200-	)		2949	20	2704023
327	)	*	Short Form		OMB No 1545-1150
	<u>· 9</u>	90-EZ	<b>Return of Organization Exempt From Income Tax</b>	C C	
FO	orm 🖤		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foun		2017.4
			4		Open to Public
_			Do not enter social security numbers on this form as it may be made public.	Cor	
De	epartmer ternal Re	t of the Treasury venue Service	Go to www.irs.gov/Form990EZ for instructions and the latest information.		Inspection
Ā	For th	e 2017 calend	ar year, or tax year beginning Sept. 1 2016 , 2017, and ending	Aug 3	, <b>20</b> 17
В	Check r	f applicable	C Name of organization 71 D E		dentification number 2
	5	s change	ALPINE EDUCATION ASSOCIATION		23-725063
Ļ	Name	-		elephone	
<u>ا</u>	Initial #	stum/terminated	557 W. CENTER STREET		01-224-2055
	Ameno	led return	City or town, state or province, country, and ZIP or foreign postal code	Froup Exe	·
		ation pending		lumber	
		unting Method.			If the organization is no
•	Webs				tach Schedule B 🛛 📴 90-EZ, or 990-PF).
			cck only one) 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 (Forr		
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asse	ets	
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. 🕨	\$ 97,43
	Part	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ruction	
_			the organization used Schedule O to respond to any question in this Part I		, <b>—</b>
	21 1		ons, gifts, grants, and similar amounts received	. 1	1,39
<u>ر</u>	2 2	Program s	ervice revenue including government fees and contracts	. 2	
6	21 3	Membersh	Ip dues and assessments	. 3	93,58
	24 4	Investmen	tincome	. 4	2,45
$\langle \cap \rangle$	5	a Gross amo	ount from sale of assets other than inventory <b>5a</b>		
10			or other basis and sales expenses		
			ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. <u>5c</u>	· · · · · · · · · · · · · · · · · · ·
	6	-	id fundraising events		
			ome from gaming (attach Schedule G if greater than		
	Hevenue		<u> </u>		
	Š		me from fundraising events (not including <u></u> -of contributions aising events reported on line 1) (attach Schedule G if the		
c	¥		ch gross income and contributions exceeds \$15,000) 6b		
			expenses from gaming and fundraising events 6c		
6.7			e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac	n l	
G				- 6d	-
.=1	7	a Gross sale	s of inventory, less returns and allowances	-	
ŝŶ			of goods sold	_	
<u>ar</u>			it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	
а Ц	8	Other reve	nue (describe in Schedule O)	. 8	
	9	Total reve	<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 $\cdot$	• 9	97,43
	10	Grants and	aid to or for members	. 10	
	11	Benefits p	aid to or for members	. 11	
	ຜູ້  12	Salaries, c		. 12	43,31
C'	5   13	Protession	al fees and other payments to independent contractors 20 EN. UT	. 13	10,97
<i>¶</i> )	s 12 13 14 15		<b>, , , , , , , , , ,</b>	. 14	
	ພິ   15   16	- ·	ublications, postage, and shipping	. 15	7,74
	10		enses (describe in Schedule O) and	. <u>16</u> 17	30,39
-	10	Frees or	(deficit) for the year (Subtract line 17 from line 9)	. 18	92,42
-	9 19		s or fund balances at beginning of year (from line 27, column (A)) (must agree wit		3,013
	SS		ar figure reported on prior year's return)	1	62,954
	Net Assets		nges in net assets or fund balances (explain in Schedule O)	. 20	
2	ž   21		or fund balances at end of year. Combine lines 18 through 20	21	67,969
_		-	tion Act Notice, see the separate instructions. Cat. No. 106421		Form 990-EZ (2017

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Pa	rt II	<b>Balance Shee</b>	<b>τs</b> (see τηε	e instructions f	or Part II)				
						ny question in this f	Part II		🗆
							(A) Beginning of year		B) End of year
22	Cost	h, savings, and in	veetmente			-	62,954	22	67.969
		-				· · · · · ·	02,704	23	001
23								24	
24		•				· · · · · ·			(7.0/0
25						· · · · · ·  _	62,954		67,969
26		al liabilities (desc		,		<u>L</u>		26	······································
27	Net				(B) must agree wit		62,954	27	67 969
	t 111	Check if the org	ganization (	used Schedule	· ·	ne instructions for P ny question in this I		(Requ	Expenses ired for section
		organization's pr	-					501(c)	(3) and 501(c)(4)
s n	neasure	ne organization's ed by expenses. nefited, and other	In a clear	and concise m	anner, describe th	of its three largest pi e services provided	rogram services, , the number of	organi others	izations, optional for 5.)
