Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	or the	2019 calend	ar year, or tax year beginning January , 2019, and ending	Decembe	r , 20 20			
B	Check if ap	pplicable:	C Name of organization ?:	Employer ide	ntification number 2			
	Address c	change	Oregon Timber Trail Alliance	825018544				
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address) ?: Room/suite E	E Telephone number 206-890-5495				
=	Initial retu		4002 SE Salmon Street					
=		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	Group Exen	notion			
=	Amended Application	return on pending		Number > ?				
				theck ► ✓ if the organization is no				
	Vebsite		The state of the s					
		-	·		ch Schedule B 21 -EZ, or 990-PF).			
			✓ Corporation ☐ Trust ☐ Association ☐ Other	111 000, 000	-L2, 01 000-11).			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ote				
(Pa	rt II. col	lumn (B)) are s	5500,000 or more, file Form 990 instead of Form 990-EZ	▶ ♠	(4204.22			
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the ins		64304.33			
	alli		the organization used Schedule O to respond to any question in this Part I.					
2'	1							
?:	1		ons, gifts, grants, and similar amounts received		53314.33			
?:	2	_	ervice revenue including government fees and contracts	. 2	10990.00			
	3		ip dues and assessments	. 3	0			
?:	4	Investmen	ount from sale of assets other than inventory 5a	. 4	0			
	5a		0					
	b	Less: cost	0					
	C	Gain or (los	. 5c	0				
	6	Gaming an						
Φ	а	Gross inc \$15,000)						
Revenue		and the same of the same	0					
eVe	b	Gross inco						
ď			aising events reported on line 1) (attach Schedule G if the					
			t expenses from gaming and fundraising events 6c	0				
	C		0					
	d	Net incom	ct					
		line 6c) .		- 6d	0			
	7a		s of inventory, less returns and allowances	0				
	b		of goods sold	0				
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7c	0			
	8	Other reve	nue (describe in Schedule O)	. 8	0			
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	64304.33			
	10		similar amounts paid (list in Schedule O)	. 10	0			
	11	Benefits pa	aid to or for members	. 11	0			
es	12		ther compensation, and employee benefits 27	. 12	0			
Expenses	13	Profession	al fees and other payments to independent contractors 📴	. 13	25821.02			
	14		, rent, utilities, and maintenance	. 14	1475.05			
	15	Printing, pu	ublications, postage, and shipping	. 15	4154.16			
	16	Other expe	nses (describe in Schedule O) 3	. 16	19454.46			
	17	Total expe	nses. Add lines 10 through 16	17	50904.69			
ts	18	Excess or	deficit) for the year (subtract line 17 from line 9)	. 18	13399.64			
Se	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with	th				
Net Assets		end-of-yea	r figure reported on prior year's return)	. 19	0			
	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	. 20	0			
Z	21		or fund balances at end of year. Combine lines 18 through 20	21	13399 64			

		structions for Part II)					
-	Check if the organization used	d Schedule O to resp	ond to a	ny question in this	Part II		🔲
					(A) Beginning of year		(B) End of year
	Cash, savings, and investments .			[18836.47	22	18078.08
	and and buildings			[23	(
	Other assets (describe in Schedule C			[0	24	(
	Total assets			[18836.47		18078.08
	Total liabilities (describe in Schedul					26	(
	let assets or fund balances (line 2				18836.47	27	18078.08
Part III	■ [2] 시 : [4] [1 (1 [2] [2] [2] [2] [2] [2] [2] [2] [2] [2]						Evnances
\//la a & i a :	Check if the organization used					(Re	Expenses equired for section
	the organization's primary exempt p		•	ment, education, an		501	1(c)(3) and 501(c)(4)
Describe	e the organization's program servic sured by expenses. In a clear and	e accomplishments fo	r each o	f its three largest p	rogram services,		janizations; optional for ers.)
	benefited, and other relevant inform			e services provided	i, the number of	Our	0.0.,
	blic land stewardship activities through			ent of existing public	recreation assets		T
	gagement of community volunteers to		iiproveiii	cht or existing public			
	gagaman or community volunteers to						
? (Gr	rants\$) If t	his amount includes fo	reign gra	ints check here	▶ □	28	a 50904.29
29		THE GIVE WINDING OF THE					
					*		
(Gr	rants\$) If t	his amount includes fo	reign gra	ints, check here .	▶ □	29	а
30							
						8	

