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• Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2011
Open to Public Inspection
Inspection

	or the 2011 reck if applicable	calendar year, or tax year beginning 0 / / 01 / 11 , and ending 06 / 30 / 1		D Emplo	yer identification number
A	ddress change	FOUNDATION	·)	
٦ _N	ame change	Doing Business As		27-	-2131250
_	-	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	one number
ヿ゙	itial retum	PO BOX 423		<u> </u>	
J To	erminated	City or town, state or country, and ZIP + 4		ł	4 504 05
A	mended return	INDIANOLA IA 50125	· · · · ·	G Gross rec	eipts \$ 1,524,05
] A	pplication pending	F Name and address of principal officer	H(a) is this a g	roup return for	affiliates? Yes X
		CASEY BLAKE	H(b) Are all a	Kilistas incluida	d? Yes 1
		1801 COUNTRY CLUB RD INDIANOLA IA 50125			(see instructions)
		Ty .			,
	ax-exempt statu Vebsite.	WWW.ICYF23.COM	H(c) Group e	remotion numi	per >
	orm of organizati			010	M State of legal domicile I
,		ummary			
Ť		lescribe the organization's mission or most significant activities			
,	•	IST IN BUILDING COMMUNITY REPUTATION AS COMMITED TO I	TS YOUTH	POPULA	ATION
Activities & Governance	BY	PROVIDING WAYS TO SUPPORT PROGRAMS AND FACILITIES THA	T DIRECT	LY BENE	CFIT
	JOY	NG PEOPLE			
5	2 Check	his box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of its net asset	s .	
;	3 Numbe	of voting members of the governing body (Part VI, line 1a)		3	9
3	4 Numbe	of independent voting members of the governing body (Part VI, line 1b)		4	9
	5 Total n	imber of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
	6 Total n	umber of volunteers (estimate if necessary)		6	75
`	7a Total u	nrelated business revenue from Part VIII, column (C), line 12		7a	
	b Net un	elated business taxable income from Form 990-T, line 34		7b	
		·	Prior Ye		Current Year
:		utions and grants (Part VIII, line 1h)	38	4,172	1,464,59
2012424	•	n service revenue (Part VIII, line 2g)		407	2.4
;		ent income (Part VIII, column (A), lines 3, 4, and 7d)		487	34
		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,826	42,36	
+		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43	9,485	1,507,30
1		and similar amounts paid (Part IX, column (A), lines 1–3)		0	1,501,00
ļ		s paid to or for members (Part IX, column (A), line 4)		0	
ß		s, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	
cacinad		cional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total for	ndraising expenses (Part 1X, column (D), line 25)		4 1 2 2	0.40
ונ		xpenses (Part IX, column (A) Times 41a 14d 11f-24e)		4,133	2,42
	18 Total e	openses Add lines 13-17 (must equal Part IX, collumn (A), line 25)		4,133	1,503,42
S	19 Reven	ie less expenses Subtracfine 18 from line 12	4 3 Beginning of Cu	5,352	3,88 End of Year
nd Balances	20 Tatalia	ssets (Part X, line 6)		5,352	439,23
Bai		abilities (Part X, line 26) OGDEN, UT		0	303,40
B		sets or fund balances Subtract line 21 from line 20	43	5,352	439,23
받		Signature Block		0,002	400,20
_		f perjury, I declare that I have examined this return, including accompanying schedules and statements,	and to the hest a	of my knowle	dge and helief it is
tru	e, correct, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer has a	ny knowledge	or my knowne	age and belief, it is
		Low Skup		Oc.	tober 3 2012
ig	n 🔽	Signature of officer		Date	1
ler		Doug Shull Treasurer			
		Type or print name and title			
	Print/	ype preparer's name Preparer's signature	Date	Check	rf PTIN
aic	ARLE	N D SCHRUM	09/1	7/12 self-en	nployed P01254642
rep	Saror	name SHULL & CO., P.C.	 -	Firm's EIN	42-1172481
se	Only	1111 N JEFFERSON WAY			/ /
	Firm's	address INDIANOLA IA 50125		Phone no 51	.5-961-2571
		uss this return with the preparer shown above? (see instructions)			X Yes No
or		Reduction Act Notice, see the separate instructions.	<i>n</i> .		Form 990 (20
AA			u_{Γ}	7_//	1 つつ
			211	سلس	'

	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	ł	i	l
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	-		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part Vi	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			ĺ
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a		14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			۱
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any]		١
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			١
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		ĺ
46	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		l
00	If "Yes," complete Schedule G, Part III	19	 	X
20a	• • • • • • • • • • • • • • • • • • • •	20a	\vdash	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	t l	í

