

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



CHANGE OF ACCOUNTING PERIOD

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)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

| | A F | or the 2 | 012 calendar year, or tax year beginning SEP 1, 2012 and ending | DEC 31, 2012 | |
|-------------------|-------------------------|----------------------|--|----------------------------|---------------------------------------|
| | B cap | heck if oplicable | C Name of organization | D Employer identifi | ication number |
| | | Address change | THE IRONMAN FOUNDATION, INC. | | |
| | | Name change | Doing Business As | 65-1 | .172979 |
| | |]Initial return | Number and street (or P.O. box if mail is not delivered to street address) Room/su | ite E Telephone numbe | er |
| | | Termin- ated | 2701 N. ROCKY POINT DRIVE 1250 | 813- | 868-5940 |
| | | Amended return | | G Gross receipts \$ | 1,069,770. |
| | | Applica- | TAMPA, FL 33607 | H(a) Is this a group r | |
| | | pending | F Name and address of principal officer:DAVID DESCHENES | for affiliates? | Yes X No |
| | | | SAME AS C ABOVE | H(b) Are all affiliates in | |
| | 1 T | ax-exem | | | list. (see instructions) |
| | | | ▶ N/A | H(c) Group exemption | · · · · · · · · · · · · · · · · · · · |
| | | | | | M State of legal domicile: FL |
| | | | Summary | | |
| , | \Box | 1 Br | nefly describe the organization's mission or most significant activities: TO LEAVE | IRONMAN'S LE | GACY |
| | & Governance | | HROUGH PHILANTHROPY, VOLUNTEERISM AND GRANT | | |
| | E | 2 Cl | neck this box if the organization discontinued its operations or disposed of m | ore than 25% of its net a | ssets. |
| (CAS) | Š | 3 Nu | umber of voting members of the governing body (Part VI, line 1a) | | 4 |
| 2013 | Ğ | 4 N | umber of independent voting members of the governing body (Part VI, line 1b) | 4 | 1 |
| 69 | Se | | otal number of individuals employed in calendar year 2012 (Part V, line 2a) | | 1 |
| e | ķ | 6 To | otal number of volunteers (estypate if pecessary) | 6 | 105 |
| Z | Activities | 7 a To | otal unrelated business revenue from Part Viliscolumn (C), line 12 | | 0. |
| JUN | | | et unrelated business taxable income from Form 990-T, line 34 | | 0. |
| | Revenue | | | Prior Year | Current Year |
| SCANNED | | 8 C | ontributions and grants (Part VIII) Jine 1h) | 1,905,781. | 931,006. |
| 3 | | 9 Pr | ogram service revenue (PartiVIII, line 2g) | 0. | |
| ₹ | | 10 In | ogram service revenue (Part VIII, line 2g). vestment income (Part VIII, column (A), lines 3, 4, and 7d) | 118,948. | |
| ${\bf \tilde{Q}}$ | | 11 O | ther revenue (Part VIP column (A) Jines 5, 6d, 8c, 9c, 10c, and 11e) | 32,340. | 13,233. |
| (C) | | 12 To | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,057,069. | 1,069,770. |
| | | 13 G | rants and similar amounts paid (Part IX, column (A), lines 1·3) | 1,092,514. | 437,818. |
| | | 14 Be | enefits paid to or for members (Part IX, column (A), line 4) | <u> </u> | |
| | မွ | | alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 114,600. | 39,108. |
| | Expenses | 16a Pr | ofessional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | ď× | | otal fundraising expenses (Part IX, column (D), line 25) | | |
| | ш | 17 O | ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 188,270. | |
| | | 18 To | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,395,384. | |
| | | 19 R | evenue less expenses. Subtract line 18 from line 12 | 661,685. | 481,843. |
| | Assets or d Balances | | | Beginning of Current Year | |
| | Set | 20 To | otal assets (Part X, line 16) | 4,352,671. | |
| | Net A | 21 To | otal liabilities (Part X, line 26) | 491,887. | |
| | | | et assets or fund balances. Subtract line 21 from line 20 | 3,860,784. | 4,330,465. |
| | Ь— | | Signature Block | | |
| | | | es of perjury, I declare that I have examined this return, including accompanying schedules and sta | | ny knowledge and belief, it is |
| | true, | correct, | and complete. Beclaration of preparer (other than officer) is based on all information of which preparer | arer has any knowledge. | 11.5 |
| | | | Signature of officer | Date | 1113 |
| | Sign | I . | | Duto | |
| | Her | e | DAVID DESCHENES, EXECUTIVE DIRECTOR Type or print name and title | | |
| | | | | Date Check [| PTIN |
| | Paid | | Print/Type preparer's name Preparer's signature Preparer's Signature Preparer's Preparer | 05/13/13 self-employ | |
| | | _ | irm's name CLIFTONLARSONALLEN LLP | Firm's EIN | 41-0746749 |
| | - | | erm's address 1715 NORTH WESTSHORE BLVD, SUITE 95 | | #T_0140143 |
| | -550 | ~, [[] | TAMPA, FL 33607 | | 313-384-2700 |
| | Mar | the IDS | 6 discuss this return with the preparer shown above? (see instructions) | I Filone no. O | X Yes No |
| | ···· | | | <u> </u> | الاستار ۱۹۵۰ تحمیا |

