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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

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

 \blacktriangleright Do not enter social security numbers on this form as it may be made public.

Open to Public

Inte	nai Hever	nue Service ► Information about Form 990 and its instructions is at w	ww.irs.go	ov/f <u>orm99</u>)	inspection
A	For the	2016 calendar year, or tax year beginning JULY 1 , 2016, and	l ending_	JUN	IE 30	, 20 17
В	Check if	applicable C Name of organization WASHINGTON REPUBLICAN ASSN INC			D Employe	er identification number
\Box		change Doing business as	24-0753720			
\Box	Name cl	The state of the s		E Telephon		
님	Initial ref					
님						
\sqsubseteq	Amende	d return BETHLEHEM, PA 18015-1446			G Gross red	
	Applicat	tion pending F Name and address of principal officer GARY TIMKO		H(a) Is this a gi	oup return for s	subordinates? Ves Vo
		645 WYANDOTTE STREET, BETHLEHEM, PA 18015		H(b) Are all	subordinates	included? Yes No
1_	Tax-exe	mpt status	527	If "N	o," attach a	list (see instructions)
J	Website	a: >		H(c) Group	exemption i	number >
K	Form of	organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of	of formation		M State	of legal domicile PA
P	art l	Summary				
	1	Briefly describe the organization's mission or most significant activities:				
ø		Foster and promote good citizenship and leadership in the youth of our comm	wenity with	h donation	ne and ect	nlarchine
Activities & Governance	l	Toster and promote good exizersing and leader sing in the youth of our commi	Mariney Will	ii donatioi	is dilu sci	iolai sriips.
Ĕ	2	Check this box ▶☐ if the organization discontinued its operations or dispositions.	ocod of t	more than	2504 of 1	to not accote
Š	2		oseu oi i	nore man	1 - 1	
Ğ	3	Number of voting members of the governing body (Part VI, line 1a)		•	3	7
త	4	Number of independent voting members of the governing body (Part VI, III			4	7
흝	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a	a)		5	5
Ę	6	Total number of volunteers (estimate if necessary)	コ・・		6	23
¥	7a	Total unrelated business revenue from Part VIII, column (C); line 12-	305		7a	0
	b	Net unrelated business taxable income from #orm 990-1, line 34			7b	177
		8 NOV 2 2 2017	9	Pnor Ye	ar	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)	5414	5548		
Ž	9	Program service revenue (Part VIII, line 2g)				
Revenue	10	Investment income (Part VIII, column (A), lines 3. 4, and a per lines 1.			3347	3577
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .	~~		53274	44368
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	12)		62035	
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3).	121			53493
	1		·		2400	2400
	14	Benefits paid to or for members (Part IX, column (A), line 4)				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–1	10)		35397	36363
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	·		- 6	
Ř	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		<u> </u>	* 8	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·		38538	41946
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	· <u> </u>		76335	80709
	19	Revenue less expenses. Subtract line 18 from line 12			(14300)	(27216)
50			Beg	inning of Cu	rrent Year	End of Year
sets or	20	Total assets (Part X, line 16)	. [,	488871	461655
ASS	21	Total liabilities (Part X, line 26)				
Net As	22	Net assets or fund balances Subtract line 21 from line 20	. —		488871	461655
	art II	Signature Block	 _			
		alties of perjury, I declare that I have examined this return, including accompanying schedules an	nd statemer	nts and to the	ne best of m	v knowledge and belief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which p				y momoago una boner, ir is
					11-11	417
Sig	าก	Signature of officer				
He		James L Delmore Scatt	Tre			
п	er C		1 100	3.		
		Type or print name and title				Taris
Pa	aid	Print/Type preparer's name Preparer's signature	Date		Check [
	epare	er			self-empl	loyed
	se On			Firm	n's EIN ▶	
		Firm's address ▶		Pho	ne no	
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)				· . Yes No
For	r Paper	work Reduction Act Notice, see the separate instructions.	Cat No	11282Y		Form 990 (2016)

