSTEE 1 √ 0 0	0
(6) JOHN TRUBY	
TRUSTEE 1 √ 0 0	
(7) JOE A. TIMAR JR	
TRUSTEE 1 √ 0 0	0
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
			 		•	>)								
	(A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)	İ		F)	
	Name and title	Average hours per					is both		Reportable compensation	Reportable compensation			nated unt of	
		week			_	_		<u> </u>	from	related		ot	her	
		(describe hours for	Individual trustee or director	nstiti	Officer	Key employee	mple	Former	the organization	organizatior (W-2/1099-Mi			ensatio n the	n
		related	ecta	ution	۳ ا	du.	est c	ª	(W-2/1099-MISC)		/	organ	ization	i
		organizations in Schedule	ž	nal tı		loye	dimo						elated zations	s
		O)	stee	Institutional trustee		"	Highest compensated employee							
				ď			tted							
(15)														
(16)													•	
(17)													•	
(18)									-					
(19)														
(20)														
(21)						-								
(22)					_	_								
(23)				-				-				_		
(24)				_				i						
					-									
(25)		1												
1b	Sub-total													
С	Total from continuation sheets to Part	VII, Section	n A											
d		· · · ·					· ·	<u> </u>	L	L				
2	Total number of individuals (including bureportable compensation from the organ	t not limited ization ►	d to th	ose	e list	ted	abov	e) w	ho received m	ore than \$10	0,000 o	of		
													Yes	No
3	Did the organization list any former of							emp	oloyee, or high	nest comper	sated			
	employee on line 1a? If "Yes," complete							•				3	_	✓
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	porta	ble	con	npei	nsatio	on a	ind other comp	pensation fro	m the			
	individual	greater til						·				4		1
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	y un	related organi	zation or ind	vidual			
	for services rendered to the organization	? If "Yes," o	comp	lete	Scl	hedu	ıle J	for s	such person	<u> </u>		5		√
Section	on B. Independent Contractors													
1	Complete this table for your five highest	compensat	ted in	dep	end	ent	contr	act	ors that receive	ed more thai	า \$100,0	000 of		
	compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
	(A) Name and business add	iress							(B) Description of s	services	Co	(C) ompens	ation	
								_						
								\vdash						
								\vdash						
							_	+						
2	Total number of independent contractor	ors (includi	ng bi	ut n	ot	limit	ed to	o th	nose listed ab	ove) who				
	received more than \$100,000 of compen-	sation from	the o	rgai	niza	tion	>							

Par		Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sectrons 512, 513, or 514
S S	1a	Federated campaigns 1a				
i ai	_	Membership dues 1b 842				
Contributions, Gifts, Grants and Other Similar Amounts	b					
ts, An	C	Fundraising events				
Gif Iar	d	Related organizations 1d				
i, i	е	Government grants (contributions) 1e				
ion	f	All other contributions, gifts, grants,				
돌		and similar amounts not included above 1f				
걸	_	Noncash contributions included in lines 1a-1f: \$				
e P	9		842			
0 B	h	Total. Add lines 1a–1f	042			
Program Service Revenue		Business Code				
Ş	2a					
æ	b					
<u>.</u> g	С					
ē	d					
S E	e					
<u>a</u>	۱ ـ	All other present on the review				
5 g	f	All other program service revenue .				
۵.	<u>g</u>	Total. Add lines 2a–2f ▶				I
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶	10852			
	4	Income from investment of tax-exempt bond proceeds ►				
	5	Royalties				
		Royalties				
	6a	Gross rents				
	b	Less: rental expenses	۷, ۱			
	С	Rental income or (loss)	·	v		
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other	,	·	,	
		assets other than inventory	1			
į	ь	Less: cost or other basis			,	
		and sales expenses .				
	_					
	C	Gain or (loss)				
	d	Net gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
<u>.</u>		See Part IV, line 18 a 2695				
ţ.		~ 				
δ		Less: direct expenses b				,
		Net income or (loss) from fundraising events . ▶	2695			
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a 48823			×	
	b	Less: direct expenses b 3533			`"	
	С	Net income or (loss) from gaming activities ▶	45290	,		
		Gross sales of inventory, less				
		returns and allowances a 73737			:	
	١.					
	b	Less: cost of goods sold b 45039				
	С	Net income or (loss) from sales of inventory ▶	28698			
		Miscellaneous Revenue Business Code				
	11a					
	b					
	C					
	l <u>.</u>	All other revenue				
	d					
	e e	Total. Add lines 11a–11d				
	12	Total revenue. See instructions ▶	88377			I

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	. All other organizations must complet	e column (A) but are no
required to complete columns (B), (C), and (D).		

	Check if Schedule O contains a respon	se to any question	in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1850		\$	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			٠	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				^^
4 5	Benefits paid to or for members 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 8	Other salaries and wages	32877			
9 10	Other employee benefits	6743			
11 a b	Fees for services (non-employees): Management Legal				
c d	Accounting				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees			* ,, ; . * .	
g 12	Other				
13 14	Office expenses	2019			
15 16	Royalties				
17 18	Travel				
19 20	Conferences, conventions, and meetings . Interest				
21	Payments to affiliates				
22 23	Insurance	6129			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	** ,	and the second second		
а	UTILITIES	9711		S to alter to	
b c	MAINTENANCE LICENSE/TAXES	7919 15973			
d	BANQUETS	8858			
е 25	All other expenses BANK FEES Total functional expenses. Add lines 1 through 24e	185 92264	-		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	V2207			

Pi	art X	Balance Sheet		 -	
			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	553478	1	549591
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key		\neg	
	•	employees, and highest compensated employees. Complete Part II of			t .
		Schedule L		5	
	•	Receivables from other disqualified persons (as defined under section		_	
	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	", <u>.</u>		ı
		employers and sponsoring organizations of section 501(c)(9) voluntary		ì,	
		employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			*
		other basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	553478	16	549591
	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 Part IV of Schedule D .		21	<u> </u>
es	22	Payables to current and former officers, directors, trustees, key	ys	" ×	* * *
≣		employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	· · · · · · · · · · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26			26	
_	20	Total liabilities. Add lines 17 through 25		1.18.7	***
nces		lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	 	27	
ala	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and	-		
		complete lines 30 through 34.		1.45	* , , ,
	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Vet As	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	553478	-	549591
_	34	Total liabilities and net assets/fund balances		34	

Page	1	2

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		· ••	<u>.</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8	38377
2	Total expenses (must equal Part IX, column (A), line 25)	2		9	2264
3	Revenue less expenses. Subtract line 2 from line 1	3		(;	3887)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>.</u> 53478
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		54	19591
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	olain in			*
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
b	Were the organization's financial statements audited by an independent accountant?		2b		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account	-	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in	4 16 1		** *
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar were	**************************************		,~ «
	issued on a separate basis, consolidated basis, or both:		Y - 200 1 1 1 1	4	·
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	За	***************************************	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			Forn	n 990	(2011)