Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2017

Department of the Treasury

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

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<u>A</u>	For the	e 2017 cale	ndar year, or tax ye	ar beginning		, 2017,	and ending			, 20	
В	Check if	f applicable	C Name of organizatio	n Willamette Val	ley Track and Fig	eld, Inc.			D Employ	er identificat	ion number
	Address	s change	Doing business as	•						93-11436	90
	Name ci	hange	Number and street (or PO box if mail is	not delivered to str	eet address)	Room/suite)	E Telepho	ne number	
$\overline{\Box}$	Initial re		4840 SW Western	Avenue			Suite	e 100		503-626-27	731
\exists		ım/terminated	City or town, state o		and ZIP or foreign p	ostal code	1 0010			000 020 2	
H									G Gross re	ecounte \$	1 740 064
H			Beaverton, Oregor		0 15 1 1			I			1,748,864
ш	Applicat	tion pending	F Name and address of	i principal oπicer	Greg Hitchcock		つ				Yes 🗸 No
							-33				Yes No
<u>L</u>	Tax-exe	mpt status	✓ 501(c)(3)	☐ 501(c) () ◀ (insert no)	4947(a)(1) or	527	1 11.7	io," aπach a	a list (see inst	ructions)
J	Website	e: 🕨 none	e			1		H(c) Group	exemption	number 🕨	
K	Form of	organization [Corporation Tru	st Association	☐ Other ►	∦ LYe	ear of formation	n 1993	M State	of legal domi	cile OR
Р	art I	Summ	ary			1					
	1	Briefly de	scribe the organiz	ation's mission	or most signific	ant activities	: Support	the develo	pment of	amateur an	d youth
8		athletics.	primarily in the spo	orts of track and	field and cross of	ountry runnir	1 q				
ä]		L				~				
Governance	2	Check thi	s box ▶☐ if the c	rganization dis	continued its or	erations or d	Isposed of	more than	1 25% of	its net ass	ets
8	3		of voting members	_					3		3
	4		of independent vo	-			Lline 1h\		4		2
S	5		nber of individuals	_			-	• •	5		11
Activities &					-	ir (i cart v, iii i	c zaj .		6		
ŧ	6		nber of volunteers								3
< <	7a	lotal unre	elated business re	venue trom Par	t VIII, column (C), line 12	1 · · ·		7a		
	ь	Net unrel	ated business tax	able income fro	m Form 990-1,	line 34	- i loa		7b	0	0
	}					FIVE	[\∞\ ⊢	Prior Y	ear	Curre	ent Year
<u>a</u>	8	Contribut	ions and grants (F	Part VIII, line 1h)	REU		131 -		0		0
Ę,	9	Program	service revenue (F	Part VIII, line 2g)	1.	· • • • 5010	/8/ <u> </u>		0		55550
Revenue	10	Investme	nt income (Part VI	II, column (A), lı	nes \ 3,5 4 , and ለδ	0 kg	٧٠٠/		26214		23775
α.	11	Other rev	enue (Part VIII, co	lumn (A), lines 5	5, 6d \8 }\9c\10	c, and 1 (e).	17_		180114		149860
	12	Total reve	nue-add lines 8	through 11 (mus	t equal Part VIII,	cotulian AL	me 12)		206328		229185
	13	Grants an	ions and grants (F service revenue (F nt income (Part VI enue (Part VIII, co enue—add lines 8 ind similar amounts	paid (Part IX, o	column(A), line	93			107225		105000
	14	Benefits p	oald to or for mem	bers (Part IX, c	olumn (A), Ime 4			1 1 1 1			
S	15	-	other compensation				5-10)				
Expenses	16a	-	nal fundraising fe	•	=		. –				
ē	Ь		draising expenses								
Ξ	17		penses (Part IX, co						15673		65021
	18	-	enses. Add lines				5\ · ·		122898		170021
	19	-	less expenses Su								
	+	nevenue	less expenses St	ibliact line to it	Official 12 .	· · · · ·		ginning of Ci	83430	End	59164 of Year
ets or		-	1. /D- 1.V. 1 4.0							Lind	
Sset	20		ets (Part X, line 16						1211564		1418252
Net Asse Fund Bals	21		ilities (Part X, line	•			·		0		0
_			s or fund balance	s. Subtract line	21 from line 20				1211564		1418252
15	art II	Signat	ure Block								
Ur	ider pena	alties of perjui	y, I declare that I have	examined this return	n, including accomp	anying schedule	es and statem	ents, and to t	he best of r	ny knowledge	and belief, it is
tr.	e, correc	ct, and comple	ete Declaration of prep	parer (other than oπ	cer) is based on all I	ntormation of wh	ich preparer r	as any know	leage		
			Link	Color	~ <u>></u>						
Sign Signature of officer Date 11-15-2018									212		
He	ere		Crea 1th	tchrock		_			//-	13.4	. 0/3
		Туре	or print name and title								
Pa	nid.	Print/Typ	oe preparer's name	Pre	parer's signature		Date)	Check	of PTIN	
				}					self-emp		
	epare	l =						Firm	n's EIN ▶		
US	se On	עי	ddress ►						one no		
Ma	v the II		this return with t	he preparer sho	wn above? (see	instructions))			. [Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2017)