P

Onn 33	00 (201	10)	Page Z
Part-	ŧ₩.	Statement of Program Service Accomplishments	
1	Drie	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1		efly describe the organization's mission:	
		ter and promote good citizenship and leadership in th youth of our community with donations and scholarships.	
2	Did	the organization undertake any significant program services during the year which were not listed on the	
		or Form 990 or 990-EZ?	res 🗹 No
_		Yes," describe these new services on Schedule O.	
3		the organization cease conducting, or make significant changes in how it conducts, any program vices?	. =
			res ☑ No
4		Yes," describe these changes on Schedule O.	
4		scribe the organization's program service accomplishments for each of its three largest program services, as i penses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocatio	
		total expenses, and revenue, if any, for each program service reported	no to others,
4a	(Cod	de:) (Expenses \$ 1000 including grants of \$) (Revenue \$)
	2016	6 Robert Balshıa Memorial Scholarship	
4b	(Co	ode:) (Expenses \$ 200 including grants of \$) (Revenue \$)
		o Scout Pack 352	
		,	
		;	
•			
4c	(Co	ode.) (Expenses \$ 200 including grants of \$) (Revenue \$)
		ca Jr Hawks Youth Wrestling Assn	/
4d	Oth	ner program services (Describe in Schedule O.)	
→u		penses \$ including grants of \$) (Revenue \$)	
4e		tal program service expenses ► 2400	

Part	V Checklist of Required Schedules			age
			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		1
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		1
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 "Yes," complete Schedule C, Part II</i>	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		1
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? <i>If "Yes," complete Schedule D, Part III</i>	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		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, IX, or X as applicable.	*		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	*	1
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 f	Did the organization report an amount for other liabilities in Part X, line 25° <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	-	_
	Schedule D, Parts XI and XII	12a	İ	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 and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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		✓
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		√
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

Part	Checklist of Required Schedules (Continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	 	1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
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		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		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		√
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓ ✓
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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):	Vx.kg.		Ž.
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	√
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		· /
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, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	37	1	V

Form **990** (2016)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
·	Check if Schedule O contains a response or note to any line in this Part V			. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	4		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 1		
0-	reportable gaming (gambling) winnings to prize winners?	1c	✓	<u> </u>
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	<u> </u>
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	/	L
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	✓_	
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		/
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
F-	(FBAR).	15		_
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C So	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		/
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
U	qifts were not tax deductible?	١		,
7	Organizations that may receive deductible contributions under section 170(c).	6b	3 &	✓
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	2.2		New St.
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		
•	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	; , .	ŧ,	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	K.	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		2	_
	sponsoring organization have excess business holdings at any time during the year?	8	. S	-
9	Sponsoring organizations maintaining donor advised funds.		₹X	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	* #*	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	*	4, 1	Ž. 1.
а	Initiation fees and capital contributions included on Part VIII, line 12] , [4 .	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			N.
11	Section 501(c)(12) organizations. Enter:		` }	
а	Gross income from members or shareholders			Ž.
b	Gross income from other sources (Do not net amounts due or paid to other sources			e 6
	against amounts due or received from them.)		.	, ,
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	175	,	\$ · · · · 3
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	3 327		372
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.		3,4	, ,
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	13 1		2
_		*	· **	
C 140	[100]	1	2.5. I	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>✓</u>
J	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	i	

	0 (2016)			Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O S	See in:	struct	ions.
04	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	<u>. </u>
Secu	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		100	1.0
10	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar	1		
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7	<u>}</u> :	4	
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?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_	L_	✓
6	Did the organization have members or stockholders?	6	1	
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	1	
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	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	2 2 3	Š	¥.
	the year by the following:	3 ,		·
а	The governing body?	8a	1	
р	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9_		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	401	ĺ	
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	, ·	3 6
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	,	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	<u> </u>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
_	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by		. ;	1,0
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	3	Mi di	
a	The organization's CEO, Executive Director, or top management official	15a		√
b	Other officers or key employees of the organization	15b	15%	✓
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	43		} ~~
	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	***	
Secti	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶ PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501((c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon request Other (explain in Schedule O)	orest	nol.s.	ام می
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	CIEST	houc	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	corde		
	JAMES DELMORE, 2041 KEMMERER ST, BETHLEHEM, PA 18017 610-317-0277			_

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

☐ Check this box if neither the organization no	r any relate	d orga	aniz			ompe	nsa	ted any currer	nt officer, directo	r, or trustee	
(A) Name and Title	(B) Average	•		Pos neck		than o		(D) Reportable	(E) Reportable	(F) Estimated	
Name and Thie	hours per week (list any hours for related organizations below dotted line)	ff Individua of or directo				Highest compensated employee		compensation from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)		
(1) GARY TIMKO											
PRESIDENT	11		<u> </u>	1			_	0	0		0
(2) DENNIS ORTWEIN	<u> </u>							}			
VICE-PRESIDENT	1 1			✓				0	0		0
(3) JAMES DELMORE											
SECT/TRES	6			1				0	0		0
(4) ALLEN REPASCH											
TRUSTEE	1	✓					<u> </u>	0	0		0
(5) CHARLES KORPICS				Ì							
TRUSTEE	1	✓	ļ		_		L	0	0		0
(6) JOHN TRUBY											
TRUSTEE	11	_						0	0		0
(7) JOE TIMAR JR	<u> </u>]]			
TRUSTEE	11	✓		L.			<u> </u>	0	0		0
(8)	 										
(9)											_
(10)	ļ			i	-						_
(11)				-							_
(12)					-		-				_
(13)	 		-								
(14)	 		-							 	_