Checklist of Required Schedules (continued)

the United States on Part IX. column (A), line 17 if "Yes," complete Schedule I, Parts I and II 21 Dot the organization report more than \$5.000 of grants and other assistance to any government or organization in the United States on Part IX. column (A), line 27 if "Yes," complete Schedule I, Parts I and II 22 Dot the organization report more than \$5.000 of grants and other assistance to individuals in the United States on Part IX. column (A), line 27 if "Yes," complete Schedule I, Parts I and II 23 Dot the organization answer "Yes" to Part VIII. Science IA, line 3, 4, or 3 about compensation of the organization answer "Yes" to Part VIII. Science IA, line 3, 4, or 3 about compensation of the organization in whe at the x-exempt bond seue with an outstanding principal amount of more than \$10,000 as of the test Gidy of the year line was issued after December 31, 2002" if "Yes," answer lines 24b through 24d and competes Schedule K if "No." go to line 25 3 bot the organization in wreat any proceeds of this exempt bonds beyond a temporary pennel exception? 24b Did the organization marked and excerned bonds beyond a temporary pennel exception? 25c Did the organization marked and excerned bonds beyond a temporary pennel exception? 26c Did the organization marked and excerned bonds beyond a temporary pennel exception? 26d Did the organization and san or no behalf of Issuer for bonds cutstanding at any time during the year? 26d Did the organization and san or no behalf of Issuer for bonds cutstanding at any time during the year? 26d Did the organization and san or no behalf of Issuer for bonds cutstanding at any time during the year? 26d Did the organization and san or to behalf of Issuer for bonds cutstanding at any time during the year? 26d Did the organization developed the year? If "Yes," complete Schedule I, Part II 27d Did the organization and the year If "Yes," complete Schedule I, Part II 28d Was a lone or by a current or former officer, director, trustee, experiency the year or the assistance or an	P	art IV Checklist of Required Schedules (continued)			
in the United States on Part IX, column (A), line 1º If "Yes", complete Schedule I, Parts I and II				Yes	No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 21 "Mey, "complete Schedule I, Part I and III	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	İ	İ	-
on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III 22 X X Dot the tonganazation answer "Yes" to Part VIII, Section A, Ine 3, 4, or 5 shout compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule 4 23 X 24a Did the organization have a lax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was assued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No. [9 to line 25 Did the organization mivest any proceeds of lax-exempt bonds beyond a temporary period exception? 24d Did the organization mivest any accession of lax-exempt bonds beyond a temporary period exception? 24d Did the organization makes an accession account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization and as an in the best of "issuer for bonds outstanding at any time during the year? 24d Did the organization and son an one behalf of "issuer for bonds outstanding at any time during the year? 24d Did the organization and son and the propriet on any of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction mit by any of "If "yes," complete Schedule L, Part II 25 Is the organization provide a prain or other assistance to an inflient, director, trustee, key employee, a substantial contributor or employee timerof, a grant as year? If "yes," complete Schedule L, Part II 26 Was a loan to or by a current or former officer, director, trustee, key employee. 27 Yes a loan to or by a current or former officer, director, trustee, key employee. 28 Was the organization provide a grant or other assistance to an officer, director, trustee, key employee. 29 Did the organization provide a partial or other assistance to an officer, director, trustee, key employee? 29 Did the organizat		in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	ــــــ
23 Dut the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current and former officiars, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J strong and some of the last day of the year, that was assued after December 31, 2002" If "Yes," answer Intes 24b through 24d and complete Schedule K if "No." go to line 25	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
organization's current and former officers, directors, flustees, key employees, and highest compensated employees if In'es, "complete Schedule J. 23 X		on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	<u> </u>
employees? If Yes," complete Schedule J 23	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		Ì	1
24a Dut the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escriow account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? 24d Did the organization maintain an escrivow account other than a refunding escrive at any time during the year? 24d Did the organization and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Tree," complete Schedule L. Part 1 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person undid the transaction has not been reported on any of the organization's process properties of the complete Schedule L. Part 1 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L., Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L., Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L., Part III 29 Was the organization or party to a business transaction with one of the following parties (see Schedule L., Part IV 29 A namely of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L., Part IV 29 A namely of which a current or former officer		organization's current and former officers, directors, trustees, key employees, and highest compensated	,]
s 100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K if "No," go to line 25 b Did the organization maintain an escrow account other than a refunding escrow it any time during the year to defease any tiax-exempt bronds? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations.Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 17 Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 25b Was a loan to or by a current or former officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27b Was be a forganization party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule N, Part II Did the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation orcinitutions? If "Yes," complete Schedule N, Part II Did the organization related to any tax-exempt or tax		employees? If "Yes," complete Schedule J	23	<u> </u>	X
through 24d and complete Schedule K If "No." go to line 25 b Did the organization mest any proceeds of tax-exempt bonds beyond a temporary penid exception? Did the organization mest any proceeds of tax-exempt bonds beyond a temporary penid exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			1
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bords? 24c		through 24d and complete Schedule K If "No," go to line 25	24a		X
to defease any lax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations.Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 15 is the organization waver that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ7 17 Yes," complete Schedule L, Part I 28 Was a loan to by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tay year? If "Yes," complete Schedule L, Part II 29 Did the organization provide a grant or offined assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 29 Was the organization proved a grant or offined assistance to an officer, director, trustee, or key employee (in "Yes," complete Schedule L, Part IV 28a X 29 A family member of a current or former officer, director, trustee, or key employee (in "Yes," complete Schedule L, Part IV 29 Did the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 Did the organization eleve contributions of art, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 Did the organization sell, exchange, dispose of, or transfer more than 25% of its ret assets? If	þ		24b	<u> </u>	Ļ
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Section 501(c)(3) and 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit fransaction with a disqualified preson during the year? "I" "ex", complete Schedule I. Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 I" "ex", complete Schedule I. Part I 28b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "ex", complete Schedule I., Part II 28 X Did the organization prowde a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "ex", complete Schedule I., Part II 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule I., Part IV IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, firustee, or key employee? If "Yes," complete Schedule I., Part IV 28a X A chamily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV 28b X C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV 28b X 29 Did the organization receive more than \$250,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 20 Did the organization ore more than 250,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 20 Did the organization ore more than 250,000 in non-cash contrib	C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		ł	ļ
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with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 27 Dut the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee emberr, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 Was the organization of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M 29 X Jod the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 A conservation contributions? If "Yes," complete Schedule M 29 A complete Schedule M, Part II 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," comple	d		24d		<u> </u>
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 1"Yes," complete Schedule L, Part II 25b X X X X X X X X X	25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		ł	l
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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 9 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Χ 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Χ 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy. 19 and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization ▶ SHULL & CO, P C 1111 N JEFFERSON IA 50125 INDIANOLA <u>515-961-2571</u>