Form 99	0 (2017) Page ∠
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: Support the development of amateur and youth athletics, primarily in the sports of track and field and cross country running.
	Support the development of amateur and youth athletics, primarily in the sports of track and field and cross country familing.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 49,500 including grants of \$ 45,500) (Revenue \$)
	Grants to support the following events: \$3,000 grant to Linus Pauling Middle School for a youth track and field meet in Corvallis;
	\$2,000 grant to Linus Pauling Middle School for a youth cross country meet in Corvallis; \$10,000 grant to Portland Track for the
	Portland Track Festival youth and elite track and field meets in Portland, \$5,000 grant to Stars and Stripes Track Camp for a youth
	track and field camp in Portland; \$6,000 grant to Ultimook Running Camp for a middle school and high school running camp
	and cross country race in Tillamook; \$2,500 grant to Aloha High School to help fund a middle school and high school cross country meet in Portland; \$5,000 grant to Portland Track to fund youth and middle school cross country meets in Portland and Willamette
	Valley; \$3,000 grant to Western Oregon University to fund a middle school and high school cross country meet held in conjunction
	with a college event; \$4,000 grant to sponsor the Youth Runner Track Camp, a youth track and field camp for middle school athletes
	In Portland; \$5,000 grant to fund the Track Town Youth League series of track meets for pre-high school athletes; \$4,000 paid for
	film and video of two youth track meets
4b	(Code:) (Expenses \$ 59,500 including grants of \$ 59,500) (Revenue \$)
	Grants to support organizations/events which promote youth and amateur sports *5,000 to Oregon Sports Authority which brings sports event to Oregon, including track and field and running events; \$3,000 to Oregon Sports Academy to help fund the
	Oregon Sports Hall of Fame which teaches the importance of sports in our community; \$1,200 to the Oregon Sports Hall of Fame
	for its annual induction ceremony to promote sports; \$8,000 to Oregon Nordic Ski Foundation to develop running and cross country
	skiing programs; \$10,000 to the Oregon State University Foundation to fund track and cross country programs for the college and
	surrounding community; \$25,000 grant to University of Oregon Foundation to help fund renovation of Hayward Field track stadium
	in Eugene; \$2,300 grant to Portland Track to purchase a new steeplechase barrier for Roosevelt High School track; \$5,000 grant to
	TrackTown USA to support hosting of track meets in Oregon.
4c	(Code:) (Expenses \$ 62,166 including grants of \$) (Revenue \$ 55550)
	Sold racing bibs at cost to schools and youth events to allow
	organizations to lower costs of putting on events, total sales \$35,537 and expenses of \$35,537. Provided low cost electronic
	timing to schools and youth events to lower cost of putting on events, total sales \$20,013 and expenses of \$19,674 plus depreciation
	of \$7,795 on timing equipment.
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 171 166

Form **990** (2017)

'art	Checklist of Required Schedules			
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	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		1
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
	election in effect during the tax year? If "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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
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, VII, 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		1
	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		1
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		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e 11f		√ √
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		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)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	<u></u>	
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	_		<u> </u>
	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			
240	\$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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	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	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		✓
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		✓
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):	,		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
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		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		✓
J.E	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, Part II, III,		<u> </u>	
	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		✓
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		<u></u>
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? If "Yes," complete Schedule R, Part VI	37		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.	38	1	

				raye
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. п
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	1 2 . F.	17 (finish) 1	12823.01
				· 成都和
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		The state of	The said
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
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 1	I BES		
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)	Land	L	7384
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	a acceptance	themistrate.
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		· -
_		30		
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			١,
	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			Tar St
	(FBAR).	F.ELT.		T.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Ministration of the last of th	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
_	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	 		
6a				,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	178	Mar Mar	
а	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?	7a	till.hilmadii.	<u>√</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7-		,
	·	7c	dile tariff	∀
d	If "Yes," indicate the number of Forms 8282 filed during the year	- Annual Control of the Control of t	E.	×
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		✓
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	1 4. 11.		
	sponsoring organization have excess business holdings at any time during the year?	8	hermaniani.	
. 9	Sponsoring organizations maintaining donor advised funds.	TI. WING	Callery Co.	W. 133
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	HE TOTAL	
а ь	Applied to the second s	-		<u> </u>
· · · b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	F-Months &	erasi turin l
10	Section 501(c)(7) organizations. Enter:	KLA.		
а	Initiation fees and capital contributions included on Part VIII, line 12	42		
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			4
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> 20.000000</u>	100 100
		95-3134	26 (F1)	PE 4#CLOS
b				ar inggrad
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	्राती प्रतिकारी		1.48444
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1.000
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			430
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	to a Me _anglet;	<u>secumana</u> J
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	-	<u> </u>
	in 100, that it lied a form 120 to report these payments: If two, provide an explanation in schedule O		- 900	/201 T
		Forn	n 990	(2017)

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No"
•	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 or note to any line in this Part VI	<u> </u>		. 🗸
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 3	郭八		in other
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 2		CALLETTE	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			2,42
	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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓_
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,	i l		
_	stockholders, or persons other than the governing body?	7b	6. 2. Grd W	√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		44.54	
	the year by the following:		<u> Erri</u>	
a	The governing body?	8a	√	<u> </u>
ь	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	
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.			
Cooki		9	200	<u> </u>
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	103	/
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IUa		-
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			Section 1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	√	iddinidadini.
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	1	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		Ť	
•	describe in Schedule O how this was done	12c	✓	
-·13	Did the organization have a written whistleblower policy?	13	···	7
-14-	Did the organization have a written document-retention and destruction policy?	14		7
15	Did the process for determining compensation of the following persons include a review and approval by	植物學	ار اور درا درا در دها باز اور	
	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	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ing.		部制
16a	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	T. P		
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► OR		-1/01	= 1 \
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
46	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	ooiicy	, and
20	financial statements available to the public during the tax year		_	
20	State the name, address, and telephone number of the person who possesses the organization's books and re	coras:		
	SSO, 4840 SW Western Avenue, #100, Beaverton OR 97005			

D	-
Page	

Form 990 (2017)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	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.

☐ Check this box if neither the organization noi	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable	(E) Reportable compensation from related	(F) Estimated
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) David Anderton	2	√		√				0		
President (2) John Wrenn	2	_		Ť					<u> </u>	
Treasurer	-	1		1				o		
(3) Greg Hitchcock	5									
Secretary		✓		✓				4800		
(4)										
(5)			-						,	
(6) · · · · · · · · · · · · · · · · · · ·								-		
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighes	st C	ompensated E	mployees (<u>contint</u>	ued)		
•	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than obox, unless person is both officer and a director/trus					an ee)	(D) Reportable compensation from	(E) Reportable compensation from		other		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		fro orga and	eensation om the inization related nizations	
(15)														
(16)			-											
(17)							-							
(18)											\dashv			
(19)								-			\dashv			
(20)				ļ				-						
(21)						-					\rightarrow			
(22)						_								
				_	_									
					<u></u>									
				_				-					· · · · · · · · · · · · · · · · · · ·	
(25)			<u> </u>											
1b c d	Sub-total	VII, Sectio			•		•	▶ ▶	4800		\dashv			
2	Total number of individuals (including but reportable compensation from the organization)	t not limited						e) w		ore than \$1	00,000	0 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	bloyee, or high	est compe	nsate	d 3	Yes	No /
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	portal an \$	ble (150,	000	npei)? <i>I</i> .	nsatio f "Ye.	on a s,"	ind other comp complete Sch	pensation fr pedule J fo 	om the	e h	¥	
5	Did any person listed on line 1a receive of for services rendered to the organization										subivit		-	7
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ıx
	(A) Name and business add	iress							(B) Description of s	ervices		(C) Compen		
None														
								-						
2	Total number of independent contractor							th	nose listed ab	ove) who	i, i	. *		,
	received more than \$100,000 of compens	sation from	the or	gan	ızat	ion	▶		0		1 7		r	