Form 990 (2012)

| | 990 (2012) THE IRONMAN FOUNDATION, INC. | <u>65-1172979</u> | Page 2 |
|-----------|--|---------------------|-------------------|
| Pai | t III Statement of Program Service Accomplishments | | |
| | • Check if Schedule O contains a response to any question in this Part III | | |
| 1 | Briefly describe the organization's mission: | | |
| | TO LEAVE IRONMAN'S LEGACY THROUGH PHILANTHROPY, VOLUNTE | ERISM AND GE | RANT |
| | MAKING; BY SUPPORTING VARIOUS ATHLETIC, COMMUNITY, EDUC | | |
| | HUMAN SERVICES AND PUBLIC BENEFIT NON-PROFIT ORGANIZATION | | |
| | WORLD. | OND AMOUND 1 | .1112 |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | r==1 |
| | the prior Form 990 or 990-EZ? | ∟ Yes | X No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | LYes | X No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | measured by expense | s. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | | |
| | revenue, if any, for each program service reported. | ,, | |
| 4a | 468 010 | | 0.) |
| 44 | GRANT PROGRAMS THROUGH VARIOUS FUNDING OPPORTUNITIES TO | | <u> </u> |
| | | | ID C |
| | ORGANIZATIONS WHERE IRONMAN EVENTS ARE HELD, PROVIDE CH | | |
| | THE OPPORTUNITY TO PARTICIPATE IN THE IRONMAN US CHAMPI | | |
| | CHARITABLE ENTRIES TO THE IRONMAN WORLD CHAMPIONSHIP EV | | |
| | KONA, AND OPPORTUNITIES FOR ATHLETES AND FAMILIES TO CR. | <u>EATE A SIGN</u> | OF |
| | SUPPORT FOR THEIR PARTICIPATING ATHLETES. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4h | /a | | |
| 4b | (Code) (Expenses \$) (Reven | ue \$ | , |
| | | | |
| | | | |
| | | | |
| | <u> </u> | | |
| | | | |
| | | | |
| | | | |
| | | | _ |
| | | | |
| | | | |
| | - | | |
| | | | |
| 4c | | | |
| 40 | (Code) (Expenses \$ including grants of \$) (Reven | ue \$ | <i>'</i> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | • | |
| | | | |
| | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services (Describe in Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| <u>4e</u> | Total program service expenses ► 467,818. | | |
| 22200 | • | Form | 990 (2012) |

12-10-12

| Pai | t IV Checklist of Required Schedules | <u> </u> | <u>, , </u> | age <u>o</u> |
|-----|--|-----------|--|--------------|
| | • | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | 103 | 110 |
| • | If "Yes," complete Schedule A | 1 | x | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | х |
| 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, assessments, or | | | |
| • | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | 1 | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 | | Х |
| 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, | | 1 | |
| | 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 | i | | |
| | 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 | |
| е | 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 | | | 7.7 |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | - | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 10 | | v |
| | Schedule D, Parts XI and XII | 12a | 1 | X |
| D | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 401 | | x |
| 13 | le the experience a school described in section 170/b)(1)(A)(3) If #Ver # secretar Cabadida C | 12b | | X |
| 14a | Biddle and a series and the series are the series and the series and the series are the series and the series and the series are the series and the series a | 13 14a | - | X |
| b | Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 144 | 1 | |
| b | investment, and program service activities outside the United States, or aggregate 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 organization | 140 | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | 1 | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | <u> </u> | † | - |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | ļ | 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 | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | Ī | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

| | rt IV Checklist of Required Schedules (continued) | | | age - |
|-----|---|---------------|-----|------------------|
| | • | | Yes | No |
| 21 | Did 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 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | <u> </u> |
| 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 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | _23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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 | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | 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 | 25a | | х |
| ь | 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 |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified | $\overline{}$ | | |
| 20 | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 1 1 | | x |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | 26 | | |
| 21 | 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 | | | v |
| 00 | · | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| _ | instructions for applicable filing thresholds, conditions, and exceptions). | | | v |
| a | | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | 3,7 |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | l |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | l |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | l |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes, " complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 7 | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | L | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI | 37 | | x |

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

| Par | | | | |
|----------|--|-------------|---------------|-------------|
| • | Check if Schedule O contains a response to any question in this Part V | | | \vdash |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | | |
| | · · · · · · · · · · · · · · · · · · · | { | | |
| | | | | |
| | (gambling) winnings to prize winners? | 1c_ | | |
| | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return | | . 1 | |
| Ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | , | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | - | X |
| | | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | ١ |
| | | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b_ | | X_ |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| 6a | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | <u> </u> | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| _ | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | _ | 3.5 | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | <u> </u> | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X | - |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | x |
| د. | to file Form 8282? | 7c | | |
| d | | _ | | x |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7f | | Α. |
| g h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting | 711 | i ¬ | _ |
| 0 | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | - | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | ĺ | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations, Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | , | i ' | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 1) | İ | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 / | i ' | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | 1 1 | | |
| | amounts due or received from them.) | | | |
| 12a | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | L ' | | L |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | L | |
| 14a | | 14a | | Х |
| <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| | | Form | 990 | (2012 |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "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 | | | \mathbf{x} |
|------------------|--|------------|------|---------------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | 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. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | _3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | _5_ | | X |
| 6 | Did the organization have members or stockholders? | _6 | | X |
| 7a | 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? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | _7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | _X_ | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | 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 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | <u>X</u> |
| 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? | <u>11a</u> | Х | |
| b | 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 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| 40 | in Schedule O how this was done | 12c | X | - |
| 13 | Did the organization have a written whistleblower policy? | 13 | | <u>X</u> |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | <u>X</u> |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| • | The organization's CEO, Executive Director, or top management official | | | |
| a b | Other officers or key employees of the organization | 15a | Х | <u> </u> |
| J | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 15b | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | ļ | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | iua | | |
| ~ | 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 | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶FL | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a | vailab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | - | |
| | Own website X Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and | d finan | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization | ion: 🕨 | • | |
| | DAVID DESCHENES - 813-868-5940 | | | |
| | 2701 N. ROCKY POINT DRIVE, NO. 1250, TAMPA, FL 33607 | | | |
| 232006 12-10- | | Form | 990 | (2012) |