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
						C)						
	(A)	(B)	l (do n	ot ch		ition more	e than d	one	(D)	(E)	(F	")
	Name and title	Average hours per	box,	unles	s pe	rson	is both	n an	Reportable	Reportable	Estim amou	
		week (list any		Γ'	_	T	or/trust		compensation from	compensation from related	oth	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	릙	Former	the	organizations	comper	
		related organizations		<u> </u>	ĕ	em	loye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organi	
		below dotted	Q =	ona.		망	# S	{	(**-271033-111100)		and re	
		line)	l st	ŧ		e e	per				organiz	ations
			&	stee	ļ	ļ	Highest compensated employee	-				
		ļ			_	ļ	8.	ļ	<u> </u>			
(15)	1	ļ					İ	ļ				
		ļ			<u> </u>	ļ		<u> </u>	 			
(16)				ļ								
(4.7)		 		_	<u> </u>	}		<u> </u>	 		ļ	
(17)		 	}									
(4.0)		 				⊢	-	-	 	 		
(18)		 						ĺ				
(40)		 	_		-	├		├—	 			
(19)		 					ĺ	ł				
(20)		 	— ···	-	-	├		├	 			
320)		 	İ					Ì				
(21)						-		-	 			
37.12		+		Ì		1			1			
(22)				<u> </u>		T	 					
3		†				1	}					
(23)		<u> </u>				Γ.						
32		†	1		ļ				1			
(24)			-									
		<u> </u>										
(25)												
1b	Sub-total								0	0		0
С	Total from continuation sheets to Part	VII, Sectio	n A						0	0		0
d		· · · · · ·					<u> </u>	<u> </u>	0	0		0
2	Total number of individuals (including bu		to th	ose	e list	ted	above	e) w	ho received m	ore than \$100,00	00 of	
	reportable compensation from the organ	ization ▶							0			
•	D. I. the consequent and that are a farmer or as	(C)	.								· · · · · · · · · · · · · · · · · · ·	Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete									est compensate	~ 1	* - -
	• •										3	,
4	For any individual listed on line 1a, is the organization and related organizations										1 26 1	
	individual	_			000) ()	1 10	ა,	complete Sch	ledule 3 loi suc	4	
5	Did any person listed on line 1a receive of				tion	fro	m anı	. un	related organia	 zation or individu	a **	-
3	for services rendered to the organization										5	* -
Section	on B. Independent Contractors											
1	Complete this table for your five highest	compensat	ed in	den	end	ent	contr	act	ors that receive	ed more than \$10	10 000 of	
•	compensation from the organization. Re											's tax
	year	•						•	,		J	
	(A)								(B)		(C)	
	Name and business add	dress							Description of s	ervices	Compensat	ion
2	Total number of independent contractor							o th	nose listed ab	ove) who	4 1 2 J	**************************************
	received more than \$100,000 of compens	sation from	the or	gan	ızat	ion	<u> </u>		0			*
									_	-	Form	990 (2016)

