

Form **990** 

## **Return of Organization Exempt From Income Tax**

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

Department of the Treasury

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

OMB No 1545-0047 2017 Open to Public

me		nue Service			ov/Form990 for in	on donon on a	inc latest		. , , , , ,	inspection
A	For the	e 2017 cale	ndar year, or tax year	r beginning	JULY 1	, 2017,	and endi	ng Ji	INE 30	, 20 <sub>18</sub>
В	Check if	f applicable	C Name of organization	WASHINGT	ON REPUBLICAN	ASSN INC			D Employe	r identification number
	Address	s change	Doing business as							24-0753720
	Name c	hange	Number and street (or	PO box if ma	il is not delivered to s	treet address)	Room/si	ute	E Telephon	e number
	Initial re	_	701 WYANDOTTE ST	REET						
$\overline{\sqcap}$		um/terminated	City or town, state or p		ry, and ZIP or foreigi	postal code	· · · · · · · · · · · · · · · · · · ·	<del> </del>		
Ē			BETHLEHEM, PA 180						<b>G</b> Gross red	ceipts \$
Ħ			F Name and address of p		GARY TIMKO			H(a) Is this a	_	ubordinates? Yes No
_	Applicat		645 WYANDOTTE ST			15				included? Yes No
	Tay ava		501(c)(3)		7 ) <b>◄</b> (insert no		□ 52 <b>f</b> )	<del></del>		list (see instructions)
<u>'</u>	Website	empt status		<u>₩ 301(c) (</u>	/ ) ~ (msert no	. 4947(a)(1) UI	<u> </u>	<del>-/</del>	ip exemption r	
			Corporation Trust		ion ☐ Other ▶	11.70	ar of forma			
				Associat	Ion U Other P	Lite	ar or ronna	HOH	IN State (	of legal domicile PA
	art I	Summ	<del> •</del>			<u>, , , , , , , , , , , , , , , , , , , </u>	<del></del>	·····	<del> </del>	
	1	-	scribe the organizat		_					
Governance		Foster and	d promote good citiz	enship and	leadership in the	youth of our co	mmunity	with donation	ons and sch	olarships.
ē.										
ě	2		is box ▶□ if the org	-			isposed	of more tha	an 25% of it	ts net assets.
යි	3	Number of	of voting members of	of the gover	ning body (Part	VI, line 1a).			. 3	
Activities &	4		of independent votir					)	. 4	
ţ	5	Total num	nber of individuals e	mployed in	calendar year 2	017 (Part V, line	e 2a) .		. 5	
₹	6	Total num	nber of volunteers (e	estimate if r	ecessary)				. 6	2:
Š	7a	Total unre	elated business reve	enue from F	Part VIII, column	(C), line 12 .			. 7a	(
	b		ated business taxab						. 7b	123
								Pnor '	Year	Current Year
41	8	Contribut	ions and grants (Pa	rt VIII. line	lh)				5548	70:
Revenue	9		service revenue (Pa				ľ		- 55.5	
Ş	10	-	•		3577	4160				
æ		10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)								
		Total rava	CHOPA FOR CALL	, , , ,	ust squal Part VI	Boolumn (A) li	no 12\	<del> </del>	44368	5115
	12	Cuanta	pue <u>ado lines a thi</u> d similar amounts i	ougi – Cy	( selver (A) le	11, COIDITIT (A), II	116 12)		53493	5602
	13	Grantsia	paid to or forment		k, column (A), lin	es 1-3) :4)			2400	192
	14									
es	15		ner compensation,						36363	3404
Expenses	16a	Professio	na (Ca) (Ta) (Pes	(Hart IX, do	olumn (A), line 1	1e)				
×	b									·
ш	17		oenses (Part IX, colu						41946	4257
	18		enses. Add lines 13						80709	7853
	19	Revenue	less expenses. Sub	tract line 18	3 from line 12 .	· ·			(27216)	(22515
ts or								Beginning of (	Current Year	End of Year
sets	20	Total ass	ets (Part X, line 16)						461655	439140
Net Asset	21	Total liab	ılıtıes (Part X, line 26	6)			. [			
2.5	22	Net asset	ts or fund balances.	Subtract In	ne 21 from line 2	0			461655	43914
P	art II	Signat	ure Block							
Ur	ider pena	alties of perjui	ry, I declare that I have e:	xamined this re	eturn, including acco	mpanying schedule	es and state	ements, and to	the best of m	y knowledge and belief, it i
tru	e, correc	ct, and compl	ete Declaration of prepar	er (other than	officer) is based on a	ll information of wh	ich prepare	er has any kno	wledge	
			Tun Gr C	un-					1/-/	12-18
Sig	gn	Sigg	ature of officer	\		دسه	, /		Date	
He	ere	1	Tomas L	Del	more	)00	c.//	Tres		
		Type	or print name and title							
_			pe preparer's name	I	Preparer's signature			ate	<u> </u>	PTIN
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	epare			l			ــــــــــــــــــــــــــــــــــــــ			
Us	se On		-						rm's EIN ▶	
NAA	w the II		ddress ► s this return with the	nrenarer o	hown above? (c	ee instructions	<del></del>	<u>  P</u>	hone no	□Vaa □Na
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For Paperwork Reduction Act Notice, see the separate instructions.