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)
 who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe	(d bo	o not o x, unio	Pos check	C) ition more erson directo	than o	one an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/10 99-M ISC)	from the organization and related organizations
(1) CASEY BLAKE		\vdash			 	-				
PRESIDENT	2.00	X		Χ				0	0	0
(2) JEFFREY HARTUNG										_
VICE PRESIDENT	1.00	X		Х				0	<u> </u>	0
(3) DARCY MOELLER				_						
SECRETARY	2.00	X		X	L			0	0	0
(4) DOUG SHULL	Ĭ	l								
TREASURER	1.00	X		X				0	0	0
(5) ABBIE BLAKE	l	l	}		l			}		
DIRECTOR	2.00	X			_			0	0	0
(6) JILL JOHNSON	}									
DIRECTOR	2.00	X						0	0	0
(7) LARRY MCCONNELL	j .	1		ļ	1			_		
DIRECTOR	2.00	X				Ļ		0	0	0
(8) GINA PIPER		1	,						_	
DIRECTOR	2.00	X		<u> </u>		ļ		0	0	0
(9) JANE WHALEN]		j	ļ)		ļ			_
DIRECTOR	2.00	X		 	<u> </u>	<u> </u>	<u> </u>	0	0	0
(10)			ļ			}				
(11)		\vdash		ļ 		 				
(12)				-	-					
(13)	<u> </u>	-				T				
(14)		-		-		 				