28									
<b>7</b> 1 29	(Grant					ants, check here .		28a	
					••••••				
30	(Grant	ts \$	)	) If this amount	includes foreign gr	ants, check here .	<u> ► </u>	29a	
	•••••								
	(Grant	ts \$	12222222222222	) If this amount	includes foreian ar	ants, check here .	► 🗖	30a	
31		program services	s (describe	In Schedule O)					
	(Grant	program services	s (describe	in Schedule O) ) If this amount	Includes foreign gr	ants, check here	🕨 🗖	31a	
	(Grant	program services ts \$ program service	s (describe e expenses	in Schedule O) ) If this amount a (add lines 28a	Includes foreign gr. through 31a)	ants, check here	· · · ► □	32	
32	(Grant	r program services ts \$ program service List of Officers, I	s (describe e expenses Directors, T	in Schedule O) ) If this amount (add lines 28a rustees, and Ke	Includes foreign gr through 31a) y <b>Employees</b> (list eac	ants, check here	► □ ► pensated—see the i	32 nstruct	
32	(Grant Total	program services ts \$ program service List of Officers, I Check if the or	s (describe e expenses Directors, T ganization	in Schedule O) ) If this amount (add lines 28a rustees, and Ke	Includes foreign gr. through 31a) <b>Femployees</b> (list eac O to respond to a (b) Average	ants, check here	· · · ► □ ensated—see the i Part IV	32 nstruct	<u></u>
32	(Grant Total	r program services ts \$ program service List of Officers, I	s (describe e expenses Directors, T ganization	in Schedule O) ) If this amount (add lines 28a rustees, and Ke	Includes foreign gr. through 31a) <b>Femployees</b> (list each O to respond to a	ants, check here h one even if not com ny question in this (c) Reportable	Densated—see the i Part IV (d) Health benefits, contributions to employ	ree (e) E	<u></u>
32 Par	(Grant Total t IV	program services ts \$ program service List of Officers, I Check if the or	s (describe e expenses Directors, T ganization and title	in Schedule O) ) If this amount (add lines 28a rustees, and Ke	Includes foreign gr. through 31a) . <b>y Employees</b> (list eac O to respond to a (b) Average hours per week	ants, check here th one even if not comp iny question in this (c) Reportable 22 compensation (Forms W-2/1099-MISC)	Contributions to employ benefit plans, and deferred compensation	ree (e) E	stimated amount o
32 Par	(Grant Total t IV	program services ts \$ program service List of Officers, I Check if the org ?? (a) Name	s (describe e expenses Directors, T ganization and title	in Schedule O) ) If this amount (add lines 28a rustees, and Ke	Includes foreign gr. through 31a) . <b>y Employees</b> (list eac O to respond to a (b) Average hours per week	Ants, check here h one even if not comp ny question in this (c) Reportable (c) Reportable	Contributions to employ benefit plans, and deferred compensation	ree (e) E	stimated amount o
32 Par	(Grant Total t IV	program services ts \$ program service List of Officers, I Check if the org ?? (a) Name	s (describe e expenses Directors, T ganization and trtle	In Schedule O) ) If this amount (add lines 28a rustees, and Ke used Schedule	Includes foreign gr. through 31a) . <b>y Employees</b> (list eac O to respond to a (b) Average hours per week	Ants, check here h one even if not comp ny question in this (c) Reportable (c) Reportable	Contributions to employ benefit plans, and deferred compensation	ree (e) E	stimated amount o
32 Par	(Grant Total t IV	r program services ts \$ program service List of Officers, I Check if the org (a) Name T T A C H E D !!!!!!!	s (describe e expenses Directors, T ganization and trtle	In Schedule O) ) If this amount (add lines 28a rustees, and Ke used Schedule	Includes foreign gr. through 31a) . <b>y Employees</b> (list eac O to respond to a (b) Average hours per week	Ants, check here h one even if not comp ny question in this (c) Reportable (c) Reportable	Contributions to employ benefit plans, and deferred compensation	ree (e) E	
32 Par		r program services ts \$ program service List of Officers, I Check if the org (a) Name T T A C H E D !!!!!!!	s (describe expenses Directors, T ganization and title	in Schedule O) ) If this amount (add lines 28a rustees, and Ke used Schedule	Includes foreign gr. through 31a) . <b>y Employees</b> (list eac O to respond to a (b) Average hours per week	Ants, check here h one even if not comp ny question in this (c) Reportable (c) Reportable	Contributions to employ benefit plans, and deferred compensation	ree (e) E	
32 Par	(Grant Total t IV	r program services ts \$ program service List of Officers, I Check if the org 7 (a) Name	s (describe e expenses Directors, T ganization and title IIII	in Schedule O) ) If this amount (add lines 28a <b>rustees, and Ke</b> used Schedule	Includes foreign gr. through 31a) . <b>y Employees</b> (list eac O to respond to a (b) Average hours per week	Ants, check here h one even if not comp ny question in this (c) Reportable (c) Reportable	Contributions to employ benefit plans, and deferred compensation	ree (e) E	