Form 99	90 (2017) Page <b>2</b>
Part	
	Check if Schedule O contains a response or note to any line in this Part III
`1	Briefly describe the organization's mission
	Foster and promote good citizenship and leadership in the youth of our community with donations and scholarships.
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(1) 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.
	(Code ) (Expenses \$ 1000 including grants of \$ ) (Revenue \$ )
70	2017 Robert Balshia Memorial Scholarship
	2017 RODER DEISHE MEHORE SCHOOL SHIP
4h	(Code. ) (Expenses \$ 400 including grants of \$ ) (Revenue \$ )
,,,	Boy Scouts of America
4c	(Code ) (Expenses \$ 200 including grants of \$ ) (Revenue \$ )
70	Little Hurricane Wrestling Assn
	Little Hurricalie Wiestinig Assi
	Other program con uses (Decombe in Schodule O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	(Expenses \$ including grants of \$ ) (Revenue \$ )



Part	Checklist of Required Schedules			- 3
4	In the control of the day of the CO(4/2/2) at 4047/2/41 (about the control of the day of the control of the CO(4/2/2)		Yes	No
Ί	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		7
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>√</b>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		<b>√</b>
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	•	1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10		<b>√</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	-	1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
	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		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		/
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<b>✓</b>
		Forr	n 990	(2017)

Part	Checklist of Required Schedules (continued)	<del></del>		
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		-
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		<b>√</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		<u> </u>
20	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 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		<b>√</b>
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		<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		ļ ·
20	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
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) 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		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>✓</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>V</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		<b>√</b>
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		<u>,</u>
	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,			- <u></u> -
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	<b>✓</b>	

Form **990** (2017)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1.	5-t	# 2607	Yes Arestor	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-15		1
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 reportable gaming (gambling) winnings to prize winners?	1c	1	236
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	V. 2		424
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		346	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	The	HŽ.	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a	✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<b>✓</b>	<u> </u>
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 financia			,
	account)?	4a	(05/85-40/4	<b>√</b>
Ð	If "Yes," enter the name of the foreign country		3	
	See instructions for filing requirements for FinCEN Form 111, Report of Foreign Bank and Financial Accounts			
<b>-</b> -	(FBAR).		17.0	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<del>                                     </del>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>√</b>
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
O.a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions o			<del>  •</del>
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	12 M	190 E 18	##£54°
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		が対象	
	and services provided to the payor?	7a	MAN S	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	111	WAY.	<b>为约约</b>
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		har aintigrit	egidulija.
	sponsoring organization have excess business holdings at any time during the year?	8		1-2-7-27
9	Sponsoring organizations maintaining donor advised funds.			Mark.
а,	Did the sponsoring organization make any taxable distributions under section 4966? . `	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	}-44(_,+3)	r4-n2748
10	Section 501(c)(7) organizations. Enter.			SOL.
a	Initiation fees and capital contributions included on Part VIII, line 12			433
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			1
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			33
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them )			13.5
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Marie Sar	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	***	944E	海路療
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ETERATOR'S	12x 8444 5
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	ilety.		W FEE
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>✓</b>
h	If "Voc." has it filed a Form 720 to report those payments? If "No." provide an evaluation in Schoolide O	444		