Part VIII		Check if Schedule C							
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	s [1a			netacter:		
Grants	b	Membership dues .	[1b					
Contributions, Gifts, Grants and Other Similar Amounts	С .	Fundraising events .	[1c					
	d	Related organizations	s [1d					
ini	e	Government grants (con		1e					
tion Sr.S	f	All other contributions, g							
호美		and similar amounts not inc	L	_1f					
Contributions, and Other Sim	9	Noncash contributions include		1f \$					
	h	Total. Add lines 1a-1	<u>f</u>	•	▶	taller the whiteen to a medical alterior			
JE .	_				Business Code				
eke	2a	Competition timing fee			711320	20013			
ě	b	Competition bib sales	·		711320	35537	35537		-
ڲۣ	C								
Š	d								
ran		All other program ser	VICE revenue			<u> </u>			
Program Service Revenue	g	Total. Add lines 2a-2			▶	55550			
==-	3	Investment income				33330	THE MARKS IN THE PROPERTY OF THE SET	To de the contract of the contract	CONTRACTOR OF THE PROPERTY OF STREET
		and other similar amo			>	23775			23775
	4	Income from investmen	t of tax-exen	npt be	ond proceeds ▶				
	5	Royalties			▶				
		-	(i) Real		(ii) Personal				#94%/\$5%
	6a	Gross rents			_				
	b	Less. rental expenses							
	r	Rental income or (loss)							
	d	Net rental income or			>			West California & Daniel Co. William	NAME AND ADDRESS OF THE PARTY AND ADDRESS OF T
	7a	Gross amount from sales of	(i) Secuntie	es	(ii) Other				
		assets other than inventory							
	b	Less cost or other basis							
		and sales expenses .							
	°.	Gain or (loss)							
	d	Net gain or (loss) .		•	· · · · P	7: 1:4543387474 <u>1</u> , 33 .4 44-	nd in 140 parts and the	a agus as as air	
9	8a	Gross income from fu	ındraising						
eune	Oa	events (not including \$	andraising						
ě		of contributions reporte	ed on line 10	ã.					
7		See Part IV, line 18 .		a	-				
Other Rev	Ь	Less: direct expenses	s	b					
O	С	Net income or (loss) f		sing	events . ►				
	9a	Gross income from ga	aming activit	ies.					
		See Part IV, line 19 .		а	1669540				
	b	Less: direct expenses		. b	1519679				
	С	Net income or (loss) f			vities .	149860			149860
	10a	Gross sales of in		ess					
		returns and allowance		а					
	b	Less: cost of goods s		, b	<u> </u>		Andrews of the Control of the Contro		
	С	Net income or (loss) f		inve		Caraci, activa describação e a		o alicotina i programa di manto	THE SECRET CHARLEST STREET
		Miscellaneous F	revenue		Business Code				
	11a								
	Ь				-	 			
	d	All other revenue .	·			 	<u> </u>		
	e	Total. Add lines 11a-	 -11d		▶	-		ALTEGRATERIA	
	12	Total revenue See II				200405	paper at representation subseq	Frank the state Tegan and Life of the addition	प्राच्यापासम्बद्धाः स्थापास्य स्थापास्य स्थापास्य स्थापास्य स्थापास्य स्थापास्य स्थापास्य स्थापास्य स्थापास्य

Form 990 (2017) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).											
Check if Schedule O contains a response or note to any line in this Part IX											
Da ==		Se or note to any II	ne in this Part IX .		· · · · · L						
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising						
			expenses	general expenses	expenses						
1 .	Grants and other assistance to domestic organizations		,								
	and domestic governments. See Part IV, line 21 '	105,000	105,000								
2	Grants and other assistance to 'domestic	٠		The state of the s							
	individuals. See Part IV, line 22	ļ									
3	Grants and other assistance to foreign				MATTARESCOM						
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members	} 		A record to the state of the st	STREET STREET STREET						
5	Compensation of current officers, directors,	<u></u>		(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	The straight without the second like a straight of the country						
3			· ·								
6	Compensation not included above, to disqualified	ł	}`	}	, ,						
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	·									
10	Payroll taxes		•								
11	Fees for services (non-employees):		•								
٠a	Management		· · · · ·								
b	Legal										
C	Accounting	3950		3950							
d	Lobbying		No	era. I di u.a. esmi izmanticizzi duale							
е	Professional fundraising services. See Part IV, line 17		经制品表表的证据		<u> </u>						
f	Investment management fees		·								
g	Other. (If line 11g amount exceeds 10% of line 25, column										
	(A) amount, list line 11g expenses on Schedule O.)			.	L						
12	Advertising and promotion										
13	Office expenses	100		100							
14	Information technology										
15	Royalties										
		·			· · ·						
17	Occupancy	77		77							
18	Payments of travel or entertainment expenses		·	· · · · · · · · · · · · · · · · · · ·							
10	for any federal, state, or local public officials	, , , , , , , , , , , , , , , , , , ,									
	,, ,,,				<u> </u>						
19	Conferences, conventions, and meetings	440	-	440	 						
_. 20 ·	Interest		· · ·		<u> </u>						
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	7795	7795								
23	Insurance										
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.)										
а	Bank fees	844	_	844							
b	State license fees	418									
C	Cost of racing bibs	33873		,							
d	Contractor services. bibs and timing	17524									
e	All other expenses	1/324	17324								
25	Total functional expenses. Add lines 1 through 24e	170021	164192	5111							
	Joint costs. Complete this line only if the	1/0021	104192	5411							
26	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)										
	12012 WILLIAM STEEL TO BE SHOT LEVEL	i .									