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.

| Check this box if neither the organization | orga | organization compensated any current officer, director, or trustee. | | | | | | | | |
|--|--|---|-------------------------------------|--|--------------|--|--------------|-----------------|-----------------|------------------------------|
| (A) | (B) | (C) Position | | | | | | (D) | (E) | (F) |
| Name and Title | Average | (de | Position do not check more than one | | | | one | Reportable | Reportable | Estimated |
| | hours per | Ьoх | . unle | ss pe | rson | ıs bot | han | compensation | compensation | amount of |
| | week | | cerar | nd a d | Irecto | or/trus | tee) | from | from related | other |
| | (list any | recto | | | | | | the | organizations | compensation |
| | hours for | P | , e | | | 턞 | | organization | (W-2/1099-MISC) | from the |
| | related | rste | trust | | l gg | Bus | i | (W-2/1099-MISC) | | organization |
| • | organizations below | ra ta ta | lonal | | 훒 | 돌 | ١. | | | and related organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| /1\ TRACE DIPPLY | 1.00 | = | = | 10 | \ <u>*</u> | 1= 5 | <u> </u> | | | |
| (1) JESSE DUBEY TREASURER | 1.00 | x | | | | l | | 0. | 0. | 0. |
| (2) ALEXANDER EVANS | 1.00 | | | | - | t | - | | | |
| PRESIDENT | | x | ļ | | | | | 0. | 0. | 0. |
| (3) KEVIN SULLIVAN | 1.00 | 1 | | | 1 | | | | | |
| SECRETARY | | X | | | L | | | 0. | 0. | 0. |
| (4) DAVE DESCHENES | 60.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | X | <u>L</u> . | X | | <u> </u> | | 95,000. | 0. | 3,994. |
| | | 1 | | | | | ŀ | | | |
| | ļ | \vdash | <u> </u> | <u> </u> | <u> </u> | <u> </u> | _ | | | |
| | | | | | | | | | | |
| | | ├ | - | | | ⊢ | <u> </u> | | | |
| • | | 1 | ļ | | | | ĺ | | | |
| | | ┢┈ | | | ├ | \vdash | | | | |
| | | 1 | | | | 1 | | | | |
| | | \vdash | | | ✝ | | | | | |
| | | 1 | | | | ļ | | | | |
| | | | | | | | | | | |
| | | | | <u> </u> | ļ | | | | | |
| - | | | | | | | | | | |
| | | | | | L | | _ | | | <u></u> |
| | | 1 | l | ļ | | | | | | |
| | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | | | |
| | | - | | 1 | | | | | | |
| | | - | ├ | <u> </u> | <u> </u> | | ļ | | | |
| | | ┨ | | | | | | | ĺ | |
| | | + | ├ | \vdash | ┼ | \vdash | | | | |
| | | 1 | | { | { | | | | | |
| | <u> </u> | T | T | | T | | 1 | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | | | <u>. </u> | | | L | | | |
| | | | | | | | | | | Farm 990 (2012) |

THE IRONMAN FOUNDATION, INC.

Form 990 (2012)

65-1172979

Page 8

| Form 990 (2012) | THE | IRONMAN | FOUNDATION, | INC. |
|---------------------|-----|---------|-------------|------|
| Part VIII Statement | | | | |

| ' | • | Check if Schedule O contain | s a response t | o anv question i | n this Part VIII | _ | | . 🖂 |
|--|----------|--|-----------------|---------------------------------------|----------------------|--|---|---|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ts st | 1 a | Federated campaigns | 1a | | | | | |
| iran Om | b | | 1b | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | c | | 1c | | | | | |
| 業制 | ď | | 1d | | | | | |
| S,E | e | | | | | | | |
| io io | f | All other contributions, gifts, grants, | | | | | | |
| la E | | similar amounts not included above | | 931,006. | | | | |
| PG | g | Noncash contributions included in lines 1a | | - | | | | |
| ပြု ပိ | _ | Total. Add lines 1a-1f | | | 931,006. | | | |
| | | | | Business Code | | | | |
| မွ | 2 a | | | | | | | |
| و ڲٙ | b | | | | | | | |
| S all | c | | | | | | | |
| le an | d | | | | | | | |
| Program Service Revenue | е | | | | | | | |
| ۱ ۵ | f | All other program service revenu | ie . [| | | | | |
| | | Total. Add lines 2a-2f | <u>.</u> | | | | | <u> </u> |
| | 3 | Investment income (including di | vidends, intere | st, and | 105 531 | | | 105 501 |
| | _ | other similar amounts) | | . 🔁 | 125,531. | | | 125,531. |
| | 4 | Income from investment of tax-e | xempt bond p | roceeds | | | | <u> </u> |
| | 5 | Royalties | (2 Dool | · · · · · · · · · · · · · · · · · · · | | | | |
| | | Crace rente | (i) Real | (II) Personal | | | | |
| | 6 a | | | | | | | |
| | b | | | | | | | |
| | ч С | Net rental income or (loss) | | • | | | | |
| | | · · · · · | (i) Securities | (II) Other | | | | |
| ļ | , u | assets other than inventory | (i) COCCITICO | (1) 0 11 101 | | | | |
| i | b | Less: cost or other basis | | | | | | |
| | _ | and sales expenses | | | | i | | |
| | С | | - " " | | | | | |
| | d | Net gain or (loss) | | ▶ | | | | |
| <u>o</u> | 8 a | Gross income from fundraising e | events (not | | · | | | |
| | | ıncludıng \$ | of | | | | | |
| ě | | contributions reported on line 10 | c) See | | | | | |
| Other Revenu | | Part IV, line 18 | . а | | | | | |
| 됩 | | Less: direct expenses | b | | | | | |
| | | Net income or (loss) from fundra | · ' | ▶_ | | | | |
| | 9 a | Gross income from gaming activ | rities. See | | | | | |
| | | Part IV, line 19 | a | | | | | |
| | | Less direct expenses | b | | | | | |
| • | | Net income or (loss) from gamin | - | | | | | |
| | 10 a | Gross sales of inventory, less re and allowances | | | | | | |
| | b | and allowances | . a b | | | | | |
| | | Net income or (loss) from sales | | | | | | |
| ŀ | <u> </u> | Miscellaneous Revenue | | Business Code | | | | |
| ľ | 11 a | MISCELLANEOUS RE | | 900099 | 13,233. | | | 13,233. |
| | b | • | | | | | | |
| | C | | | | | | | |
| | d | All other revenue | | | | | | |
| 1 | е | Total. Add lines 11a-11d | | ▶ | 13,233. | | | |
| 00000 | 12_ | Total revenue. See instructions. | | ▶ | 1,069,770. | 0. | 0. | |
| 23200 | ⊎ | | | | | | | Form 990 (2012) |