32 Par	(Grant Total t IV	r program services ts \$ <b>program service</b> List of Officers, I Check if the org (a) Name	s (describe e expenses Directors, T ganization and title IIII	in Schedule O) ) If this amount (add lines 28a rustees, and Ke used Schedule	Includes foreign gr. through 31a) . <b>y Employees</b> (list eac O to respond to a (b) Average hours per week	Ants, check here h one even if not comp ny question in this (c) Reportable (c) Reportable	Contributions to employ benefit plans, and deferred compensation	ree (e) E	
32 Par		r program services ts \$ <b>program service</b> List of Officers, I Check if the org (a) Name	s (describe	in Schedule O) ) If this amount (add lines 28a rustees, and Ke used Schedule	Includes foreign gr. through 31a) . <b>Employees</b> (list each O to respond to a (b) Average hours per week devoted to position	Ants, check here h one even if not comp ny question in this (c) Reportable (c) Reportable	Contributions to employ benefit plans, and deferred compensation	ree (e) E	
32 Par		r program services ts \$ program services List of Officers, I Check if the org (a) Name T A C H E D !!!!!!!	s (describe	in Schedule O) ) If this amount (add lines 28a rustees, and Ke used Schedule	Includes foreign gr. through 31a) . <b>Employees</b> (list each O to respond to a (b) Average hours per week devoted to position	Ants, check here h one even if not comp ny question in this (c) Reportable (c) Reportable	Contributions to employ benefit plans, and deferred compensation	ree (e) E	
		r program services ts \$ program services List of Officers, I Check if the org (a) Name T A C H E D !!!!!!!	s (describe expenses Directors, T ganization and title IIII	in Schedule O) ) If this amount (add lines 28a rustees, and Ke used Schedule	Includes foreign gr. through 31a) . y Employees (list each O to respond to a (b) Average hours per week devoted to position	Ants, check here h one even if not comp ny question in this (c) Reportable (c) Reportable	Contributions to employ benefit plans, and deferred compensation	ree (e) E	
		r program services ts \$ program service List of Officers, I Check if the org (a) Name T T A C H E D !!!!!!!	s (describe e expenses Directors, T ganization and title IIII	in Schedule O) ) If this amount (add lines 28a rustees, and Ke used Schedule	Includes foreign gr. through 31a) . y Employees (list each O to respond to a (b) Average hours per week devoted to position	Ants, check here h one even if not comp ny question in this (c) Reportable (c) Reportable	Contributions to employ benefit plans, and deferred compensation	ree (e) E	stimated amount o
		r program services ts \$ program services List of Officers, I Check if the org (a) Name T T A C H E D !!!!!!!	s (describe e expenses Directors, T ganization and title IIII	in Schedule O) ) If this amount (add lines 28a rustees, and Ke used Schedule	Includes foreign gr. through 31a) . y Employees (list each O to respond to a (b) Average hours per week devoted to position	Ants, check here h one even if not comp ny question in this (c) Reportable (c) Reportable	Contributions to employ benefit plans, and deferred compensation	ree (e) E	

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Form 990-EZ (2017)

	90-EZ (2017)			age
Parl	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Fart	_	
~~	Did the event of the IDSO IS "Ver " even de study act available versited to the IDSO IS "Ver " even de s		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	[	-
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		v
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1 v
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	1000		
C	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		-
26	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		-
36				
	• •	36		
37a				-
b	Did the organization file Form 1120-POL for this year?	37b	L	~
38a				!
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	]	ļ	ļ
а	Initiation fees and capital contributions included on line 9			
b		1		
40a		1	í	ĺ
	section 4911 ► ; section 4912 ► ; section 4955 ►			
b				
U	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь	1	
_		400	<u> </u>	/ <b>/</b>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
				]
d				
	40c reimbursed by the organization			
e		-	_	_
	transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed  UTAH			
42a		801-22	4-205	5
-	Located at ► 557 W. Center St Pl. Grove, Utah ZIP + 4 ►	84	062	
b	······································		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	1	1	
	Financial Accounts (FBAR).	1	l	
с	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		1
•	If "Yes," enter the name of the foreign country:	كتتب	<u> </u>	ٽ
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			► [
	and enter the amount of tax-exempt interest received or accrued during the tax year	• •	•	
			Yes	No
			1162	I ING
44-		<b></b>		1
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			<u> </u>
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<u> </u>
44a b	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		v
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ         Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ         Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ         Did the organization receive any payments for indoor tanning services during the year?			