šР	art X				
		Check if Schedule O contains a response or note to any line in this P	art X	<u> </u>	<u> </u>
		·	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	40321	1	108865
	2	Savings and temporary cash investments	20479	2	45343
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5000	4	C
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	经存储 医神经氏征 经存储的 医	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' bonoficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	151029	7	151031
As	8	Inventories for sale or use	100000	† <u> </u>	66127
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 4000	0		
	ь	Less: accumulated depreciation 10b 2063	THE PERSONNELS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS	10c	19475
	11	Investments—publicly traded securities	867574		1027411
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	1	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)	1211564	16	1418252
	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	
s	22	Loans and other payables to current and former officers, directors,		W.F.	
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Lia	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		1	
		-parties, and other liabilities not included on lines 17-24). Complete Part X			
••		of Schedule D ::		25	
- <u>::</u> -	26 :	Total liabilities. Add lines 17 through 25		26	C. State of the st
. sec		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
Ď	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds.	1211564	32	1418252
<u>e</u> t	33	Total net assets or fund balances	1211564		1418252
Z	34	Total liabilities and net assets/fund balances	1211564		1418252

orm 9	90 (2017)			Pa	ge 12
Parl	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		22	29185
2	Total expenses (must equal Part IX, column (A), line 25)	2		17	70021
3	Revenue less expenses. Subtract line 2 from line 1	3			9164
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		121	11564
5	Net unrealized gains (losses) on investments	5		14	17524
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		141	8252
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	·•_	<u></u>		
			1	Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other				亞亞朝
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in			
	Schedule O.			Die.	ME TO
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	ıled or			144
	reviewed on a separate basis, consolidated basis, or both:				5 Mai
	Separate basis Consolidated basis Both consolidated and separate basis		r said in		
b			2b		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a			
	separate basis, consolidated basis, or both:		建一部		
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over		1 1	ŀ	
	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, exp	olain in	45.25mm		
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			Ţ	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ıdıts.	3b		

3b Form 990 (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

vame	of the organization					Employer identification	number			
Villar	mette Valley Track and Field, Inc.					93-11	43690			
Par	t Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instruction	ons.			
The c	organization is not a private founda	tion because it i	s: (For lines 1 through	12, chec	ck only or	ne box.)				
1	A church, convention of church	nes, or associati	on of churches descri	ibed in se	ection 17	O(b)(1)(A)(i).	ΛÖ			
2	7191									
3	A hospital or a cooperative hos	pital service org	ganization described i	n sectior	170(b)(1)(A)(iii).	ν			
4	A medical research organization	n operated in co	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the			
	hospital's name, city, and state									
5	An organization operated for t	he benefit of a	college or university	owned o	r operate	ed by a government	tal unit described in			
	section 170(b)(1)(A)(iv). (Comp		· ·		,					
6	A federal, state, or local govern	ment or govern	mental unit described	ın sectio	on 170(b)	(1)(A)(v).				
7	An organization that normally						n the general public			
	described in section 170(b)(1)(,	_					
8	A community trust described in			Part II.)						
9	An agricultural research organiz				erated in	conjunction with a l	and-grant college			
-	or university or a non-land-gran									
	university:	0 0	,	•		• •	Ü			
10	✓ An organization that normally re	eceives: (1) mor	e than 331/3% of its si	ipport fro	m contril	outions, membershi	p fees, and gross			
	receipts from activities related	to its exempt fu	nctions—subject to c	ertain exc	ceptions,	and (2) no more tha	n 331/3% of its			
	support from gross investment acquired by the organization at						businesses			
11	☐ An organization organized and									
	☐ An organization organized and						rry out the purposes			
	of one or more publicly suppo									
	Check the box in lines 12a throi									
а	☐ Type I. A supporting organi	zation operated	l, supervised, or contr	olled by i	ts suppor	rted organization(s),	typically by giving			
	the supported organization	(s) the power to	regularly appoint or e	lect a ma	jority of t	he directors or trust	ees of the			
	supporting organization Yo									
b	☐ Type II. A supporting organ	ization supervis	ed or controlled in co	nnection	with its s	upported organizati	on(s), by having			
	control or management of t									
	organization(s). You must o	-	_				•			
С	☐ Type III functionally integrated in the property of the	ated. A suppor	ting organization oper	ated in c	onnection	n with, and function	ally integrated with,			
	its supported organization(s	s) (see instructio	ons). You must comp	lete Part	IV, Secti	ons A, D, and E.	-			
d	☐ Type III non-functionally in	ntegrated. A su	pporting organization	operated	in conne	ection with its suppo	orted organization(s)			
	that is not functionally integ	rated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	id an attentiveness			
	requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.				
е	☐ Check this box if the organi	zation received	a written determination	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III			
	functionally integrated, or T						,			
f	Enter the number of supported o	rganizations .								
<u>g</u>	Provide the following information	about the supp	orted organization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of			
			(described on lines 1–10 above (see instructions))		ir goveming ment?	support (see instructions)	other support (see instructions)			
			25010 (050 111011 2011 2110)			,	,			
				Yes	No					
A)										
B)										
				<u> </u>			<u> </u>			
C)										
						<u> </u>				
D)										
E)										

