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2019

OMB No. 1545-0047

2020

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)

► 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.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

, 2020, and ending

, 20

B Check if applicable.

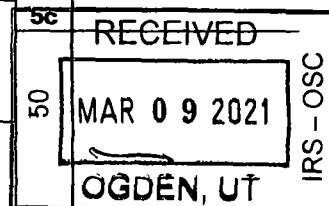
Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization D Employer identification number Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number City or town, state or province, country, and ZIP or foreign postal code F Group Exemption
Number G Accounting Method: Cash Accrual Other (specify) H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: J Tax-exempt status (check only one) - 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) 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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 <input type="text" value="52,934.00"/>
	2 Program service revenue including government fees and contracts	2 <input type="text" value=""/>
	3 Membership dues and assessments	3 <input type="text" value=""/>
	4 Investment income	4 <input type="text" value="21.00"/>
	5a Gross amount from sale of assets other than inventory	5a <input type="text" value=""/>
	b Less: cost or other basis and sales expenses	5b <input type="text" value=""/>
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c <input type="text" value=""/>
	6 Gaming and fundraising events:	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a <input type="text" value=""/>
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b <input type="text" value=""/>
	c Less: direct expenses from gaming and fundraising events	6c <input type="text" value=""/>
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d <input type="text" value=""/>
	7a Gross sales of inventory, less returns and allowances	7a <input type="text" value=""/>
	b Less: cost of goods sold	7b <input type="text" value=""/>
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c <input type="text" value=""/>
	8 Other revenue (describe in Schedule O)	8 <input type="text" value=""/>
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 <input type="text" value="52,955.00"/>
	10 Grants and similar amounts paid (list in Schedule O)	10 <input type="text" value=""/>
	11 Benefits paid to or for members	11 <input type="text" value=""/>
	12 Salaries, other compensation, and employee benefits <input type="checkbox"/>	12 <input type="text" value=""/>
13 Professional fees and other payments to independent contractors <input type="checkbox"/>	13 <input type="text" value=""/>	
14 Occupancy, rent, utilities, and maintenance	14 <input type="text" value=""/>	
15 Printing, publications, postage, and shipping	15 <input type="text" value=""/>	
16 Other expenses (describe in Schedule O) <input type="checkbox"/>	16 <input type="text" value=""/>	
17 Total expenses. Add lines 10 through 16	17 <input type="text" value="79,886.00"/>	
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 <input type="text" value="23,067.00"/>	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 <input type="text" value=""/>	
20 Other changes in net assets or fund balances (explain in Schedule O)	20 <input type="text" value=""/>	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 <input type="text" value=""/>	



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Expenses

Net Assets

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	34,130 ⁰⁰	22 55,882 ⁰⁰
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	34,130 ⁰⁰	25 55,882 ⁰⁰
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,130 ⁰⁰	27 55,882 ⁰⁰

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.

28 All members of this organization benefited from recreational activities and expenditures for the benefit of the tire department.

28a (Grants \$) If this amount includes foreign grants, check here ► 29,886 ⁰⁰

29 _____

29a (Grants \$) If this amount includes foreign grants, check here ►

30 _____

30a (Grants \$) If this amount includes foreign grants, check here ►

31 Other program services (describe in Schedule O) _____

31a (Grants \$) If this amount includes foreign grants, check here ► 32

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
S. Meaney 14 Adams Ave, Johnson City, NY 13790	President	600 ⁰⁰	No	No
V. Trayling 162 Myrtle Ave, Johnson City, NY 13790	V.P.	250 ⁰⁰	No	No
K. Shoemaker 16 Brown St., Johnson City, NY 13790	Sec. /Treas.	600 ⁰⁰	No	No
E. Corwin 167 Deyo Hill Rd., Johnson City, N.Y. 13790	Group A BOD	100 ⁰⁰	No	No
G. Furman 180 N. Baldwin St. Johnson City, N.Y. 13790	Group B BOD	100 ⁰⁰	No	No
D. Florini 165 Gruber Hill Rd. Vestal, N.Y. 13850	Group C BOD	100 ⁰⁰	No	No
A. Mihok 1335 Airport Rd., Binghamton, N.Y. 13905	Group D BOD	100 ⁰⁰	No	No
N. Tarscha 19 Michael Rd., Binghamton, N.Y. 13901	Kitchen Officer	600 ⁰⁰	No	No

Expenses

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

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

	Yes	No
33		X
34		X
35a		X
35b		
35c		X
36		X
37a		
37b		X
38a		X
38b		
39a		
39b		
40a		
40b		
40c		
40d		
40e		
41		
42a	Telephone no.	
42b	ZIP + 4	
42c		
43		
44a		
44b		
44c		
44d		
45a		
45b		

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

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

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)?

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

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file Form 1120-POL for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

b If "Yes," complete Schedule L, Part II, and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►

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

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 ►

e 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

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► Located at ► Telephone no. ► ZIP + 4 ►

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 Financial Accounts (FBAR).

c 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 ►

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 ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

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

c Did the organization receive any payments for indoor tanning services during the year?

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

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 46 [2]

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

1

	Yes	No
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	47	47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	48
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	
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."		

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 <input checked="" type="checkbox"/>	Signature of officer <i>Kevin Shoemaker</i>	Date 03/05/2021
	Type or print name and title <i>Kevin Shoemaker Secretary/Treasurer</i>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

Form 990-EZ (2020)