	(A) Name and title	(B) Average hours per week (describe hours for	of	x, unli ficer a	Pos check ass pe nd a c	erson directo	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estimate amount other compensa from the	of ation	
		related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiza and rela organizat	ted	
(15)														
(16)														
(17)														
(18)											i			
(19)	9)													
(20)														
(21)					l									
(22)					<u> </u>									
(23)														
(24)														
(25)			 											
1b	Sub-total		l		<u> </u>	<u>. </u>	<u> </u>	>						
c d	Total from continuation sh Total (add lines 1b and 1c))						<u> </u>						
2	Total number of individuals (i reportable compensation from			to th	ose	liste	d abo	ove)	who received more than \$1	00,000 in				
3	Did the organization list any f	f ormer officer, dire	ctor.	or tr	uste	e, ke	y em	yolqı	ree, or highest compensated	d			Yes	No
4	employee on line 1a? If "Yes For any individual listed on lin	," complete Sched ne 1a, is the sum o	ule J of rep	for s	uch de c	indiv ompe	idual ensat	tion a	and other compensation fro			3		X
	organization and related organization and related organization											4		Х
5	Did any person listed on line for services rendered to the	organization? If "Ye	ue co es," c	ompe	ensa lete	lion 1 Sche	rom edule	any J fo	unrelated organization or in ir such person	dividual 		5		Χ
<u>Se</u>	Ction B. Independent Contra Complete this table for your f	five highest compe	nsate	ed in	depe	ende	nt co	ntrac	ctors that received more that	n \$100,000 of				
	compensation from the organ	nization Report co (A) and business address	mpe	nsatı	on fo	or the	cale	nda 	r year ending with or within Descri	the organization's tax year (B) otion of services		Cor	(C)	
													•	
								1					-	
								+						
								igdash	· · · · · · ·					
								1			,			
							_	_						

Pa	rt VI	II Stateme	ent of Reve	nue		.,,			,
		1				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 513, or 514
I				T 4. T			revenue		312 313, 01 314
똺扣		Federated camp		1a					}
윤희		Membership due		1b					
A,		Fundraising ever		1c					
윤희	d	Related organiza	ations	1d		- ´			
S.E	е	Government grants (co	intributions)	1e					
흘낆	f	All other contributions,							
혈		and similar amounts no		_1f	1,464,59	9			
털	g	Noncash contributions	included in lines 1a-	1f :	260,49	•			
Program Service Revenue Contributions, Gifts, Grants	h	Total. Add lines	1a-1f			1,464,599)		
Ę					Busn Cod	<u>₽</u>			
š	2a								ļ
2	b								-
اجَ	C				-				
Sel	d								
ᇤ	е								
ē.	f	All other program		nue	<u> </u>		 	<u></u>	<u> </u>
	g	Total. Add lines					<u> </u>	T	<u> </u>
i	3	Investment incor		lividend	s, interest,	244			244
		and other similar				344	· · · · · · · · · · · · · · · · · · ·		344
	4	Income from inv	estment of tax-	exemp	t bond proceeds				
	5	Royalties				- 			
		<u> </u>	(ı) Real		(II) Personal	4			
	6a	Gross rents				4			
	b	Less rental exps				4			
	С	Rental inc or (loss)				4		•	
	d 7a	Net rental incom			<u> </u>		ļ		
	, a	sales of assets	(i) Securities		(II) Other	4			
		other than inventory			ļ	4			
	b	Less cost or other							
		basis & sales exps							
	С	` ' -			<u> </u>	4			
	d	Net gain or (loss	•	1	<u>></u>	-			<u> </u>
<u>a</u>	8a	Gross income from	n fundraising eve	nts					
E I	Ì	(not including \$					1		
ě		of contributions re)	50.50				
er -		See Part IV, line 1		а	58,58				
Other Revenue	1	Less direct exp		b	14,74				42.027
_	i	Net income or (I	•		events	43,83	/		43,837
	9a	Gross income from	•						
		See Part IV, line 1		a		_			
		Less direct exp		b		4			
		Net income or (ing acti	vities	·	<u> </u>		
	10a	Gross sales of I							
		returns and allo	···	a	52				İ
	1	Less cost of go		b	2,00		_		
	_ <u>c</u>	Net income or (-1,47	D		-1,475
	<u> </u>		ellaneous Revenue	•	Busn Co	20-			
	11a				<u> </u>	 	 		
	þ				 				
	C				<u> </u>			 	
	d				<u> </u>	 			
	e					1 507 50			40 50 5
	12	Total revenue	. See instruction	ns	<u></u>	1,507,30	5]	<u> </u>	42,706

Form 990 (2011)

Part IX	Statement	of Functional	Expenses
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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21	1,501,000	1,501,000		
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	1,000		1,000	
d	Lobbying				
е	Professional fundraising services See Part IV, fine 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				7
13	Office expenses	56		56	
14	Information technology				
15	Royalties			<u> </u>	
16	Occupancy				<u> </u>
17	Travel			· ···	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	0.50		050	
23	Insurance	250	<u> </u>	250	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	1 000	1 000		
а	TRANSPORTATION FEE	1,000		118	
b	BANK CHARGES	118		118	
C					
d	AD 11			+	-
e	All other expenses	1 502 424	1,502,000	1,424	0
25	Total functional expenses Add lines 1 through 24e	1,503,424	1,302,000	1,424	<u> </u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)		<u> </u>	<u> </u>	