Form 990 (2012) THE IRONMAN FOUNDATION, INC.

Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must comp | | | mplete column (A). | |
|----------|---|----------------|------------------------------|------------------------------------|---|
| Do | Check if Schedule O contains a response not include amounts reported on lines 6b, | (A) | | (C) | (D) |
| | 8b, 9b, and 10b of Part VIII. | Total expenses | (B) Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | 437,818. | 437,818. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 24 716 | | 24 516 | |
| _ | trustees, and key employees | 34,716. | _ | 34,716. | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 4 220 | | 4 220 | |
| 7 | Other salaries and wages | 4,338. | | 4,338. | |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and 403(b) employer contributions) | 54. | | 54. | ···· |
| 9 | Other employee benefits | 34. | | 34. | |
| 10 11 | Payroll taxes Fees for services (non-employees): | | | | |
| '' | Management | | | | |
| b | Legal | | | | |
| c | Accounting | 25,065. | | 25,065. | |
| ď | Lobbying | 23,003. | | 23,003. | |
| e | Professional fundraising services. See Part IV, line 17 | | | | • |
| f | Investment management fees | 1,134. | | 1,134. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| • | column (A) amount, list line 11g expenses on Sch O.) | | | | • |
| 12 | Advertising and promotion | 25,942. | | 25,942. | |
| 13 | Office expenses | 4,321. | | 4,321. | |
| 14 | Information technology | 13,762. | | 13,762. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 3,636. | | 3,636. | |
| 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 | 4 504 | | 4 504 | |
| 22 | Depreciation, depletion, and amortization | 4,581. | | 4,581. | - |
| 23 | Insurance | | . . | | |
| 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 0.) | 30,000. | 30,000. | | |
| a b | MISCELLANEOUS EXPENSES | 2,560. | 30,000. | 2,560. | |
| C | | 4,500. | | 4,300. | |
| d | | | | | |
| | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 587,927. | 467,818. | 120,109. | 0. |
| 26 | Joint costs. Complete this line only if the organization | 337,3276 | | 120,107. | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here If following SOP 98-2 (ASC 958-720) | | | | |

