

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20____

2018

Department of the Treasury
Internal Revenue Service

► Do not send to the IRS. Keep for your records.
► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

NATIONAL SPEAKERS ASSOCIATION

86-0290674

Name and title of officer

MARY LUE PECK CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1 a	Form 990 check here	► <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	<u>4,432,353.</u>
2 a	Form 990-EZ check here	► <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2 b	_____
3 a	Form 1120-POL check here	► <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3 b	_____
4 a	Form 990-PF check here	► <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	_____
5 a	Form 8868 check here	► <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5 b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize SNYDER AND BUTLER, CPAS, PLLC to enter my PIN 00111 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► Mary Lue Peck Date ► 05/13/2020

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 86305115185
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► RHETT A. BUTLER Date ► _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

Return of Organization Exempt From Income Tax

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

2018

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/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , **2018**, and ending ,

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C</p> <p>NATIONAL SPEAKERS ASSOCIATION 1500 SOUTH PRIEST DRIVE TEMPE, AZ 85281</p> <p>F Name and address of principal officer: MARY LUE PECK SAME AS C ABOVE</p>	<p>D Employer identification number 86-0290674</p> <p>E Telephone number (480) 968-2552</p> <p>G Gross receipts \$ 6,540,356.</p>	<p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. (see instructions)</small></p> <p>H(c) Group exemption number ▶</p>
<p>I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p>J Website: ▶ WWW.NSASPEACKER.ORG</p>	
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p>L Year of formation: 1973 M State of legal domicile: AZ</p>	

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>NSA PROVIDES RESOURCES AND EDUCATION TO ADVANCE THE SKILLS, INTEGRITY AND VALUE OF ITS MEMBERS AND THE SPEAKING PROFESSION.</u>			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3		17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		17
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5		19
6	Total number of volunteers (estimate if necessary)	6		83
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		10,999.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b		-27,557.
8	Contributions and grants (Part VIII, line 1h)	8	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	9	1,580,965.	1,564,198.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	1,596,529.	1,984,192.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	456,235.	879,889.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	6,261.	4,074.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	3,639,990.	4,432,353.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	1,232,788.	1,052,351.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶	b		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	2,557,571.	2,849,413.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	3,790,359.	3,901,764.
19	Revenue less expenses. Subtract line 18 from line 12	19	-150,369.	530,589.
20	Total assets (Part X, line 16)	20	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	21	4,389,236.	4,082,996.
22	Net assets or fund balances. Subtract line 21 from line 20	22	1,932,910.	1,904,300.
22		22	2,456,326.	2,178,696.

Part II Signature Block

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	<p><u>Mary Lue Peck</u> Signature of officer</p> <p>MARY LUE PECK Type or print name and title</p>	<p>05/13/2020 Date</p> <p>CEO</p>	
Paid Preparer Use Only	<p>Print/Type preparer's name RHETT A. BUTLER</p> <p>Firm's name ▶ SNYDER AND BUTLER, CPAS, PLLC</p> <p>Firm's address ▶ 3933 S MCCLINTOCK DR SUITE 505 TEMPE, AZ 85282</p>	<p>Preparer's signature <u>Rhett Butler</u> RHETT A. BUTLER</p> <p>Date 04/15/2020</p> <p>Check <input type="checkbox"/> if self-employed</p> <p>PTIN P00369047</p> <p>Firm's EIN ▶ 472093877</p> <p>Phone no. 480-339-7147</p>	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).....	33	-27,557.
34	Amounts paid for disallowed fringes.....	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions).....	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34.....	36	-27,557.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions).....	37	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.....	38	-27,557.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).....	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).....	40	
41	Proxy tax. See instructions.....	41	
42	Alternative minimum tax (trusts only).....	42	
43	Tax on Noncompliant Facility Income. See instructions.....	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies.....	44	0.

Part V Tax and Payments

45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).....	45 a	
b	Other credits (see instructions).....	45 b	
c	General business credit. Attach Form 3800 (see instructions).....	45 c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).....	45 d	
e	Total credits. Add lines 45a through 45d.....	45 e	0.
46	Subtract line 45e from line 44.....	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).....	47	
48	Total tax. Add lines 46 and 47 (see instructions).....	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.....	49	
50 a	Payments: A 2017 overpayment credited to 2018.....	50 a	
b	2018 estimated tax payments.....	50 b	
c	Tax deposited with Form 8868.....	50 c	
d	Foreign organizations: Tax paid or withheld at source (see instructions).....	50 d	
e	Backup withholding (see instructions).....	50 e	
f	Credit for small employer health insurance premiums (attach Form 8941).....	50 f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total.....	50 g	
51	Total payments. Add lines 50a through 50g.....	51	0.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached.....	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed.....	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.....	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here.....	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If 'Yes,' see instructions for other forms the organization may have to file.....		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year.....		\$ 0.