Balance Sheet Part X (A) (B) End of year Beginning of year 385,352 376,940 Cash--non-interest bearing 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Schedule L Receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D 10b 10c b Less accumulated depreciation 11 Investments—publicly traded securities 11 50,000 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 439 435,352 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 0 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here $\overline{|X|}$ and complete lines 27 through 29, and lines 33 and 34. Balances 435,352 <u>376,940</u> 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Fund Permanently restricted net assets Organizations that do not follow SFAS 117, check here and ō complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 435, 352 33 33 Total net assets or fund balances

352

Total liabilities and net assets/fund balances

-orn	<u>1 990 (201</u>	1) INDIANOLA COMMUNITY YOUTH	<u> 27-2131250</u>			Pa	ge 12
Pa	ert XI	Reconciliation of Net Assets					
		Check if Schedule O contains a response to any question	ın this Part XI				
				1 1			
1	Total rev	renue (must equal Part VIII, column (A), line 12)		1	1,50		
2	Total ex	penses (must equal Part IX, column (A), line 25)		2	1,50		
3	Revenue	e less expenses Subtract line 2 from line 1		3			<u>881</u>
4	Net asse	ets or fund balances at beginning of year (must equal Part X, line 33,	column (A))	4	43	<u>35,</u>	<u>352</u>
5	Other ch	anges in net assets or fund balances (explain in Schedule O)		_5			
6	Net asse	ets or fund balances at end of year. Combine lines 3, 4, and 5 (must	equal Part X, line 33,				
	column (6	43	39 <u>,</u>	<u>233</u>
Pa	ırt XII	Financial Statements and Reporting					
		Check if Schedule O contains a response to any question	in this Part XII				
						Yes	No
1	Account	ing method used to prepare the Form 990 $oxed{X}$ Cash $oxed{\Box}$ A	ccrual Other		_		
	If the org	janization changed its method of accounting from a prior year or che	cked "Other," explain in				
	Schedul	e O					
2a	Were the	e organization's financial statements compiled or reviewed by an inde	pendent accountant?		_ 2a		_X_
b	Were the	e organization's financial statements audited by an independent acco	untant?		2b		<u>X</u>
С	If "Yes" t	o line 2a or 2b, does the organization have a committee that assume	s responsibility for oversight				
	of the a	udit, review, or compilation of its financial statements and selection o	f an independent accountant?		2c		
	If the org	anization changed either its oversight process or selection process	during the tax year, explain in				
	Schedul	e O					
d	If "Yes" 1	o line 2a or 2b, check a box below to indicate whether the financial s	tatements for the year were				
	issued o	n a separate basis, consolidated basis, or both					
	Sep	arate basis Consolidated basis Both consolidated and	separate basis				
За	As a res	ult of a federal award, was the organization required to undergo an a	udit or audits as set forth in				
	the Sing	le Audit Act and OMB Circular A-133?			_ 3a		
b	lf "Yes,"	did the organization undergo the required audit or audits? If the orga	nization did not undergo the				
	required	audit or audits, explain why in Schedule O and describe any steps to	aken to undergo such audits		3b		
					For	m 99 0	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INDIANOLA COMMUNITY YOUTH