| • | | | | | |
|----|---|---------------------------------------|-------------|------------|-------------|
| | 990 (2012) THE IRONMAN FOUNDATION, INC. | 65-1172 | 979 | Pag | ge 12 |
| Pa | t XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | <u> </u> | | | X |
| | , | 1 | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 1 | ,069 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | <u> 27.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | <u>43.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 3 | ,860 | <u>, 7</u> | 84. |
| 5 | Net unrealized gains (losses) on investments | 5 | - 4 | 1,9 | <u>86.</u> |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | - 7 | 7,1 | <u>76.</u> |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 4 | ,330 | , 4 | <u>65.</u> |
| Pa | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | · · · · · · · · · · · · · · · · · · · | <u>.</u> | | Ш |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | ĺ |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | L |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | ĺ |
| | consolidated basis, or both: | | | | l |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | ĺ |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audıt, | | | ' |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | <u> </u> |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O. | | | 1 |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audıt | | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audıt | | | _ |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 26 | | 1 |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| Name of t | the organizati | on | | | | | | | Employer | identificat | tion number |
|--------------------|---|---|--|--|--|--|--|--|---|--|---|
| | | THE IRO | NMAN FOUNDAT | NOI! | INC. | | | | 6 | 5-117: | <u> 2979 </u> |
| Part I | Reason | for Public Char | ity Status (All organiz | ations mu | st complet | e this part |) See inst | ructions | • | | |
| Part I The organ 1 | A church, co A school des A hospital or A medical res city, and stat An organizati section 170 A federal, sta An organizati section 170(A community An organizati activities rela income and u See section An organizati An organizati more publicly | for Public Char a private foundation invention of churches cribed in section 17 a cooperative hospit search organization of the con operated for the (b)(1)(A)(iv). (Complete on that normally rec the trust described in section that normally rec ted to its exempt fur unrelated business to 509(a)(2). (Complete ton organized and op on organized and op on organized and op on supporting | because it is: (For lines is, or association of chur (O(b)(1)(A)(ii). (Attach Sotal service organization operated in conjunction benefit of a college or under Part II) sent or governmental united Part II.) section 170(b)(1)(A)(vi). serves: (1) more than 33 inctions - subject to certal axable income (less section Part III) perated exclusively to te perated exclusively to te perated exclusively for that organization and complete organization and complete income as the perated exclusively for that organization and complete income as the perated exclusively for that organization and complete income as the perated exclusively for the perated | tations mu through ches desc chedule E.) described with a hos niversity or described of its supp (Complete 1/3% of its ain excepti tion 511 ta est for publi the benefit fon 509(a)(| st completed in section pital description and in section for from a support from but it is safety. Sof, to perform the support from the support from the support from but it is safety. Sof, to perform the support from the s | only one bootion 170(b)(1)(n)bed in separated by m 170(b)(1)(1) government 2) no more sinesses a See section on 509(a)(2) 11h. | ox) (b)(1)(A)(i) (A)(iii). ction 170 a governi (I)(A)(v). chtal unit of than 33 1 acquired b on 509(a)(4 actions of, 2). See sec | mental un mental un or from the nembersi 1/3% of n y the org 1). or to can ction 509 | iii). Enter not describ ne general nip fees, a ts support panization rry out the O(a)(3). Ch | the hospital ped in public designed gross ret from gross after June expurposes neck the book | al's name, cnbed in eceipts from s investment 30, 1975. |
| e f g | foundation m If the organiz supporting o Since Augus | nanagers and other to ation received a writh rganization, check the t 17, 2006, has the c | at the organization is not han one or more publicly tten determination from t | t controlled y supporte the IRS tha ny gift or c | I directly or d organiza at it is a Ty ontribution | r indirectly itions desc pe I, Type | by one or cribed in s II, or Type of the folk | ection 50 e III owing pe | 09(a)(1) or rsons? | section 50 | |
| | | | upported organization? | iono or tog | | persons | icociibca i | iii (ii) aira | (III) DCION | 11g(i) | 1 1 |
| | _ | • • | n described in (i) above? | • | | | •••• | | • • • | 11g(ii | |
| | | | person described in (i) o | | -0 | | | | | 11g(iii | 1 1 |
| h | | | about the supported or | | | | | | | | |
| | of supported anization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | in col. (i) li governing | organization sted in your document? | organizat (i) of you | ion in col. | organiza (i) organ U. | Is the tion in col. ized in the S.? | 1 ' ' | nt of monetary pport |
| | | | ,, | Yes | No | Yes | No | Yes | No | | |
| | | | | | | | | | | | |
| | | | | 1 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | _ | | | ļ | | | | | ļ | <u> </u> | |
| | | | | | | | | | | 1 | |
| | | | | - | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | 1 | | |
| Total | Consequent D | shuption A = 4 N = 41 + 1 | , see the Instructions f | <u> </u> | | | | | 1 . 4 | | |
| □ W LOLF | -aperwork Ke | RUDUUM ACT NOTICE | , see the instructions f | UF | | | | ocnedi | ле А (Гог | m 990 or 9 | 90-EZ) 2012 |

Form 990 or 990-EZ.

65-1172979 Page 2

Schedule A (Form 990 or 990-EZ) 2012 THE IRONMAN FOUNDATION, INC. 65-11729

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

| Sec | ction A. Public Support | | | | | | | |
|------|--|-------------------------------|----------------------|------------------------|----------------------|---------------------------------------|---------------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total | |
| 1 | Gifts, grants, contributions, and | l T | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 1,419,690. | 1,494,538, | 2,633,783. | 1,905,781. | 931,006. | 8,384,798. | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | ļ | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1,419,690. | 1,494,538. | 2,633,783. | 1,905,781. | 931,006. | 8,384,798. | |
| 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) | | | | | | | |
| | Public support. Subtract line 5 from line 4 | <u> </u> | | | | | 8 384 798. | |
| | ction B. Total Support | г | | | | · · · · · · · · · · · · · · · · · · · | | |
| | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total | |
| | Amounts from line 4 | 1,419,690. | 1,494,538. | 2,633,783. | 1,905,781. | 931,006. | 8,384,798. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | ĺ | | |
| | securities loans, rents, royalties | 1 45 445 | 25 222 | 44.044 | 445 465 | | | |
| | and income from similar sources . | 46,142. | 36,382. | 14,341. | 117,105. | 125,531. | 339,501. | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the | | | | | | | |
| | business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain | ĺ | | | | | | |
| | or loss from the sale of capital | | 4 6-0 | | | | | |
| | assets (Explain in Part IV.) | 2,200. | 1,650. | | 115,461. | 13,233. | 132,544. | |
| | Total support. Add lines 7 through 10 | <u></u> | | - | | | 8,856,843. | |
| | Gross receipts from related activities, | • | | | | 12 | | |
| 13 | First five years. If the Form 990 is for | - | first, second, third | d, fourth, or fifth ta | ax year as a section | n 501(c)(3) | . — | |
| Sec | organization, check this box and stop ction C. Computation of Publ | <u>here</u> ic Support Per | rcentage | <u></u> | · ··· | | ▶∟ | |
| | Public support percentage for 2012 (I | | | olumn (f)) | | 14 | 94.67 % | |
| | Public support percentage from 2011 | | | | | 15 | 95.41 % | |
| | 33 1/3% support test - 2012. If the o | | | | | ore, check this bo | | |
| | stop here. The organization qualifies | - | | | | · | > X | |
| b | b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | | |
| | and stop here. The organization qual | | | ** | | | ▶□ | |
| 17a | 10% -facts-and-circumstances tes | t - 2012. If the org: | anization did not c | | | | or more, | |
| | and if the organization meets the "fac | | | | | | | |
| | meets the "facts-and-circumstances" | | | | | | | |
| b | 10% -facts-and-circumstances tes | | | | | 7a, and line 15 is | 10% or | |
| | more, and if the organization meets the | - | | | | • | | |
| | organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization | | | | | | | |
| 18 | Private foundation. If the organization | | - | • | • • • • | | s ▶ □ | |
| | Schedule A (Form 990 or 990-EZ) 2012 | | | | | | | |