-	(Complete only if you checked the Part III. If the organization fails to				•	•	alify under
Secti	on A. Public Support	o quality unde	tile tests is	sted below, p	lease comple	te Fait III.)	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	(4) 2014	,	(0) 2010	(4) 2011	(0) 2010	,
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				•	./	
3 _.	The value of services or facilities furnished by a governmental unit to the organization without charge						-
4	Total. Add lines 1 through 3	erable mer bridge of the comp		and the same of th			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						•
6	Public support. Subtract line 5 from line 4	re and thank a the last of		西加黎山州 82	沙 拉萨特拉·拉	可特別的政治等。	<u> </u>
	on B. Total Support	(.) 0044	(h.) 0045	(-) 0040 /	(4) 0047	() 0040	(0 T-+-1
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			./			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					STREET STREET	
12	Gross receipts from related activities, etc		,			12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he				1 " + 1 lin .	r i sibuli i lita	=4 ▶ 🔲
Secti	on C. Computation of Public Suppo					· · ·	
14	Public support percentage for 2018 (line	, .		1, column (f))		14	<u>%</u>
15 16a	Public support percentage from 2017 Sc 331/3% support test—2018. If the organ			 		15	shook this
104	box and stop here. The organization qua						•
b	331/3% support test—2017. If the organ this box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	•	
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization meets the organization	eets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here	Explain in
b	10%-facts-and-circumstances/test—2 15 is 10% or more, and if the organization is supported organization.	ation meets th	e "facts-and-c	circumstances'	" test, check t	this box and	stop here.
18	Private foundation. If the organization d	id not check a	box on line 13,	, 16a, 16b, 17a	a, or 17b, chec	k this box and	_

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	ii the organization falls to qualify	under the te	SIS listed Del	w, please cc	implete Fait i	<u>1.) </u>	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014 3	(b) 201 5 4	(c) 201\$5	(d) 201 7 6	(e) 2018/7	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the	1					
	organization's tax-exempt purpose					55550	55550
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	1506899	1593173	1732909	1738702	1669540	8241223
4	Tax revenues levied for the	ľ		i i			
	organization's benefit and either paid to						
	or expended on its behalf					•	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	1506899	1593173	1732909	1738702	1725090	8296773
7a	Amounts included on lines 1, 2, and 3		.				
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year]				j	
	•	· · · · · · · · · · · · · · · · · · ·					
C	Add lines 7a and 7b	the Taken to the Little Colored Street	Parte and the Control of the Control	art (1 Toxast Table 144, Saltsting)	a Little and Charles and a	91 (Jodes New Laf Vill Special	
8	Public support. (Subtract line 7c from						
Saoti.	on B. Total Support		WAR FAMILIA	MARKILLING THE	The following the second		8296773
	dar year (or fiscal year beginning in)	(a) 201# 3	(b) 2015/4	(c) 2018 S	(d) 201 7 6	(e) 2018 7	(f) Total
9	Amounts from line 6	1506899		1732909	1738702	1725090	8296773
10a	Gross income from interest, dividends,	1506633	1393173	1/32909	1/36/02	1725090	6296773
100	payments received on securities loans, rents,						
	royalties, and income from similar sources .	36340	30756	28260	26214	23775	145345
ь	Unrelated business taxable income (less	30340	30730	20200	20214	25775	143343
	section 511 taxes) from businesses						•
	acquired after June 30, 1975						
С	Add lines 10a and 10b	36340	30756	28260	26214	23775	145345
-	Net = income from - unrelated = business	305.10	50,00			-	. 10010
. `~, ~	activities not included in line 10b, whether-	 Er					
~ ·	or not the business is regularly carried on	146713	~ · ,			ĺ	
	Other income -Do not include gain or					•	
	loss from the sale of capital assets						
	(Explain in Part VI.)		l				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1543239		1761169	1764916	1748865	8442118
14	First five years. If the Form 990 is for the	•	i's first, second	d, third, fourth,	, or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop he					<u> </u>	<u> ▶ □</u>
<u>Secti</u>	on C. Computation of Public Support				·		
15	Public support percentage for 2018 (line		-	3, column (f))		15	98 %
16	Public support percentage from 2017 Sci			<u> </u>	<u> </u>	16	98 %
	on D. Computation of Investment In			1 45 :		1491	
17	Investment income percentage for 2018					17	2 %
18	Investment income percentage from 201					18	2 %
19a	331/3% support tests—2018. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2017. If the organization 18 is not more than 331/3% check this						
00	line 18 is not more than 331/3%, check this						=
20	Private foundation. If the organization di	ia not check a l	DOX OF TIPE 14.	iya, or iyo. c	MECK THIS DOX A	and see instruct	NONS 🟲 🗀

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a ,	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	1KE	
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
' с	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		MI
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7.	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	<u> </u>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	T.	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a	N. 1.1.1.1.	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