FOUNDATION

Employer identification number 27-2131250

Pá	irt f	Reaso	on for Public Charity S	Status (All organizations r	nust cor	mplete t	his par	t.) See	ınstrı	uctions	3 _				
The	orgai	nization is not a	private foundation because	it is (For lines 1 through 11, che	ck only or	ne box)									
1	\bigcap			ciation of churches described in s			A)(i).								
2		A school desc	cribed in section 170(b)(1)(A	A)(ii).(Attach Schedule E)											
3		A hospital or a	a cooperative hospital service	e organization described in section	on 170(b))(1)(A)(iii).								
4	П	A medical res	earch organization operated	in conjunction with a hospital des	scribed in	section '	170(b)(1)(A)(iii).	Enter th	ne hosp	ıtal's name,				
		city, and state	·	-											
5		An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmenta	al unit de	scribed	ın					
	_		b)(1)(A)(iv).(Complete Part I												
6				vernmental unit described in sec	tion 170(b)(1)(A)(v).								
7	X	· ·	•	ubstantial part of its support from				n the gei	neral pu	iblic					
•	رت	described in section 170(b)(1)(A)(vi).(Complete Part II)													
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)														
9	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross														
•	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its														
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses														
		• • • • • • • • • • • • • • • • • • • •	•	1975 See section 509(a)(2). (0											
10		•	•			·=	a)(4).								
11	H	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of to perform the functions of or to carry out the													
• •	ш	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section													
				e type of supporting organization											
		a Type		c Type III-Functiona			d		e III-Ot	her					
е	П			nization is not controlled directly	-										
·		, ,	. ,	than one or more publicly support		• •		•	•						
		or section 509	•	the choice more periody cappe				••••		(-/(-/					
f			` , ` ,	mination from the IRS that it is a	Type I. Ty	pe II. or T	vpe III s	upportin	a						
•		_	check this box		.,,,,	F,	,,		3						
		_		on accepted any gift or contribution	on from ar	nv of the							ш		
g		following pers		sit accepted any gitt of continuous		.,									
				ntrols, either alone or together wit	th persons	s describe	ed in (ii) a	and				Yes	No		
			v, the governing body of the s	-	parao		· · · · · · · · · · · · · · · · · · ·				11g(i)	1			
			member of a person describe	• •							11g(ii)	 			
		• •	ontrolled entity of a person de	• • • • • • • • • • • • • • • • • • • •							11g(iii	1			
h			ollowing information about the								(1.8/	<i>.</i>			
) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did y	ou notify	(vi)	is the	(vii) Am	ount of			
,	-	ganization	(11, 2.11	(described on lines 1–9		sted in your	the organ	nization in	organizat	tion in col	sup				
				above or IRC section	governing	document?		of your port?		zed in the					
				(see instructions)	Yes	No	Yes	No	Yes	No					
(A)					 			- "-	 ""				_		
(~)					ł	ł	1	ł		} .					
(B)		·····													
(5)					ļ	ļ	ļ	ļ							
(C)															
(0)			1					ļ							
(D)	_				 	 	 	 	-				_		
(1)						[
(E)			<u> </u>		 	 	 	 		 		_			
\ - /															
					1			†							

Schedule A (Form 990 or 990-EZ) 2011 INDIANOLA COMMUNITY YOUTH 27-2131250 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (c) 2009 (d) 2010 (e) 2011 (f) Total Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 384,172 1,464,599 1,848,771 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge

4	Total. Add lines 1 through 3				384,172	1,464	, 599	1,848,771
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							995,605
6	Public support. Subtract line 5 from line 4			<u> </u>	<u> </u>			853,166
ec	tion B. Total Support							
aler	dar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011		(f) Total
7	Amounts from line 4	4. 13			384,172	1,464	, 599	1,848,771
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				487		344	831
9	Net income from unrelated business activities, whether or not the business is regularly carned on							
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				76,791	59	,170	135,961
1	Total support. Add lines 7 through 10							1,985,563
2	Gross receipts from related activities, etc. (see instructions)			<u></u>		12	13,498
3 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)								
organization, check this box and stop here								
Sec	tion C. Computation of Public Su	pport Percent	age					
4	Public support percentage for 2011 (line 6,	column (f) divided	by line 11, column	(f))			14	42.97 %
5	Public support percentage from 2010 Sche					Į	15	60.72 %
6a	33 1/3% support test—2011. If the organ				1/3% or more, check	k this		. 🖼
	box and stop here. The organization quali							► X
b	33 1/3% support test—2010.If the organ				is 33 1/3% or more,			
	check this box and stop here. The organiz							▶ □
7a	10%-facts-and-circumstances test—20							
	10% or more, and if the organization meets							
	Part IV how the organization meets the "fa organization							> [
b	10%-facts-and-circumstances test20					ie		
	15 is 10% or more, and if the organization							
	Explain in Part IV how the organization me	ets the "facts-and-	circumstances" tes	t The organization	qualifies as a publicly	У		▶ □
	supported organization	l mat aback a bacc	on line 12 46c 40b	. 17a or 17h obest	k this hav and sac			
18	Private foundation. If the organization did	not check a box (л ште тэ, тоа, 160	, ira, or irb, checi	k uns dox and see			▶ □
	instructions							

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any *unusual grants *)						<u>-</u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					:	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				_		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support(Subtract line 7c from						
	line 6)	<u> </u>	<u> </u>	<u> </u>			
	tion B. Total Support	(=) 2007	(b) 2009	(a) 2000	(4) 2010	(a) 2011	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(1) Total
9	Amounts from line 6			 			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c))(3)	
	organization, check this box and stop here	e				·	<u> </u>
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2011 (line 8,			(f))		15	<u>%</u>
16	Public support percentage from 2010 Sche		•			16	%
	tion D. Computation of Investme				 		
17	Investment income percentage for 2011 (li			column (f))		17	%
18	Investment income percentage from 2010			44	Abr- 00 4/00/	18	%_
19a	33 1/3% support tests—2011. If the orga						
L	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2010. If the orga						
b	line 18 is not more than 33 1/3%, check this						.
20	Private foundation. If the organization did		=				
	are rearrant the organization are		, , , , , , , , , , , , , , , , , ,	,			