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

(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 | ction A. Public Support | iow, picaso com | piete i art ii.j | | | | | |
|-----------|--|--------------------|--|------------------------|----------------------|---------------------------------------|-------------|--|
| | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total | |
| | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| • | include any "unusual grants.") | | } | | | | | |
| 2 | Gross receipts from admissions, | | | | _ | | | |
| | merchandise sold or services per- | | | | | | | |
| | formed, or facilities furnished in | | | | | | | |
| | any activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that | | | | | | | |
| Ü | are not an unrelated trade or bus- | | 1 | | ļ | | | |
| | iness under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | | |
| 4 | ization's benefit and either paid to | | 1 | | | | | |
| | or expended on its behalf | | } | ĺ | | | | |
| _ | · · · · · | | | | | - | | |
| 5 | The value of services or facilities | | 1 | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | | |
| _ | * ··· F | | | | | | | |
| | Total. Add lines 1 through 5 | | | | - | | | |
| 78 | Amounts included on lines 1, 2, and | | | | i | | | |
| | 3 received from disqualified persons | | | | | ļ | | |
| į, |) 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 | | | | | | | |
| | Add lines 7a and 7b | | | <u> </u> | | ļ | | |
| | Public support (Subtract line 7c from line 6) | | L | l | <u> </u> | <u> </u> | L | |
| | ction B. Total Support | | | | Τ | T | | |
| | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total | |
| _ | Amounts from line 6 | | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties | | | ļ | | | | |
| | and income from similar sources | | | | | | | |
| t | Unrelated business taxable income | | | | | | | |
| | (less section 511 taxes) from businesses | | | ļ | | | | |
| | acquired after June 30, 1975 | | | | | | | |
| | Add lines 10a and 10b | | | | | | | |
| 11 | Net income from unrelated business | | | ļ | | | | |
| | 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) | | | <u> </u> | | | | |
| | First five years. If the Form 990 is for | the organization' | 's first, second, thi | rd, fourth, or fifth t | ax year as a section | on 501(c)(3) organiz | ation, | |
| | check this box and stop here | | · · · · · · · · · · · · · · · · · · · | | | · · · · · · · · · · · · · · · · · · · | | |
| Se | ction C. Computation of Public | Support Pe | ercentage | | | | | |
| 15 | Public support percentage for 2012 (liii | ne 8, column (f) c | divided by line 13, | column (f)) | | 15 | % | |
| 16 | Public support percentage from 2011 | Schedule A, Par | t III, line 15 | <u> </u> | | 16 | % | |
| <u>Se</u> | ction D. Computation of Inves | tment incom | ne Percentage | | | | | |
| 17 | Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f) | | | | | | | |
| 18 | Investment income percentage from 2 | 011 Schedule A | Part III, line 17 | | | 18 | % | |
| 19: | a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not | | | | | | | |
| | more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| 1 | 33 1/3% support tests - 2011. If the | | | | | | and | |
| | line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| 20 | Private foundation. If the organization | | - | • | | - | ▶□ | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

| <u> </u> | THE IRONMAN FOUNDAY | | 65-1172979 |
|----------|---|---|--|
| Pai | | | S Or Accounts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, line | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | · |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets hold in donor advi | and funds |
| 3 | are the organization's property, subject to the organization's | - | Yes No |
| 6 | | | |
| 6 | Did the organization inform all grantees, donors, and donor at | | <u>-</u> |
| | for charitable purposes and not for the benefit of the donor o | • • • • | |
| Pai | | | |
| Pai | | | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | · · · · · · · · · · · · · · · · · · · | |
| | Preservation of land for public use (e.g., recreation or e | ducation) Preservation of an hi | storically important land area |
| | Protection of natural habitat | Preservation of a cer | tified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year. | | |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic stri | ucture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired a | after 8/17/06, and not on a historic struc | ture |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rel | | · · · · · · · · · · · · · · · · · · · |
| - | year > | ,g,, | |
| 4 | Number of states where property subject to conservation eas | sement is located | |
| 5 | Does the organization have a written policy regarding the per | | |
| • | violations, and enforcement of the conservation easements it | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | |
| 8 | Does each conservation easement reported on line 2(d) above | | |
| 0 | | | Yes No |
| ^ | In Part XIII, describe how the organization reports conservation | | |
| 9 | | - | |
| | include, if applicable, the text of the footnote to the organizat | don's inancial statements that describes | s the organization's accounting for |
| Pai | conservation easements. rt III Organizations Maintaining Collections of | f Art Historical Treasures or C | Ther Similar Accets |
| u | Complete if the organization answered "Yes" to Form | • | Anei Oniniai Assets. |
| | If the organization elected, as permitted under SFAS 116 (AS | | most and belongs about works of art |
| Ia | | | |
| | historical treasures, or other similar assets held for public ext | | ance of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descri | | |
| D | If the organization elected, as permitted under SFAS 116 (AS | | |
| | treasures, or other similar assets held for public exhibition, ed | ducation, or research in furtherance of pi | ublic service, provide the following amounts |
| | relating to these items: | • | |
| | | | |
| | | | |
| 2 | If the organization received or held works of art, historical treatment | asures, or other similar assets for financi | al gain, provide |
| | the following amounts required to be reported under SFAS 1 | • • | |
| а | Revenues included in Form 990, Part VIII, line 1 | | |
| b | | | > \$ |
| | | | |