10b

Part	IV Supporting Organizations (continued)			. ugo o
.——			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	響歌	港灣	地區
_ а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1123113		HG.
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c	L	<u> </u>
Secu	on B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		#17.	WAS SE
٠.	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization;			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	The late	14	
	•	1		*****
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	Lif.		
	supervised, or controlled the supporting organization.	2		أعالتا
Secti	on C. Type II Supporting Organizations	1 =	<u></u>	l
	on or type is supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			स्मान्यकृति १ मे वि प्रा
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		Meson in	
	the supported organization(s).	1		<u> </u>
Secti	on D. All Type III Supporting Organizations			
	Did the annual to a subject to a subject to a subject to a subject to be to be to be fifth as on the of the	3500 5.9-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1110 0114	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	W.C.		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		ļ
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	Mari	
Secti	on E. Type III Functionally Integrated Supporting Organizations		L	Щ
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	
٠٠a	The organization satisfied the Activities Test Complete line 2 below.			-, -
, p	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ın	struct	ions).
2	Activities Test Answer (a) and (b) below.	E 8° - 5	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	计图片		
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	SCH26	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	TAK	AT.	E.A.
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		ME	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	W.A.	K.	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	MOCPUS!	Thair i i
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	řä	eft.g.
	OF ItS SUPPORTED OF GRIDANIES FILE 165. DESCRIDE IN FAIL VI THE FOIE DIGYED BY THE OF GRIDANIES FILES FEDARD	เงม	1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (explai	n in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		•
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount	1.3.	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3. =	4	第二次	
5 Income tax imposed in prior year	5		-=-
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions)	y in	tegrated Type III supporting	g organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)				
Sect	ion D—Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish						
2	Amounts paid to perform activity that directly furthers exe	orted					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	anizations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions.						
	Total annual distributions. Add lines 1 through 6			ļ			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive				
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6	THE PROPERTY OF	CHIEFARIANI AND				
2	Underdistributions, if any, for years prior to 2018						
_	(reasonable cause required—explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2018		arentel gerra				
а	From 2013		对于对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对	理由,但是理解,是其他,是			
b	From 2014						
С	From 2015						
d	From 2016						
<u>e</u>	From 2017						
<u>f</u> _	Total of lines 3a through e	to though which a give to be the till a self of the over the	海影响电影型。				
g	Applied to underdistributions of prior years		Personal and Assume to Prince the Control of the Co				
<u>h</u>	Applied to 2018 distributable amount			At a city and the second of th			
<u> </u>	Carryover from 2013 not applied (see instructions)			The second of th			
ㅗ	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	CONT NO STORES INCOMESSION AND THE THE WAY SELFTE		Care Care and Care an			
4	Distributions for 2018 from						
	Section D, line 7: \$			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
<u>a</u>	Applied to underdistributions of prior years		THE FERRE TRANSPORT OF	<u>विद्यासित्यः । स्वत्यस्य भ्यान्यस्य स्वत्यं । स्व</u>			
<u>b</u>	Applied to 2018 distributable amount Remainder, Subtract lines 4a and 4b from 4.	福祉武震等制度等等。 医囊性 医囊性 经金属					
<u>c</u>			Turantillitus detala disenta program, vi ma eteran.				
5	Remaining underdistributions for years prior to 2018, if		tatt gar				
	rany. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h		HERE FRANKLING HERES	<u>त्र हिंदी होत्यां है त्यां है व्यवस्थात क्षेत्र में न्यूर क्षेत्र की ते त्यां की ।</u>			
•	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Confidence of the confidence o						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2014						
ь	Excess from 2015	CAMPARAMENTAL	HERE THE TANK OF THE BEST OF				
С	Excess from 2016	产物资本工具的全国的作		PRESTABLE STATE			
d	Excess from 2017			TITANIE OF SAIN			
е	Excess from 2018	NEW TAXABLE					

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
•••••	-
••••	
	
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SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No 1545-0047

2018
Open to Public

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization Willamette Valley Track and Field, Inc. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. a Total number of conservation easements . . . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 .

Assets included in Form 990, Part X

Par	Ul Organizations Maintaining								
· 3	Using the organization's acquisition, collection items (check all that apply)		her reco	rds, ched	ck any of th	ne follo	wing that are a	significant L	ise of its
а	☐ Public exhibition		d	Loan	or exchan	ge prog	rams		
b	☐ Scholarly research		е	☐ Othe	r				
С	☐ Preservation for future generations	s							
4	Provide a description of the organiza XIII.	tion's collections a	and expl	ain how t	hey further	the or	ganızatıon's exe	empt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Part	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.		" on For	m 990,	Part IV, lin	e 9, or	reported an a	mount on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?				or contribu			not Yes	□ No
b	If "Yes," explain the arrangement in P					_		Amount	
_	Paginning balance					1		Allount	
C	Beginning balance					10			
a	Additions during the year Distributions during the year					10			
e f	Ending balance			•	•	11			
2a	Did the organization include an amou							hv? □ Yes	□ No
	If "Yes," explain the arrangement in P							-	
	V Endowment Funds.	are years of the control of	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	.,	<u> </u>	<u> </u>	·	
	Complete if the organization	answered "Yes"	" on For	m 990, I	Part IV, lin	e 10.			
	,	(a) Current year		or year	(c) Two yea		(d) Three years ba	ck (e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions						_		
С	Net investment earnings, gains, and losses		-						
d	Grants or scholarships							<u> </u>	
е	Other expenditures for facilities and								
	programs							- 1	
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	the current year en	d balanc	ce (line 1g	, column (a	a)) held	as:		
а	Board designated or quasi-endowme	nt ▶	%						
b	Permanent endowment								
. с.	Temporarily restricted endowment ▶	%				•			
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.						
3a	Are there endowment funds not in the	e possession of th	e organı	zation th	at are held	and ac	lministered for t	the	
	organization by:							Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related o							3b	
4	Describe in Part XIII the intended uses		n's end	owment f	unds.				
Pari			. –	000	5 . N. C			. 5	40
	Complete if the organization								
	Description of property	(a) Cost or ot (investm			or other basis other)		Accumulated epreciation	(d) Book v	alue
1a	Land					1 r 1	16 g S G		
b	Buildings								
С	Leasehold improvements								
d	Equipment				40000		20634		19476
е	Other	·							
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90. Part	X, columr	n (B), line 10	Oc.)	▶		19476

Part VII	Investments - Other Securities		000 D 10/1	111 0 5	200 5
`	Complete if the organization ans				
	(a) Description of security or categor (including name of security)	у	(b) Book value	1	hod of valuation I-of-year market value
(1) Financial	derivatives				
	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)				 	
(E) (F)				 	
(G)					
(H)				 	
	b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments—Program Relate			Linguistica y Villand in Abdominate 4 (379), in-	I see the " gellened" to be a line account clear of the
	Complete if the organization ans		m 990, Part IV, lii	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Me	thod of valuation
				Cost or end	-of-year market value
(1)		·			<u>, </u>
(2)					
(3)		- 		 	
(4)				 	
(5)					
(6)			 		
(7)					
(8)				 	
	b) must equal Form 990, Part X, col (B) line 13)				NYTHATATIYY
Part IX	Other Assets.			12 1 12 3 12 3 12 1	1 10 1 10 10 10 10 10 10 10 10 10 10 10
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, lii	ne 11d. See Form	990, Part X, line 15.
	(a) Description	· ·		(b) Book value
_(1)					
_(2)					
(3)					·
(4)					
(5)					
(7)					
	- 4,		-	····	
(8) -			· · · · · · · · · · · · · · · · · · ·	 -	
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.) .			
Part X	Other Liabilities.				<u> </u>
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, lir	ne 11e or 11f. See	e Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal ır	come taxes				
(2)					
(3)	·				
(4)	-				
(5)					
(6)		ļ			
(7)		ļ			
(8)					
(9)	h) must aqual Form 000. Part V and (P) line 25 1	 			
	b) must equal Form 990, Part X, col (B) line 25) runcertain tax positions. In Part XIII, prov	I de the text of the footo	te to the organization	no's financial stateme	ents that reports the
E. Davilley 101	uncertain tax positions, in Fart Aill, prov	ide ale text of the looning	JU TO THE OIGHTIZATION	, o mianolal stateme	and troports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part				Retur	n.
,	Complete if the organization answered "Yes" on Form 990,	Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			3.	
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b		,	
c	Recoveries of prior year grants	2c		<u> -</u>	
d	Other (Describe in Part XIII)	2d			
e	` <u> </u>			2e	
3	Subtract line 2e from line 1			3	· · · · · · · · · · · · · · · · · · ·
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		·,	
b	Other (Describe in Part XIII)	4b		4.	
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12) .		5	
Part				r Ret	urn.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			- 1	
а	Donated services and use of facilities	2a		l'. [
b	Prior year adjustments	2b		1.5	
C	Other losses	2c		11	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d	<u> </u>		2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1		, ,	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		<u> </u>	
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18).		5	
	XIII Supplemental Information.				
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part	IV, lines 1b and 2b	; Part	V, line 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provid	e any additional in	format	tion.
	-		-		
					