	990 (201				<u> </u>		Page
Par	t VIII	Statement of Revenue					
,	_	Check if Schedule O contains a	a response or note t	o any line in this (A) Total revenue	S Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a				012 011
3rar our	b	Membership dues	1b 648	,			
S, C	С	Fundraising events	1c	, , ,	1		, ,
Giff	d	Related organizations	1d] * . < /	,		
ıs,	е	Government grants (contributions)	1e	,	2 3 4	<u> </u>	
utio er S	f	All other contributions, gifts, grants,		, ` , `	, ,	4.5	. "
e ë		and similar amounts not included above	1f 4900	1.00	6.95	4 . * * \$.	* *
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a- Total. Add lines 1a-1f		. \$3	1.319	, , ²	
	 ''	Total. Add lifles 1a-11	Business Code	5548	38' ^* 34	<u> </u>	<u> </u>
Program Service Revenue	2a b c d			v v vAA			**************************************
Тап	e	All other program control					
rog	g	All other program service revenu Total. Add lines 2a–2f					
	3	Investment income (including	dividends interest		* * 8 8	() () () () () () () () () () () () () (<u> </u>
		and other similar amounts) .		3577			
	4	Income from investment of tax-exen		3377			
	5	Royalties	_				
	6a b c d	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(ii) Personal				
	7a	Gross amount from sales of assets other than inventory	es (ii) Other				
	c d	Less cost or other basis and sales expenses . Gain or (loss)		A Company of the Comp	Support delications of the support delications o		
evenue	8a	Gross income from fundraising events (not including \$	7-	And the second of the second o			
Other Reven	ь	of contributions reported on line 10 See Part IV, line 18	a 14870				
0	C	Net income or (loss) from fundrai	b 4478 sing events . ▶	10392			
		Gross income from gaming activit See Part IV, line 19					
	b	Less: direct expenses	b 3340 gactivities . ▶	4743	2.3.		
	10a	Gross sales of inventory, le returns and allowances Less: cost of goods sold	ess 59201 b 29968				
	c	Net income or (loss) from sales of		29233	*,3 8	× 4 *	
		Miscellaneous Revenue	Business Code) ¥ % 4	, , , , ,	7 T T T T T T T T T T T T T T T T T T T
	11a b				2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	~ ~ * * * * *	*** ** *** **
	C						
	d	All other revenue	.				

* ** ** ** .

53493

, e Total. Add lines 11a–11d . . . 12 Total revenue. See instructions

	90 (2016) Statement of Functional Expenses				Page 1
Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organization	ns must complete co	lumn (A).
	Check if Schedule O contains a respon				
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, o, 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 domestic organizations and domestic governments. See Part IV, line 21	2400			*
2	Grants and other assistance to domestic individuals. See Part IV, line 22			>	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			, Y	
4 5	Benefits paid to or for members			ş /^ %	
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	29032			
9	Other employee benefits				
10	Payroll taxes	7331			
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
đ	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	1618			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel			 	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	<u> </u>			
20	Interest		<u> </u>		
21	Payments to affiliates			 	····
22	Depreciation, depletion, and amortization .	 	<u> </u>	 	 -
23	Insurance	5889			7' 4 K X X Z ' S
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.)				
_	UTILITIES	9754	<u> </u>		* ,
a	UHLHEJ	3/54	i	1 1	

6722

17893

80709

70

MAINTENANCE

LICENSE/TAXES

BANK FEES

All other expenses

Total functional expenses. Add lines 1 through 24e

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

if following SOP 98-2 (ASC 958-720)

b

C

d

е 25

	art X				
		Check if Schedule O contains a response or note to any line in this Pa	rt X	· · ·	· · · · · · · · · · · · · · · · · · ·
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	488871	1	461655
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
l	5	Loans and other receivables from current and former officers, directors,	.,		,
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
}	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		.	
ts	1	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
İ	10a	Land, buildings, and equipment: cost or		\$ P	
	ļ	other basis. Complete Part VI of Schedule D 10a			
	b	Less. accumulated depreciation 10b		10c	<u> </u>
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11 .		12	
ļ	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)	488871		461655
	17	Accounts payable and accrued expenses		17 18	
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors,		21	3, 3, V :
Liabilities	22	trustees, key employees, highest compensated employees, and			
	ļ	disqualified persons. Complete Part II of Schedule L		22	186 % % % % %.
Ē	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			
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
)	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and		₩. `\	1. A. V. J. V. V. V.
Šes		complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets		27	
3ali	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
Net Assets or Fund Balances		complete lines 30 through 34.		1	1
	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	488871	33	461655
	34	Total liabilities and net assets/fund balances	<u> </u>	34	Form 990 (2016)
					rorm 330 (2016)

-Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	,			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			53493
2	otal expenses (must equal Part IX, column (A), line 25)				80709
3	Revenue less expenses. Subtract line 2 from line 1			(2	27216)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			4	88871
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		4	<u>61655</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		. *, *	ľ	\$ \ '
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın			
	Schedule O.		۰		٠,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled or	. 2	112	١,
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				ì
b	Were the organization's financial statements audited by an independent accountant?		2b	<u></u>	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	.	- 1	
	separate basis, consolidated basis, or both:		,	3	* 1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				· ·
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		:		
	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	plaın ın	· *		1
	Schedule O.			18 .	13
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			1
	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b	<u> </u>	
			For	m 990	(2016)