Pärt	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management		-	<u> </u>
0000	on A. doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  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 2 ,	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<b>✓</b>
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 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?.  Did the organization have members or stockholders?	5 6	<b>√</b>	<b>√</b>
b	one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a b 9	The governing body?	8a 8b	<b>√</b>	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.  on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	nde l	✓
0001	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	<u></u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		1
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13 14		<b>✓</b> <b>✓</b>
a b	The organization's CEO, Executive Director, or top management official	15a 15b		<b>✓</b>
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	1.202.00	<b>✓</b>
b Seeti	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		<b>√</b>
	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest i	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re  JAMES DELMORE, 2041 KEMMERER ST, BETHLEHEM, PA 18017 610-317-0277	cords	<b>&gt;</b>	

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Page	•

Part VII	Compensation of Officers, D	irectors, Trustees,	Key Employees, I	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 no	r any relate	d orga	anız			ompe	nsa	ited any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	an	(D)  Reportable compensation	(E)  Reportable compensation from related	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) GARY TIMKO										
PRESIDENT	1			✓				0	0	
(2) DENNIS ORTWEIN								1		
VICE-PRESIDENT	1			✓			L	0	0	
(3) JAMES DELMORE	ļ									
SECT/TRES	6		ļ	✓				0	0	
(4) ALLEN REPASCH										
TRUSTEE	1	✓						0	0	
(5) CHARLES KORPICS										
TRUSTEE	1	✓						0	0	
(6) JOHN TRUBY										
TRUSTEE	_1	1	<u> </u>	L_				0	0	
(7) JOE TIMAR JR	ļ									
TRUSTEE	1	<b>✓</b>					_	0	О	
(8)										
(9)										·
(10)										
(11)										<del>-</del> ·
(12)										
(13)										
(14)										

•	(A) Name and title	(B)  Average hours per week (list any hours for related organizations	(do n box, t	ot ch unles	Posi leck s pe	tion more rson irecto	than one that the that the that the that the that the that the the that the that the that the the that the the that the the the that the the the the the the the the the th	one an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation frelated organizations (W-2/1099-MIS	(F Estim from amou oth s comper		m the	
		below dotted line)	Individual trustee or director	Institutional trustee		employee	Highest compensated employee					and	related nizations	l
(15)														
(16)														
(17)			<del></del>			-						•		
(18)														
(19)														-
(20)													<del></del>	
(21)											-			
(22)								_			$\dashv$			
								_			_			
(24)														
(25)														
	Sub-total							<b>&gt; &gt; &gt;</b>	0		0			(
2	Total number of individuals (including but reportable compensation from the organic	t not limited					above	e) w	ho received m	ore than \$10	0,000	) of		
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete	ficer, direc					-	emp	bloyee, or high	nest compen	sated	3	Yes	No V
4	For any individual listed on line 1a, is the organization and related organizations individual .													1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indi	vidua	h		-
Section	n B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	lress							(B) Description of s	services		(C) Compens		
												<del></del> ,		
2	Total number of independent contractor	ors (includi	na hi	ıt n	ot	lımı	ted to	) th	noso listed ah	ovo) who	nuinamanyn	melynonka asama	nesemblikal o	mire ger di

Form **990** (2017)