Schedule D (For	m 990) 2018	Page
Part XIII	Supplemental Information (continued)	
•		
••••		
		•

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Name of the organization Willamette Valley Track and Field, Inc. 93-1143690 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants ☐ Solicitation of government grants ☐ Internet and email solicitations Special fundraising events □ Phone solicitations d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in col (i) (III) Did fundraiser have (vi) Amount paid to (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts custody or control of contributions? (or retained by) organization (II) Activity from activity Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Cat No 50083H

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			(event type)	(event type)	(total number)	(add col (a) through col (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
æ	2	Less: Contributions				1
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
EXP	7	Food and beverages .				
Direct Expenses	8	Entertainment				
	9	Other direct expenses .				<u></u>
					_	1
Pa	10 11 rt III	Net income summary Subtra Gaming. Complete if the	act line 10 from line 3, c e organization answe	olumn (d)		or reported more than
	11	Net income summary Subtra	act line 10 from line 3, c e organization answe Z, line 6a.	olumn (d)	▶ [990, Part IV, line 19,	(d) Total gaming (add
	11	Net income summary Subtra Gaming. Complete if the	act line 10 from line 3, c e organization answe	olumn (d) ered "Yes" on Form 9		
Revenue a	11	Net income summary Subtra Gaming. Complete if the	act line 10 from line 3, c e organization answe Z, line 6a.	olumn (d)	▶ [990, Part IV, line 19,	(d) Total gaming (add
Revenue	11 rt III	Net income summary Subtra Gaming. Complete if th \$15,000 on Form 990-E2	act line 10 from line 3, c e organization answe Z, line 6a. (a) Bingo	olumn (d)	▶ [990, Part IV, line 19,	(d) Total gaming (add col (a) through col (c))
Revenue	11 rt III	Net income summary Subtra Gaming. Complete if the \$15,000 on Form 990-Ez Gross revenue	act line 10 from line 3, c e organization answe Z, line 6a. (a) Bingo	olumn (d)	▶ [990, Part IV, line 19,	(d) Total gaming (add col (a) through col (c))
	11 rt III 1 2	Net income summary Subtra Gaming. Complete if the \$15,000 on Form 990-Ez Gross revenue Cash prizes	act line 10 from line 3, c e organization answe Z, line 6a. (a) Bingo	olumn (d)	▶ [990, Part IV, line 19,	(d) Total gaming (add col (a) through col (c))
Revenue	11 rt III 1 2 3	Subtraction of the state of the	act line 10 from line 3, c e organization answe Z, line 6a. (a) Bingo 1669540 1268407	olumn (d)	990, Part IV, line 19, (c) Other gaming	(d) Total gaming (add col (a) through col (c)) 1669540
Revenue	11 rt III	Subtraction of the summary Subtraction of the su	act line 10 from line 3, c e organization answe Z, line 6a. (a) Bingo 1669540 1268407	olumn (d)	990, Part IV, line 19, (c) Other gaming	(d) Total gaming (add col (a) through col (c)) 1669540 1268407
Revenue	11 rt III 2 3 4 5	Gaming. Complete if th \$15,000 on Form 990-EZ Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	act line 10 from line 3, c e organization answe Z, line 6a. (a) Bingo 1669540 1268407 68906 181366 Yes% No	olumn (d)	990, Part IV, line 19, (c) Other gaming	(d) Total gaming (add col (a) through col (c)) 1669540 1268407
Revenue	11 1 2 3 4 5 6	Gaming. Complete if th \$15,000 on Form 990-EZ Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	act line 10 from line 3, content of the content of	olumn (d)	(c) Other gaming Yes% No	(d) Total gaming (add col (a) through col (c)) 1669540 1268407
Revenue	11	Gaming. Complete if th \$15,000 on Form 990-E2 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Acceptage in the summary of the summary.	act line 10 from line 3, content of the content of	olumn (d)	Yes% No	(d) Total gaming (add col (a) through col (c)) 1669540 1268407 68906 181366 1519679
Direct Expenses Revenue	11	Gaming. Complete if the \$15,000 on Form 990-Ez Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Ad Net gaming income summary	act line 10 from line 3, content of the content of	olumn (d)	Yes % No No S?	(d) Total gaming (add col (a) through col (c)) 1669540 1268407 68906 181366 1519679 149860

Schedu	ule G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	✓ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☑ No
13	Indicate the percentage of gaming activity conducted in.		
а	The organization's facility		o %
b	An outside facility		100 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► Sport Services of Oregon		·
	Address ► 4840 SW Western Avenue #100, Beaverton OR 97005		·
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
100		☐ Yes	⊘ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	03	<u> </u>
-	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
_			
	Name ▶		
	Address ►		·
16	Gaming manager information:		
	Name ▶ Debra Ireland		
	Gaming manager compensation ▶ \$ 34060		
	Description of services provided ▶ Manage all aspects of bingo games subject to oversight by the Board of Directo	rs	
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	_
	3 0	☐ Yes	✓ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year > \$	<u> </u>	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.		
Part III	I, Line 16: Greg Hitchcock, a director, oversees the Bingo Manager and manages the responsibilities with the landlord a	and	
	aining the bingo license with the State of Oregon. These duties are not considered part of his duties as a member of the		 \f
	ors, but are performed as an employee. He reports to the Board of Directors with respect to these duties. His compens		
	or these duties was \$4800.		
			•••••