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Mary Sue Deak Signature of officer 05/13/2020 Date CEO Title May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: RHETT A. BUTLER Preparer's signature: *Rhett A. Butler* Date: 04/15/2020 Check if self-employed PTIN: P00369047

Firm's name: SNYDER AND BUTLER, CPAS, PLLC Firm's EIN: 472093877

Firm's address: 3933 S MCCLINTOCK DR SUITE 505 TEMPE, AZ 85282 Phone no.: 480-339-7147

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 6/01, 2018, and ending 5/31, 202019

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

NSA FOUNDATION, INC.

86-0448434

Name and title of officer
MARY LUE PECK

CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1 a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b <u>170,168.</u>
2 a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b _____
3 a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize SNYDER AND BUTLER, CPAS, PLLC to enter my PIN 00110 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Mary Lue Peck Date ▶ 05/13/2020

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 86305115185
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ RHETT A. BUTLER Date ▶ _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

Return of Organization Exempt From Income Tax

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

2018

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/Form990 for instructions and the latest information.

A For the **2018** calendar year, or tax year beginning **6/01**, **2018**, and ending **5/31**, **2019**

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	NSA FOUNDATION, INC. 1500 SOUTH PRIEST DRIVE TEMPE, AZ 85281	86-0448434
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		(480) 968-2552
<input type="checkbox"/> Final return/terminated		G Gross receipts \$
<input type="checkbox"/> Amended return		350,863.
<input type="checkbox"/> Application pending	F Name and address of principal officer: MARY LUE PECK	H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	SAME AS C ABOVE	H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If "No," attach a list. (see instructions)</small>
I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website: ▶	WWW.NASSPEAKER.ORG	
K Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1983 M State of legal domicile: AZ

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>				
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3		19	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		17	
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5		0	
	6 Total number of volunteers (estimate if necessary)	6		33	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.	
	7b Net unrelated business taxable income from Form 990-T, line 38	7b		0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
	9 Program service revenue (Part VIII, line 2g)	155,509.		47,111.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	240,484.		104,736.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,974.		18,321.	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	397,967.		170,168.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	248,467.		152,009.
14 Benefits paid to or for members (Part IX, column (A), line 4)					
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				83,487.	
16a Professional fundraising fees (Part IX, column (A), line 11e)					
16b Total fundraising expenses (Part IX, column (D), line 25) ▶		12,385.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		29,537.		71,297.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		278,004.		306,793.	
19 Revenue less expenses. Subtract line 18 from line 12	119,963.		-136,625.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year		End of Year	
	21 Total liabilities (Part X, line 26)	4,471,828.		4,501,517.	
	22 Net assets or fund balances. Subtract line 21 from line 20	20,990.		100,712.	
		4,450,838.		4,400,805.	

Part II Signature Block

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	▶ <u>Mary Lue Peck</u> Signature of officer	05/13/2020	Date
	▶ MARY LUE PECK Type or print name and title	CEO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	RHETT A. BUTLER	<u>Rhett A. Butler</u>	05/13/2020
	Firm's name	Check <input type="checkbox"/> if self-employed	PTIN
Firm's address	▶ SNYDER AND BUTLER, CPAS, PLLC		P00369047
	▶ 3933 S MCCLINTOCK DR SUITE 505		Firm's EIN ▶ 472093877
	▶ TEMPE, AZ 85282		Phone no. 480-339-7147

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Signature Certificate

 Document Reference: SCR73FIZCKIXK84GZBBLIE

RightSignature
Easy Online Document Signing

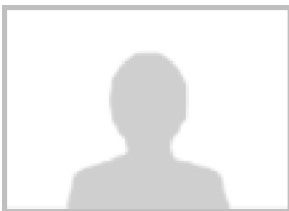


Rhett A. Butler
Party ID: F2HRUWJ6K5RBAMP72DTCBS
IP Address: 35.155.178.191
VERIFIED EMAIL: rbutler@snyderbutlercpas.com

Electronic Signature:

Multi-Factor
Digital Fingerprint Checksum

9c801c073da57ae71919538527607886d460d46d



Mary Lue Peck
Party ID: EWDVTNITW329IWKZPW139U
IP Address: 72.217.67.156
VERIFIED EMAIL: marylue@nsaspeaker.org

Electronic Signature:

Multi-Factor
Digital Fingerprint Checksum

8d53120e8ef0817ce7a1b60959059e2b104ca212



Timestamp

2020-05-13 18:19:17 -0700
2020-05-13 18:19:17 -0700
2020-04-15 07:24:37 -0700
2020-04-15 00:29:42 -0700
2020-04-15 00:28:21 -0700
2020-04-14 14:12:36 -0700

Audit

All parties have signed document. Signed copies sent to: Robert Snyder, Rhett A. Butler, Mary Lue Peck, and Tom Bashara.
Document signed by Mary Lue Peck (marylue@nsaspeaker.org) with drawn signature. - 72.217.67.156
Document viewed by Mary Lue Peck (marylue@nsaspeaker.org). - 72.217.67.156
Document signed by Rhett A. Butler (rbutler@snyderbutlercpas.com) with drawn signature. - 35.155.178.191
Document viewed by Rhett A. Butler (rbutler@snyderbutlercpas.com). - 35.155.178.191
Document created by Tom Bashara (tbashara@snyderbutlercpas.com). - 52.26.28.232



This signature page provides a record of the online activity executing this contract.