

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)

2016

Open to Public Inspection

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

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning July, 2016, and ending June, 2017

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: New River UniServ & District 3. D Employer identification number: 54-0969458. E Telephone number: 540-639-9311. F Group Exemption Number.

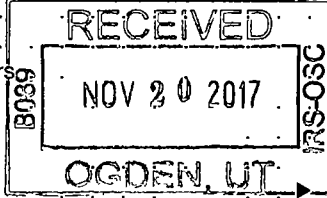
G Accounting Method: Cash. H Check if the organization is not required to attach Schedule B. I Website. J Tax-exempt status: 501(c)(5).

K Form of organization: Association. L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts.

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I.

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 57,759 and total expenses is 57,689. Net assets at end of year is 21,234.



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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	21,164	21,234
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets		
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,164	21,234

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28	_____	
29	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
30	_____	
31	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
32	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)	
32	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
	32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Pat Wood, Director 107 Third Ave, Suite D, Radford, VA 24141	55	0	0	0
Erin Bull, President 2703 Chelsea Ct, Blacksburg, VA 24060	1	0	0	0
Sonya Meekins, Vice President 120 Peck Street, Pembroke, VA 24136	1	0	0	0
Connie Blose, Coordinator 2710 Mt Olivet Road, Pulaski, VA 24301	1	0	0	0
Sheila Sousa, Board Member 2739 Airport Road, Hillsville, VA 24343	1	0	0	0
Elizabeth Stringer, Board Member 479 Timberline Drive, Galax, VA 24333	1	0	0	0
Diana Blanton, Board Member 1300 Gladewood Drive, Blacksburg, VA 24060	1	0	0	0
Matthew Fentress, Board Member 395 Summitt Ridge Road, Christiansburg, VA 24073	1	0	0	0
Steven Lavery, Board Member 102 Harvey Street, Radford, VA 24141	1	0	0	0
Heather Rowland, Board Member 202 Pershing Ave, Radford, VA 24141	1	0	0	0
Jennifer Zienius, Board Member 6442 Spring Street, Radford, VA 24141	1	0	0	0
Rebecca Absher, Board Member 2950 Fox Creek Road, Mouth of Wilson, VA 24363	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 **▶** _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **▶** _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A **▶** Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
 Signature of officer: Erin Bull, president Date: 11-10-17
 Type or print name and title: Erin Bull, president

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions **▶** Yes No

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

New River UniServ & District 3

Employer identification number

540969458

Part 1 #16 for leadership development conference, travel and instructional meetings

Part IV

(A)	(B)	(C)	(D)	(E)
Erin Graham, Board Member, 435 Dunlap Drive Christiansburg, VA 24073	1	0	0	0
Lezley Wilson Board Member, 4055 Mill Creek Circle, Pulaski, VA 24301	1	0	0	0