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)

20**17**

OMB No 1545-1150

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 2017 calendar year, or tax year beginning 2017, and ending B Check if applicable C Name of organization D Employer identification number Address change Name change Room/suite Initial return le. Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Group Exemption Amended return Number ▶ Application pending H Check ▶ ☐ if the organization is not G Accounting Method I Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4 (Form 990, 990-EZ, or 990-PF) ☐ Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received . . . 150.00 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 40,00 4 Investment income 4 Gross amount from sale of assets other than inventory 5a Less. cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) SCAMNED JUL 1 9 2018 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less' direct expenses from gaming and fundraising events . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с Other revenue (describe in Schedule O) 8 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O). 10 Benefits paid to or for members 54 hu lar sh: 11 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent_contractors-13 80,00 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 Ö 16 Other expenses (describe in Schedule O) . . 16 500.00 17 **Total expenses.** Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 3 Gound (A)) (must agree with 4822.00 end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule O) . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 5035,00

Pa	t II Balance Sheets (see the instructions t	or Part II)				
,	Check if the organization used Schedule		ny question in this f	Part II		П
	Oneok ii the organization used Conedate	O to respond to di		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		<u> </u>	4822,00	22	50351M
23	Land and buildings			7000100	23	3030 CC
24	Other assets (describe in Schedule O)				24	~~-
25	Total assets				25	5035.00
26	Total liabilities (describe in Schedule O)				26	-0-
27	Net assets or fund balances (line 27 of column	(B) must agree with		70 2 1112 200 200	27	5035-
Par					2.	3021
ı aı	Check if the organization used Schedule	•		•		Expenses
M/ha:	is the organization's primary exempt purpose?		F Association		(Req	uired for section
		1115				c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for each	anner, describe the			other	nizations, optional for s)
-28	Thirty two, members,	we admi	n 15ter a 54	-pokrsnip		
	at the local High School	of and other	er charitab	ke organiz-		
	ation.					
	(Grants \$) If this amount	includes foreign gra	ints, check here	<u> ▶ Ц</u>	28a	
29						
	(Grants \$) If this amount	includes foreign gra	ints, check here	<u> ▶ []</u>	29a	<u> </u>
30						1
						İ
		includes foreign gra	ints, check here .	<u> ▶ □ </u>	30a	
31	Other program services (describe in Schedule O)					ļ
		includes foreign gra	ints, check here .	▶ 🗆	31a	
32	Total program service expenses (add lines 28a		<u> </u>	🕨	32	<u> </u>
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule		· ·			
	Check if the organization used Schedule		(c) Reportable	Part IV		<u>· · · · · </u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employe		
	(a) Name and title	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		ther compensation
	-1 12 7 J -		(ii flot paid, effect -0-)	deferred compensation	<u>'</u>	
	Chuck Heter	16	/ / /		ļ	-0-
	tres den	1///	-0			
	Mark Masica,	,,				
	Vice President	1,50	-0-	-0-	4_	
	Sandy Perela	1.				
	secretary	IAF	-0-	-0-	<u> </u>	
	Nathan Johnson	1 1 1				(1) -
	Treasurer	I Inr	-0-		<u> </u>	
	Steveletton	11 _		/2 _		/
	- Trustee	<u> </u>	-0-		4	
	-	_				
					4_	
]				
				<u> </u>		
				<u></u>	\perp	
_		<u> </u>				
					-	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	_ <u>rast</u>	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		K	
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)				
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?				
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		X X	
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		×	
-37a-	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	<u> </u>		-	
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		X	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved				
39	Section 501(c)(7) organizations. Enter:			,	
а	Initiation fees and capital contributions included on line 9	-			
b 40a	Gross receipts, included on line 9, for public use of club facilities	_	7		
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		×	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3), 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 transaction? If "Yes," complete Form 8886-T	40e		X	
41	List the states with which a copy of this return is filed ▶				
42a	The organization's books are in care of ▶ Telephone no. ▶				
L	Located at ► ZIP + 4 ►		Vac	T NL	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes		
	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? . If "Yes," enter the name of the foreign country: ▶	42c	<u> </u>	ذل	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ [
			Yes	N N	
44a	completed instead of Form 990-EZ	44a		تر	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<u>, </u>	X	
d		44c	, _	X	
45a		45a		×	
b					