Far	VIII	Check if Schedule O		a rec	nonce or noto t	any line in this	: Part VIII		П
		Office it Scriedule U	CONTAINS	a les	portse of note to	(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	3	1a					AND RESIDENCE
, Grants mounts	b	Membership dues .		1b	705				
	С	Fundraising events .	· ;	1c			in the same		
Contributions, Gifts, and Other Similar Ar	d	Related organizations	·	1d					
S. E	е	Government grants (con		1e					
tor S rS	f	All other contributions, g	_						
혈		and similar amounts not inc		1f		1			
Contributions, and Other Sim	g	Noncash contributions include	ded in lines 1a	-1f \$	•				
	h	Total. Add lines 1a-1	<u>f</u> .	<u> </u>	<u>, , ,                                 </u>	705			
Program Service Revenue					Business Code	And the second second			Marith and a militarity in Militarity and a second
e e	2a							<u> </u>	,
ě	b	•••••							·
Ş.	C	•••••							
Se	d								
ram	e	· · · · · · · · · · · · · · · · · · ·							<u> </u>
0 0	†	All other program serv			L		7617329±4225±78615±233	Transcription	
	<u>g</u> 3	Total. Add lines 2a-2 Investment income	(including	divid	D			i Haritan manakan kan dari baran	ender er er en er
	"	and other similar amo		divid	_	4160		•	
	4	Income from investmen	•			4100			
	5			•					
		rioyanos	(ı) Rea		(II) Pérsonal	THE LOCAL PROPERTY.	STATE STATES	SAME CONTROL	
	6a	Gross rents							
	Ь	Less rental expenses							
	C	Rental income or (loss)							
	d	Net rental income or i	(loss) .		· •	A CONTRACTOR OF THE PARTY OF TH	TAR.		DESCRIPTION OF THE PROPERTY OF
	7a	Gross amount from sales of	(ı) Securit	ies	(II) Other	TESTO MESSA		THE DESIDER	
•		assets other than inventory							
	b	Less cost or other basis							
		and sales expenses .							DEPENDENT AND TO
	С	Gain or (loss)	,						
	d	Net gain or (loss) .			>	**			
ď.		¥.							
ž	8a	Gross income from fu	ındraısıng				A STATE OF THE PROPERTY OF THE	working at all the highlet with	
Š		events (not including \$							
æ		of contributions reporte	ed on line 1	c).					
Other Reve		See Part IV, line 18 .		· a	12682				
5	b	Less: direct expenses		. b	2712				Printer Annual Control
	C	Net income or (loss) f			events' . ►	9970	TOP OF THE PROPERTY OF	Access to the section of the section of the	Both Gradien and attalactional
	9a	Gross income from ga	aming activ			100000			
		See Part IV, line 19		· a	11294				
	b	Less direct expenses		. b		***************************************			
	10a	Net income or (loss) f Gross sales of in	_	-	ivides	7338	in a Configuration of the last	hategore for authorizing \$10% hately pay of	Table 60 : a civile on anymous process.
	10a	returns and allowance		1000 <b>a</b>					
	Ь	Less cost of goods s		. b					
	6	Net income or (loss) f				33849			
	<del></del>	Miscellaneous F		J. 111V	Business Code	33649			
	11a					in Colonia in Landau de la la	artic arresidable de la		Para Lina de la lación de Sella Little
	b					-	-	1	
	C					,	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	d	All other revenue .						<del></del>	
	e	Total. Add lines 11a-	11d		•				
	.42	Total revenue Soou					Andreas Comments and Ass.	THE PROPERTY OF THE PROPERTY O	THERE IS NOW STREAMSTER ADDITION.

# Form 990 (2017) Part IX Statement of Functional Expenses

Section	501(c)(3) and	501(c)(4) organizations must c	complete all d	columns. All	other organizatioi	ns must complete o	column (A)

Check if Schedule O contains a response or note to any line in this Part IX						
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations		٠,	<b>EARTH TAIL</b>	Caraller Carry	
	and domestic governments. See Part IV, line 21	1925		Report PLACES		
	Grants and other assistance to domestic individuals. See Part IV, line 22					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		,			
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees			<b>*************************************</b>		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		,			
7	Other salaries and wages	26996				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	•	·•			
9	Other employee benefits				•	
10	Payroll taxes	7046				
11	Fees for services (non-employees)		•	+		
а	Management	٠.		•	r	
b	Legal		•	1		
С	Accounting .,		,			
d	Lobbying					
е	Professional fundraising services. See Part IV, line 17	,	ANTEROPE PERMIT	<b>企业的公司</b>	,	
f	Investment management fees			22		
g	Other (If line 11g amount exceeds 10% of line 25, column			,		
_	(A) amount, list line 11g expenses on Schedule O)		*		4	
12	Advertising and promotion				•	
13	Office expenses	1239			-	
14	Information technology	1233				
15	Royalties		, ,			
16	Occupancy		, ,	······		
17	Travel				h-	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings .					
20	Interest		•		, , , , , , , , , , , , , , , , , , , ,	
21	Payments to affiliates	-			<u> </u>	
22	Depreciation, depletion, and amortization .				<u> </u>	
23	Insurance	5526				
24	Other expenses temize expenses not covered	PAGE TRANSF		na an la designation de la company		
	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)					
, a	UTILITIES	9933	non-alkantional 4 p. 130 V . M. T. D.C.	Narvenski Svenski sp. 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TO RESIDENCE OF THE PROPERTY OF THE PARTY OF	
b	MAINTENANCE	9933	· •			
c	LICENSE/TAXES	16736		<del></del>	<del>.</del>	
d	BANK FEES	93			, ,	
e	All other expenses	93				
25	Total functional expenses. Add lines 1 through 24e	. 30503		•	<del></del>	
26	Joint costs. Complete this line only if the	78537		-		
<b>2</b> U	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if		<u>-</u>			
	following SOP 98-2 (ASC 958-720)			• , , , , , , , , , , , , , , , , , , ,	•	