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information. (See instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

FUNDRAISER RECEIPTS

122,406

POSTER & SHIRT SALES

\$ 13,555

27-2131250

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	 Excess		
	\$ 1,004,224	\$ 964,513		
	50,000	10,289		
	30,000			
	50,000	10,289		
	50,225	10,514		
	25,000			
	25,225	 		
TOTAL	\$ 1,234,674	\$ 995,605		

Jo Not File

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

See separate instructions

OMB No 1545-0047 Open To Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INDIANOLA COMMUNITY YOUTH

FOUNDATION

Employer identification number 27-2131250

Part I Fundraising Activities. Complete if the Form 990-EZ filers are not required to	he organizatior complete this	ans	were	ed "Yes" to Form 9	90, Part IV, line 17	,
1 Indicate whether the organization raised funds through an			s Ch	eck all that apply		
a Mail solicitations	e Solicitation	of non	-gove	rnment grants		
b Internet and email solicitations	F Solicitation	of gov	ernm	ent grants		
	g Special fund					
d In-person solicitations	- '		•			
2a Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in b If "Yes," list the ten highest paid individuals or entities (fun compensated at least \$5,000 by the organization.	connection with pro	ofessio	onal fu	indraising services?	ndraiser is to be	Yes No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Dic raiser custo contr contrib	have dy or of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (I)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			>			

27-2131250

P	art	. more than \$15,	vents. Complete if the organ 000 of fundraising event con ass receipts greater than \$5,0	tributions and gross income	orm 990, Part IV, line 18 on Form 990-EZ, lines	3, or reported 1 and 6b. List
		evenies with gro	(a) Event #1 HAUNTED HOUSE	(b) Event #2 CARDS W/ CASEY	(c) Other events	(d) Total events (add col (a) through
Revenue		Gross receipts Less Charitable contributions Gross income (line 1 minus	(event type) 24,115	(event type) 14,374	(total number) 20,096	_{∞1 (c)} 58, 585
	4	line 2) Cash prizes	24,115	14,374	20,096	58,585
S	5			400		400
Direct Expenses	7	Food and beverages		1,418		1,418
Direc	8	Entertainment			1,722	1,722
	9	Other direct expenses	6,889		3,114	11,208 (14,748)
P		Net income summary Con Gaming. Comp	Add lines 4 through 9 in column (d) mbine line 3, column (d), and line 10 plete if the organization answ in Form 990-EZ, line 6a.)	rt IV, line 19, or reported	<u>4</u> 3,837
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
ses		Gross revenue Cash prizes				
Direct Expenses	3	Noncash prizes Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	Yes %	No No	No %	
		•	Add lines 2 through 5 in column (d)		•	(
9 a	Er Is	nter the state(s) in which the	organization operates gaming activities in each of	uties	<u> </u>	9a 🗌 Yes 📗 No
		ere any of the organization's	s gaming licenses revoked, suspend	ded or terminated during the tax yea	n	10a 🗌 Yes 🗌 No

Schedule G (Form 990 or 990-EZ) 2011 INDIANOLA COMMUNITY YOUTH 27-2131250 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility 13a 13b 13b	Yes No Yes No %
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility 13a 13b	<u>"</u>
formed to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility 13a	<u>"</u>
13 Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility 13a 13b	
a The organization's facility b An outside facility 13a 13b	
b An outside facility 13b	%
•	
records	
Name ▶	
Address ►	
15a Does the organization have a contract with a third party from whom the organization receives gaming	🗀
revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	
c If "Yes," enter name and address of the third party	
Name ▶	
Address ▶	
16 Gaming manager information	
Name ►	
Gaming manager compensation ▶ \$	
Description of services provided ▶	
Director/officer Employee Independent contractor	
17 Mandatory distributions.	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
spent in the organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b,	
columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this	
part to provide any additional information (see instructions)	