b	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
b	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ         Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ         Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ         Did the organization receive any payments for indoor tanning services during the year?	44b		
b	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ         Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ         Did the organization receive any payments for indoor tanning services during the year?         If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44b 44c		
b c d	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ         Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ         Did the organization receive any payments for indoor tanning services during the year?         If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O         Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44b 44c 44d		
b c d 45a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ         Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ         Did the organization receive any payments for indoor tanning services during the year?         If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O         Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44b 44c 44d		

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Form 990-EZ (2017)

orm 99	90- <sup>j</sup> Z (2017)			<u></u>				age 4
,	Did the ecception engage, directly or i	nduraatly in political a	empoion activition on	habalf of an in an			Yes	No
5	Did the organization engage, directly or i to candidates for public office? If "Yes,"	complete Schedule C	Part I	benair of or in op	position	46		~
art	VI Section 501(c)(3) organization		<u> </u>				<b></b>	<u> </u>
	All section 501(c)(3) organization	ns must answer que	stions 47-49b and	52, and complet	te the tab	les f	or lin	es
	50 and 51.							_
	Check if the organization used Sc	nequie O to respond	to any question in ti	nis Part VI	<u></u>	• •	Yes	
7	Did the organization engage in lobbying	activities or have a	section 501(h) election	n in effect during	the tax		163	NO
	year? If "Yes," complete Schedule C, Pa					47		~
3	Is the organization a school as described					48		~
)a	Did the organization make any transfers	-	÷			49a		~
ь Э	If "Yes," was the related organization a s Complete this table for the organization's					49b		d ke
,	employees) who each received more tha							
		(b) Average	(c) Reportable	(d) Health benefits	s,			
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to empl benefit plans, and def			d amou pensat	
			(10mis W-2/1035-Wi00)	compensation				
n / a	3	-						
	<u> </u>	<u> </u>		<u> </u>				
		1						
		[	ļ					
		-						
		-						
		-						
 f	Total number of other employees paid or	- - ver \$100,000						
	Total number of other employees paid or Complete this table for the organization	n's five highest comp	ensated independent	contractors who	each rece	eived	more	tha
		n's five highest comp	ensated independent	contractors who	each rece	eived	more	tha
	Complete this table for the organization	n's five highest comp anization. If there is no	ensated independent		each rece		<del>_</del>	tha
	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indepen	n's five highest comp anization. If there is no	ensated independent one, enter "None."				<del>_</del>	tha
1	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indepen	n's five highest comp anization. If there is no	ensated independent one, enter "None."				<del>_</del>	tha
1	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indepen	n's five highest comp anization. If there is no	ensated independent one, enter "None."				<del>_</del>	tha
1	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indepen	n's five highest comp anization. If there is no	ensated independent one, enter "None."				<del>_</del>	• tha
1	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indepen	n's five highest comp anization. If there is no	ensated independent one, enter "None."				<del>_</del>	tha
1	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indepen	n's five highest comp anization. If there is no	ensated independent one, enter "None."				<del>_</del>	• tha
1	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indepen	n's five highest comp anization. If there is no	ensated independent one, enter "None."				<del>_</del>	• tha
1	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indepen	n's five highest comp anization. If there is no	ensated independent one, enter "None."				<del>_</del>	• tha
1	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indepen	n's five highest comp anization. If there is no	ensated independent one, enter "None."				<del>_</del>	• tha
1	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indeper a	n's five highest comp anization. If there is no ident contractor	ensated independent one, enter "None."				<del>_</del>	• tha
1 	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indeper a 	n's five highest comp anization. If there is no ident contractor	ensated independent one, enter "None."				<del>_</del>	• tha
1 	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indepen a Total number of other independent contr Did the organization complete Sched completed Schedule A	anization. If there is not interest companization. If there is not interest contractor	ensated independent one, enter "None."				<del>_</del>	• tha
1   d 2 	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indeper a 	n's five highest comp anization. If there is no ident contractor	ensated independent one, enter "None."				<del>_</del>	• tha
1  d 2 der j	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indeper a Total number of other independent contr Did the organization complete Sched completed Schedule A	n's five highest comp anization. If there is no ident contractor	ensated independent one, enter "None."				<del>_</del>	• tha
d d d d c c	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indepen- a Total number of other independent contribution Did the organization complete Sched completed Schedule A penalties of perjury, I declare that I have examined this barrect, and complete Declaration of preparer (other that MMMMM	n's five highest comp anization. If there is no ident contractor	ensated independent one, enter "None."				<del>_</del>	• tha
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51 	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indeper a Total number of other independent contr Did the organization complete Sched completed Schedule A penaltiles of perjury, I declare that I have examined this prect, and complete Declaration of preparer (other that Signature of officer Michael D. Gowans Type or print name and title	anization. If there is no ident contractor	ensated independent one, enter "None."				<del>_</del>	• tha
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