33

Total liabilities and net assets/fund balances

	1 990 (20	<u></u>			Page I
P	art X	Balance Sheet  Check if Schodule Cooptains a response or note to any line in this Br	V		
•	•	Check if Schedule O contains a response or note to any line in this Pa	. (A) . Beginning of year	<u> </u>	(B) End of year
Assets	1 2 3 4 5 6	Cash—non-interest-bearing  Savings and temporary cash investments  Pledges and grants receivable, net  Accounts receivable, net  Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L*  Loans and other receivables from other disqualified persons (as defined under section 4950(f)(1)), persons described in section 4950(c)(3)(f), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary, employees beneficiary organizations (see instructions) Complete Part II of Schedule L  Notes and loans receivable, net Inventories for sale or use  Prepaid expenses and deferred charges	Beginning of year  461655	1 2 3 4 5 5 6 7 8 9	43914
	10a b 11 12 13 14 15	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D  Less. accumulated depreciation  Investments—publicly traded securities  Investments—other securities. See Part IV, line 11  Investments—program-related. See Part IV, line 11  Intangible assets  Other assets. See Part IV, line 11		10c 11 12 13 14 15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	461655	<del>,                                    </del>	43914
•	17	Accounts payable and accrued expenses	•	17	
	18	Grants payable		18	•
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21 22·	Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L '		21 22	
	23	Secured mortgages and notes payable to unrelated third parties	, ,	23	, . ,
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	<u> </u>	26	
Assets or Fund Balances	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and		350	
	27 28 29	complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets		27 28 29	
	73	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.		29	
	30	Capital stock or trust principal, or current funds		30	
Asse	31 32	Paid-in or capital surplus, or land, building, or equipment fund		31 32	

461655 33

34

_	4	4
Page	ı	4

	<u></u>				.9	
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
٦	Total revenue (must equal Part VIII, column (A), line 12)	1			56022	
2	Total expenses (must equal Part IX, column (A), line 25)				78537	
3	Revenue less expenses. Subtract line 2 from line 1	3		(22515)		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		461655		
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	_6				
7	Investment expenses	7				
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		4	39140	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<i>.</i>			
				Yes	No	
1	Accounting method used to prepare the Form 990.   Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olaın	ın		Ì	
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			ļ	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oled o	or		]	
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. 2b	<u> </u>	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on	a		1	
	separate basis, consolidated basis, or both.		1			
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_	. !			
	of the audit, review, or compilation of its financial statements and selection of an independent accounts			<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın			
_	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth	l l			
	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 undergo the required audit or audits organization did not undergo the required audit or audits organization did not undergo.					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	idits.	3b			
			For	m <b>990</b>	(2017)	

### 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

Employer identification number

Open to Public Inspection

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

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

WASHINGTON REPUBLICAN ASSN	24-0753720			
PART VI SECTION A				
7A ALL MEMBERS OF THE ASSOCATION ARE ABLE TO ELECT THE BOARD OF DIRECTORS				
7B ALL DECISIONS INVOLVING EXPEDITURES OVER \$1000.00 ARE SUBJECT TO APPROVAL BY THE	MEMBERS			
11A YES. A COPY OF FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRCTORS AT A MONTHLY	MEETING BEFORE			
IT IS FILED.				
19 ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS	ARE OPEN TO REVIEW			
TO ALL MEMBERS OF THE ASSOCATION. UPON REQUEST TO THE GENERAL PUBLIC.				
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