46 ,	Did the organization engage, directly or it to candidates for public office? If "Yes,"			behalf of or in oppos		<u> </u>
Part		s only				nes
	Check if the organization used So	hedule O to respond	to any question in t	his Part VI	<u> </u>	. 🗆
47	Did the organization engage in lobbying	, actuation or house o	anation EO1/b) alcatio	n in offoot during th	Yes	s No
41	year? If "Yes," complete Schedule C, Pa		section 50 (n) electio	_	· 47	X
48	Is the organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E	. 48	X
49a	Did the organization make any transfers	•	•			K
50	If "Yes," was the related organization as Complete this table for the organization's employees) who each received more than	s five highest compen	sated employees (oth		ctors, trustees, a	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and deferre compensation	e (e) Estimated am	ount of
		-				
		-				
						·
					1011	
51	Complete this table for the organization	ensated independent contractors who each received more than one, enter "None" (b) Type of service (c) Compensation				
	\$100,000 of compensation from the orga (a) Name and business address of each indepen-	anization If there is no	one, enter "None "			
	\$100,000 of compensation from the orga	anization If there is no	one, enter "None "			
	\$100,000 of compensation from the orga	anization If there is no	one, enter "None "			
	\$100,000 of compensation from the orga	anization If there is no	one, enter "None "			
	\$100,000 of compensation from the orga	anization If there is no	one, enter "None "			
	\$100,000 of compensation from the orga	anization If there is no	one, enter "None "			
d 52	\$100,000 of compensation from the orgation (a) Name and business address of each independent control of the organization complete Schedi	anization If there is no dent contractor	over \$100,000 ction 501(c)(3) organ	nice	(c) Compensation	
52	\$100,000 of compensation from the orgation (a) Name and business address of each independent control of the organization complete Scheducompleted Schedule A	anization If there is not dent contractor actors each receiving ule A? Note: All se	over \$100,000 ction 501(c)(3) organ	nice (ch a Yes	No
52 Under p	\$100,000 of compensation from the orgation (a) Name and business address of each independent control of the organization complete Schedi	anization If there is no dent contractor actors each receiving ule A? Note: All se	over \$100,000 .ction 501(c)(3) organ	nizations must attac	ch a Yes	No
52 Under p	\$100,000 of compensation from the organical (a) Name and business address of each independent control of the organization complete Schedule A	anization If there is no dent contractor actors each receiving ule A? Note: All se	over \$100,000 .ction 501(c)(3) organ	nizations must attactions, and to the best of my las any knowledge	ch a Yes	No
Under p true, con	(a) Name and business address of each independent control of the organization complete Schedule A denalties of perjury, I declare that I have examined this prect, and complete Declaration of prepared (other than a signature of officer and complete Complete Declaration of prepared (other than a signature of officer and complete Declaration of prepared (other than a signature of officer and complete Declaration of prepared (other than a signature of officer and complete Declaration of prepared (other than a signature of officer and complete Declaration of prepared (other than a signature of officer and complete Declaration of prepared (other than a signature of officer and complete Declaration of prepared (other than a signature of officer and complete Declaration of prepared (other than a signature of officer and complete Declaration of prepared (other than a signature of officer and complete Declaration of prepared (other than a signature of officer and complete Declaration of prepared (other than a signature of officer and complete Declaration of prepared (other than a signature of officer and complete Declaration of prepared (other than a signature of officer and complete Declaration of prepared (other than a signature of officer and complete Declaration of prepared (other than a signature of other than a signature of officer and complete Declaration of prepared (other than a signature of other th	anization If there is not dent contractor actors each receiving ule A? Note: All sectors, including accompan notificer) is based on all info	over \$100,000 .ction 501(c)(3) organization of which preparer h	nizations must attace ints, and to the best of my las any knowledge Date	ch a .▶□ Yes knowledge and belie	No
Under p true, con Sign Here	(a) Name and business address of each independent control of the organization complete Schedule A enalties of perjury, I declare that I have examined this rrect, and complete Declaration of prepara (other than signature of officer Type or print name and title Print/Type preparer's name Print/Type preparer's name	anization If there is not dent contractor actors each receiving ule A? Note: All services in the company of th	over \$100,000 ction 501(c)(3) organishmention of which preparer h	nizations must attacents, and to the best of my las any knowledge	ch a .▶□ Yes knowledge and belie	No