| | | MAN FOUND | | | | | | <u>5-117297</u> | |
|-------|---|-----------------------|----------------|------------|----------------|--------------|--------------|---------------------|------------|
| Pai | t III Organizations Maintaining C | ollections of Ar | t, Histori | cal Tre | easures, c | or Other | Similar | Assets(contin | nued) |
| 3 | Using the organization's acquisition, accession | on, and other record | s, check any | of the | following tha | t are a sig | nificant use | e of its collection | n items |
| | (check all that apply): | | | | | | | | |
| а | Public exhibition | d | Loar | or excl | nange progra | ms | | | |
| b | Scholarly research | е | Othe | r | | | | | |
| C | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explair | n how they f | urther th | ne organizatio | on's exem | pt purpose | e in Part XIII. | |
| 5 | During the year, did the organization solicit or | receive donations of | of art, histon | cal treas | sures, or othe | er sımılar a | ssets | | |
| | to be sold to raise funds rather than to be ma | intained as part of t | he organizat | ion's co | ilection? | | | Yes | ☐ No |
| Pai | t IV Escrow and Custodial Arrang | gements. Comple | te if the org | anizatio | n answered ' | 'Yes" to F | orm 990, P | art IV, line 9, or | |
| | reported an amount on Form 990, Part | t X, line 21. | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermed | liary for cont | nbution | s or other as | sets not ir | cluded | | |
| | on Form 990, Part X? | | | | | | | Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the fol | llowing table | : | | | | | |
| | | | | | | | | Amoun | t |
| С | Beginning balance | | | | | - | 1c | | |
| d | Additions during the year | | | | | | 1d | | |
| е | Distributions during the year | | | | | | 1e | | |
| f | Ending balance | | | | | | 1f | | |
| 2a | Did the organization include an amount on Fo | rm 990, Part X, line | 21? | | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the ex | planation ha | s been | provided in F | Part XIII | | | |
| Pai | t V Endowment Funds. Complete if | the organization an | swered "Yes | o to For | m 990, Part | IV, line 10 | | | |
| | | (a) Current year | (b) Prior | /ear | (c) Two year | s back (c |) Three yea | rs back (e) Four | years back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and losses | | |] | | | · · · · · · | | |
| d | Grants or scholarships | | | | | | · · | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the curre | ent year end balance | e (line 1g, co | lumn (a |)) held as: | | - | | |
| а | Board designated or quasi-endowment | • | % | _ | | | | | |
| b | Permanent endowment | % | - | | | | | | |
| С | Temporarily restricted endowment ▶ | <u></u> | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c should | ld equal 100%. | | | | | | | |
| За | Are there endowment funds not in the posses | ssion of the organiza | ation that are | held a | nd administe | red for the | organizat | ion | |
| | by: | - | | | | | · | Ī | Yes No |
| | (i) unrelated organizations | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related organizations | listed as required or | n Schedule | R? | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | organization's endo | wment fund | s | | | | | |
| Paı | t VI Land, Buildings, and Equipme | ent. See Form 990 | , Part X, line | 10. | | | - | | |
| | Description of property | (a) Cost or of | ther (| b) Cost | or other | (c) Acc | umulated | (d) Boo | k value |
| | | basis (investm | nent) | basıs (| other) | depr | eciation | | |
| 1a | Land | | | | | | | | |
| b | Buildings | | | | | | | | |
| С | Leasehold improvements | | | | | | | | |
| d | Equipment | | | | | | | | |
| е | Other | | | 4 | 2,375. | | 18,324 | 4. 2 | 4,051. |
| Total | , Add lines 1a through 1e. (Column (d) must ed | gual Form 990. Part | X. column (E | 8). line 1 | O(c).) | | | | 4.051. |

Schedule D (Form 990) 2012

| Part VII Investments - Other Securities. See (a) Description of security or category (including name of security) | (b) Book value | | aluation: Cost or end | -of-year market value |
|--|---------------------------------------|------------------------|--|-------------------------|
| 1) Financial derivatives | | | | |
| 2) Closely-held equity interests | | | | |
| 3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) - | | | | |
| (D) | | | | |
| (E) | | | - | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| (1) | | | | |
| | | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. See | - F 000 B-4V I | | | |
| (a) Description of investment type | (b) Book value | | aluation: Cost or and | of year mortest value |
| | (b) Book value | (c) Method of v | aluation: Cost or end | -or-year market value |
| (1) | | <u> </u> | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | <u> </u> |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part IX Other Assets. See Form 990, Part X, line 1 | 5. | | | |
| (a) D | escription | | | (b) Book value |
| (1) DUE FROM WORLD TRIATHLON C | ORPORATION | | | 2,465,354 |
| (2) DUE FROM BLACKBAUD | | | | 6,668 |
| (3) | , | | , | 9,000 |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | , | | - |
| (8) | | | <u> </u> | |
| (9) | | | | |
| (10) | | | | |
| otal. (Column (b) must equal Form 990, Part X, col. (B) line | 15 \ | | | 2 472 022 |
| Part X Other Liabilities. See Form 990, Part X, Ir | | <u> </u> | <u>. </u> | 2,472,022 |
| () Description of Palette | 16 23. | (b) Book value | | |
| · · · · · · · · · · · · · · · · · · · | | (b) Book value | | |
| (1) Federal income taxes | · · · · · · · · · · · · · · · · · · · | 160 420 | | |
| (2) CUSTODIAN FUNDS | | 169,430. | | |
| (3) SOFTWARE PAYABLE | | 12,525. | | |
| | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| (11) | | | | |
| otal. (Column (b) must equal Form 990, Part X, col. (B) line | 25.) ▶ | 181,955. | | |
| . FIN 48 (ASC 740) Footnote. In Part XIII, provide the text | | | statements that rend | orts the organization's |
| liability for uncertain tax positions under FIN 48 (ASC 74 | | | | |
| | -,, -,,-on note it the | or and recently to mas | STORING THE PAI | |