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

|--|

OMB No 1545-0047

% □ Employer identification number ✓ Yes 93-1143690 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the use of great finds in the Harted States the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Willamette Valley Track and Field, Inc. Name of the organization Part

Jesc	rganization's procedu	res tor monitoring	the use of grant fur	nds in the United	olales.		L = - 3.00
Part IV, line 21, fo	Grants and Otner Assistance to Domestic Organizations and Domestic Governments, Complete if the Organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	mestic Organiz	ations and born han \$5,000. Part I	lestic Govern m I can be duplica	lents. Complete II ated if additional s _l	tne organization answ bace is needed.	Grants and Otner Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	on (b) EiN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Univ. of Oregon Foundation							
720 E 13th Ave, Eugene OR 97403	93-6015767	501(c)(3)	25000				Hayward Field Renovation
(2) Portland Track							
7095 SW Laber, Portland OR 97225	5 46-4216628	501(c)(3)	10000				Track meets
(3) Pontand Track							
7095 SW Laber, Portland OR 97225	5 46-4216628	501(c)(3)	2000				Cross country meets
(4) Ultimook	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
9455 KILCHIS RIVER RD, TIllamook	ok 82-5372320	1	9009				Cross country meet
(5) Oregon St. Univ Foundation		-					
134 Gill Coliseum, Corvallis 97331	93-6022772	501(c)(3)	10000				Track programs
(6) Oregon Nordic Ski Foundation	uoi						
5460 SW Dolph Drive, Portland 97219	7219 94-3088221	501(c)(3)	8000				Running programs
(7)		·					
100							
(9)		,					
(6)							
(10)							
(11)							
(12)							
	ction 501(c)(3) and go	vernment organiza	rganizations listed in the line 1 table	ine 1 table			A
3 Enter total number of other organizations listed in the line	ner organizations liste	d in the line 1 table					A .
For Paperwork Reduction Act Notice, see the Instructions for Form	tice, see the Instructior	is for Form 990.		O	Cat No 50055P		Schedule I (Form 990) (2018)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

20187

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Willamette Valley Track and Field, Inc. 93-1143690 Part VI, Page 6, Line 11a: Each of the board members receives a copy of the Form 990 before filing. It is also reviewed at a meeting Part VI, Page 6, Line 12c: The organization's conflict of interest policy is contained in the Oregon Nonprofit Corporation Act. The board meets regularly and notes any potential or actual conflicts at such meeting and follow the legally required policy. Part VI, Page 6, Line 15b: The independent board members set the compensation for the board member who is hired as an employee to oversee the bingo game. Part VI, Page 6, Line 19: The organization makes its public documents available upon request. In addition, such documents are publicly available on Guidestar.org and from the Oregon Department of Justice (and on its website). Part III, page 2, Line2: The organization has adopted two new program services that were not previously described. First, the organization provides low-cost automatic timing for track meets and cross country meets for youth organizations and schools, and also provides such services for free for certain events. Second, the organization provides racing bibs at cost to schools and youth groups that conduct track and cross country events requiring the use of bibs. These services were started in 2016 but the first revenues were received in 2017.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Willamette Valley Track and Field, Inc.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2018

OMB No 1545-0047

Open to Public Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990.

Related Organizations and Unrelated Partnerships

Employer identification number 93-1143690

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2018 (f)
Direct controlling entity No 120756 WillVall. Tr&Field Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34, because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling
entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) 55549 (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Cat No 50135Y Oregon (c) Legal domicile (state or foreign country) Assistance to youth track (b) Pnmary activity (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization 4840 SW Western Avenue, #100, Beaverton OR 97005 (9) (1)WV Athletics, LLC (3) Partl Part II (2) € 8 ල € 9 3 Ξ 2 ල

Schedule R (Form 990) 2018

(i) Section 512(b)(13) controlled (k) Percentage ownership Schedule R (Form 990) 2018 ŝ Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. entity? Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Yes (J) General or managing partner? ŝ (h) Percentage ownership Yes of Schedule K-1 (Form 1065) (i) Code V—UBI end-of-year assets (g) Share of (h)
Disproportionate
allocations? ŝ (f) Share of total income Yes (g) Share of end-of- [year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct controlling
entity (b)
Primary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity (1) (a) Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV € 9 E 3 ල € 9 E 8 9 3 Ξ 2

	d Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
Schedule R (Form 990) 2018	Part V Transactions With Related Organizations. Complete if the org

Ves No	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	x = t t 0 d p	ips and transaction thresholds. (d) Method of determining amount involved	Schedule R (Form 990) 2018
anizations listed in Parts II				cluding covered relationst	
or more related ord				omplete this line, in (b) Transaction type (a-s)	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	 a Receipt of (i) Interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) 	 Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) i Exchange of assets with related organization(s) i Lease of facilities, equipment, or other assets to related organization(s) i Lease of facilities 	 k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 	r Other transfer of cash or property to related organization(s)	(2) (3) (4) (5)

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	ganization. See	INSTRUCTIONS RE	garding exclusion	DI 10	certai	n investment pa	irtnersnips.				
(a) Name address and EIN of entity	(b) Primary activity	(c)	(d) Predomopant	Are all r) arthers	(f) Share of		(h) Disproportionate	() Code V—HBI	(J) General or	(k) Percentage
אמוופי, מסטופט, מוס בווע סיפונוין	ביווומין מכוויוון	(state or foreign country)	income (related, unrelated, excluded from tax under	sec 501(organiz	section 501(c)(3) organizations?	total income	<u>_</u>	allocations?	10 -		ownership
			sections 512-514)	Yes No	ž			Yes No	_	Yes No	
(1)		-									
(2)											
(6)											
(4)		-									
(5)	-										
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Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	
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