1		his amount includes fo	reign gra	ints, check here .	▶ 🗆	30	a
	her program services (describe in So						
	rants \$) If t	his amount includes for	reign gra	ints, check here .	▶ 📋	31	
The second second second second second	tal program service expenses (add					32	
Part IV		[1] 전쟁 전쟁 (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)		n one even it not com		nstru	ictions for Part IV)
					D 11/		
	Officer if the organization uses			ny question in this		· ·	<u> U</u>
		(b) Ave	erage	(c) Reportable ?:	(d) Health benefits, contributions to employ		
	?: (a) Name and title		erage er week	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and) Estimated amount of other compensation
Harry Da	?: (a) Name and title	(b) Ave	erage er week	(c) Reportable ?:	(d) Health benefits, contributions to employ benefit plans, and		
	(a) Name and title	(b) Ave	erage er week	(c) Reportable 21 compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation		
Board Pr	(a) Name and title algaard III resident	(b) Ave hours pe devoted to	erage er week	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and deferred compensation		
Board Pr Kimberly	(a) Name and title algaard III resident y McCormack	(b) Ave hours pe devoted to	erage er week	(c) Reportable 21 compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ:) benefit plans, and deferred compensation		
Board Pr Kimberly Board Vi	(a) Name and title algaard III resident y McCormack ice President	(b) Ave hours pe devoted to	erage er week	(c) Reportable 21 compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ:) benefit plans, and deferred compensation		
Board Pr Kimberly Board Vi Benjamii	(a) Name and title algaard III resident y McCormack ice President n McCormack	(b) Ave hours pe devoted to	erage or week position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation		
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Par					
-	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	V .	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	103	V	
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				?1
35a		34		~	
000	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~	_
b b	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		~	•
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		V	
37a	during the year? If "Yes," complete applicable parts of Schedule N	36		1	?1
b		37b		V	i
38a				V	
b	그는 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	38a			?1
39	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on line 9				
b					
40a	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V	?1
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~	
41	List the states with which a copy of this return is filed ► Washington				
42a	located at	19-470	0-1928	3	
b		I	Yes	No	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶	42b		V	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		V	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			• 	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	NO V	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		7	
C	Did the organization receive any payments for indoor tanning services during the year?	44c		V	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	ý g	~	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-+	~	
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions				
		45h		0.0	

								Yes	No	
46	Did the	organization engage, directly or in	directly, in political	campaign activities	on behalf	of or in opposi	tion			
Part \		lidates for public office? If "Yes," cection 501(c)(3) Organizations		, Part I			. 46	3	V	?
art		l section 501(c)(3) organization		estions 47–49b and	d 52 an	d complete th	e tables	for lin	A S	
	50	and 51.	o made another que	octorio in 100 ani	a 02, an	a complete ti	ic tables	101 1111	03	
	CI	heck if the organization used Sch	nedule O to respond	d to any question ir	this Par	t VI				
	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the									
	year? If "Yes," complete Schedule C, Part II							'	V	??
48	Is the or	rganization a school as described in	n section 170(b)(1)(A)(ii)? If "Yes," complet	e Schedu	le E	. 48		~	?1
49a b	Did the organization make any transfers to an exempt non-charitable related organization?							a	V	
50	Comple	ete this table for the organization's	five highest comper	on:	· · · · ther than	officers direct	ors trust		d key	
	employ	ees) who each received more than	\$100,000 of compe	nsation from the org	anization	. If there is non	e, enter "	'None.'	,	
***************************************	- Andrews		(b) Average	(c) Reportable	(d) l	Health benefits,				
	(a) Na	me and title of each employee	hours per week	compensation	honofit .	utions to employee plans, and deferred	(e) Estima other co			
			devoted to position	(Forms W-2/1099-MIS	Ci	ompensation				
				-						
				 	-					
								/************************************		
51	Complete this table for the organization's five highest com \$100,000 of compensation from the organization. If there is (a) Name and business address of each independent contractor			ensated independer one, enter "None." (b) Type of se	(c) Compensation					
								-		
			A							
			· · · · · · · · · · · · · · · · · · ·							
d	Total nu	umber of other independent contra	ctors each receiving	over \$100,000 .	. ▶			************	***************************************	
		e organization complete Schedu	기계가 되는 그 아이들은 사람이 되었다면 가게 되었다. 그렇게 되었다면 가게 되었다면 그렇다.		anization	ns must attacl	n a	***************************************		
		ted Schedule A					.▶□ Ye		No	
Inder pe	nalties of ect. and c	perjury, I declare that I have examined this romplete. Declaration of preparer (other than	eturn, including accompar	nying schedules and state	ments, and	to the best of my ki	nowledge ar	nd belief,	it is	
,	7 5	Page 1MM		amade of writer prepare	a nas any K	Towleage.				
Sign		Signature of officer		Date	2					
lere	20	Benjamin McCormack, Board Trea			JUN	ei	70	70		
	?:	Type or print name and title					i			
aid	Pi	rint/Type preparer's name	Preparer's signature		Date	Check	if PTIN	ninella frime fra menergente gényakan sad		
repa	rer _					self-emplo				
Jse C		rm's name				Firm's EIN ▶				
A 11.		rm's address ▶				Phone no.				
May the	IRS dis	scuss this return with the preparer	shown above? See	instructions			PΠVa	е П і	VIO.	