| Scher Par | t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I | | 1172979 Page 4 |
|--------------|--|-------------|--------------------------|
| - | | 1 | 986,210. |
| 1 | Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 | 300,210. |
| 2 | 1 1 | | |
| a | Net unrealized gains on investments | 1 | |
| b | | - | |
| C . | Recoveries of pnor year grants | 4 | |
| d | Other (Describe in Part XIII) | _ ا | ^ |
| е | Add lines 2a through 2d | 2e_ | 986,210. |
| 3 | Subtract line 2e from line 1 | 3 | 300,210. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4b 83,560 | - | |
| b | | 7 | 02 560 |
| C | Add lines 4a and 4b | 4c | 83,560. 1,069,770. |
| 5 Dat | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per | 5 r Poti | |
| | | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 572,007. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | \dashv | |
| b | Prior year adjustments | | |
| C | Other losses 2c | 4 | |
| d | Other (Describe in Part XIII.) | ┨ | ^ |
| e | Add lines 2a through 2d | _2e | <u>U.</u> |
| 3 | Subtract line 2e from line 1 | 3_ | 572,007. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | ╡ | |
| b | Other (Describe in Part XIII.) | 7 | 15 000 |
| C | Add lines 4a and 4b | 4c | 15,920. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 587,927. |
| | t XIII Supplemental Information | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. | | 20; Part V, line 4; Part |
| PAF | T XI, LINE 4B - OTHER ADJUSTMENTS: | | |
| ACC | RUAL TO CASH CCONVERSION | | 83,560. |
| PAF | RT XII, LINE 4B - OTHER ADJUSTMENTS: | | |
| ACC | CRUAL TO CASH CONVERSION | | 15,920. |
| | | | |

2 Schedule I (Form 990) (2012) **Employer identification number** SENERAL OPERATING SUPPORT 65-1172979 Open to Public OMB No 1545-0047 2012 Inspection (h) Purpose of grant or assistance X Yes 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 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 (g) Description of non-cash assistance : : : (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. : Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 000 40 000 (d) Amount of 27,183 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable INC LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) 501(C)(3) 501(C)(3) THE IRONMAN FOUNDATION Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization MADISON AREA SPORT COMMISSION INC or government MD 20885 KAILUA-KONA, HI 96745 615 E WASHINGTON AVE Name of the organization JMB MANAGEMENT LLC MADISON, WI 53703 Department of the Treasury Internal Revenue Service REECE'S RAINBOW GAITHERSBURG PO BOX 4024 PO BOX 5405 SCHEDULEI (Form 990) Part Part

Page 2. (f) Description of non-cash assistance 65-1172979 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, 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. Part III can be duplicated if additional space is needed. FUNDS THROUGH DIRECT CONTACT WITH THE ORGANIZATIONS WHO RECEIVE THE GRANTS. LINE 2: THE BOARD MEMBERS MONITOR THE USE OF GRANT (d) Amount of non-cash assistance (c) Amount of cash grant THE IRONMAN FOUNDATION, INC. (b) Number of recipients (a) Type of grant or assistance SCHEDULE I, PART I, Schedule I (Form 990) (2012) Part IV Part III

Schedule I (Form 990) (2012)

21

232102 12-18-12

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

Inspection

Name of the organization

Employer identification number

| THE IRONMAN FOUNDATION, INC. | 65-1172979 | | | | |
|---|--|--|--|--|--|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS | SION: | | | | |
| VARIOUS ATHLETIC, COMMUNITY, EDUCATION, HEALTH, HUMAN SER | VICES AND | | | | |
| PUBLIC BENEFIT NON-PROFIT ORGANIZATIONS AROUND THE WORLD. | | | | | |
| | | | | | |
| FORM 990, PART VI, SECTION A, LINE 2: BEN FERTIC AND DIAN | A BERTSCH - | | | | |
| BUSINESS RELATIONSHIP | | | | | |
| BEN FERTIC AND JESSE DUBEY - BUSINESS RELATIONSHIP | | | | | |
| BEN FERTIC AND ALEXANDER EVANS - BUSINESS RELATIONSHIP | | | | | |
| DIANA BERTSCH AND JESSE DUBEY - BUSINESS RELATIONSHIP | ······································ | | | | |
| DIANA BERTSCH AND ALEXANDER EVANS - BUSINESS RELATIONSHIP | | | | | |
| JESSE DUBEY AND ALEXANDER EVANS - BUSINESS RELATIONSHIP | | | | | |
| | | | | | |
| FORM 990, PART VI, SECTION A, LINE 8A: DURING FISCAL YEAR | 2012, THE | | | | |
| ORGANIZATION BEGAN DOCUMENTING THE MEETINGS OF THE GOVERN | ING BODY. | | | | |
| | | | | | |
| FORM 990, PART VI, SECTION A, LINE 8B: DURING FISCAL YEAR | · · · · · · · · · · · · · · · · · · · | | | | |
| ORGANIZATION BEGAN DOCUMENTING THE MEETINGS OF THE GOVERN | ING BODY. | | | | |
| FORM 990, PART VI, SECTION B, LINE 11: THE BOARD MEMBERS | WILL CONDUCT THE | | | | |
| REVIEW OF THE RETURN BEFORE FILING WITH THE IRS. | | | | | |
| | | | | | |
| FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF I | NTEREST POLICY IS | | | | |
| REVIEWED BY ALL MEMBERS OF THE BOARD OF DIRECTORS DURING | ITS ANNUAL | | | | |
| MEETING. ALL MEMBERS ARE REUQIRED TO DISCLOSE ANY RELATI | ONSHIPS WHICH MAY | | | | |
| GIVE RISE TO A CONFLICT OF INTEREST. | | | | | |