		EDULE G	F	undraising Other Ever	nts		2011
1		n 990 or EZ),	For calendar year 2011, or tax year	beginning 07/01/1	1 , and ending 06	/30/12	2011
Nan	ne					Employer Ide	entification Number
		IANOLA COM NDATION	MUNITY YOUTH			27-213	1250
			(a) Other event	(b) Other event	(c) Other event		<u>-</u>
Revenue			BASEBALL CAMP	I-CUBS NIGHT			(d) Total other events (add coi (a) through
	İ		(event type)	(event type)	(event type)		cot (c))
	1	Gross receipts	14,073	6,023			20,096
	2	Less Charitable					
	3	Gross income					
	-	(line 1 minus line 2)	14,073	6,023			20,096
	4	Cash prizes		<u> </u>			
	5	Noncash prizes					
ιn.		Double out to conta					
ense	6	Rent/facility costs					
Direct Expenses	7	Food/beverages					
Direc	8	Entertainment		1,722			1,722
	9	Other expenses	2,994	120			3,114

SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations,

2011	nan fo Bublic
7	C

ž

OMB No 1545-0047

Open to rubilic Inspection X Yes Employer identification number 27-2131250 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States ▶ Attach to Form 990. General Information on Grants and Assistance INDIANOLA COMMUNITY YOUTH FOUNDATION Department of the Treasury Internal Revenue Service Name of the organization Part

Q.	Part if Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990 Part IV line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	vernments and recipient that rec	d Organi ceived m	Organizations in the United States. Complete if the organization answered "Yes" eived more than \$5,000. Check this box if no one recipient received more than \$5,00	iited States. Com Check this box if n	iplete if the orga to one recipient	inization answireceived more	ered "Yes" than \$5,000
	Part II can be duplicated if additional space is needed	space is needed	7					•
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
E	LA COMMUNITY SCHOOSECOND AVE							COMMUNITY FIELDHOUSE
INC	INDIANOLA IA 50125	42-6038225	GOV	1,501,000				
(2)								
(6)								
(5)								
(2)								
(9)								
8								
(8)								
(6)								
7	Enter total number of section 501(c)(3) and government organizations listed	organizations listed	In the line 1 table	1 table				•

Schedule I (Form 990) (2011)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

3 Enter total number of other organizations listed in the line 1 table

(e) Method of valuation (book, f) Description of non-cash assistance FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant Schedule I (Form 990) (2011) INDIANOLA COMMUNITY YOUTH Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part IV

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30

Attach to Form 990

OMB No 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INDIANOLA COMMUNITY YOUTH

Employer Identification number 27 - 2131250

Pa	rt I Types of Property	714			27 213123	<u> </u>		
	Types of Freporty	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amo			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests		-					
4	Books and publications				· · · · · · · · · · · · · · · · · · ·			
5	Clothing and household goods							
6	Cars and other vehicles					_		
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	X	4	260,495	COMPARABLE SALES	_		
10	Securities—Closely held stock			ļ		_		
11	Securities—Partnership, LLC,							
	or trust interests			··				
12	Securities—Miscellaneous							_
13	Qualified conservation							
	contribution—Historic							
	structures	ļ						
14	Qualified conservation							
	contribution—Other	<u> </u>			<u> </u>	_		
15	Real estate—Residential					_		
16	Real estate—Commercial							
17	Real estate—Other		<u> </u>					
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts	<u> </u>						
23	Scientific specimens	<u> </u>						
24	Archeological artifacts	<u> </u>						
25	Other ► (<u> </u>						
26	Other ► (<u> </u>		ļ				
27	Other ► (
28	Other ► (<u> </u>	<u> </u>					
29	Number of Forms 8283 received by t	_						
	which the organization completed Fo	rm 8283, P	art IV, Donee Acknowled	gement	29		Γ.,	
	5					·	Yes	No
зvа		-						
				i, and which is not required t	lo be			٠,
		•	penod			30a		<u> </u>
	_		aliani Mada carani in 1900					
31	-	eptance po	olicy that requires the rev	iew of any non-standard				,,
20-				hat	1	31	 	- <u>X</u> -
32a	_	a parties o	r related organizations to	solicit, process, or sell none	casn			ι,
						32a	 	_X_
			-l	anama dan saharta antiona ()	الم مناه معام من			-
JJ		mount in C	olumn (c) for a type of pro	operty for which column (a)	в спескес,	1		
30a b 31 32a b 33	it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? If "Yes," describe in Part II							X X

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information

· SCHEDULE O

• (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Name of the organization

INDIANOLA COMMUNITY YOUTH FOUNDATION

Employer Identification number 27-2131250

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

CASEY BLAKE

ABBIE BLAKE

PRESIDENT

DIRECTOR

SPOUSES

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 DRAFT OF FORM 990 PROVIDED TO BOARD MEMBERS FOR REVIEW PRIOR TO FILING

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL PUBLIC DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST