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Department of the Treasury

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

2012 Open to Public Inspection

II Kell	Hai IVe AELIGO DELAI	The organization may have to use a copy of this retain to eather, exact			10,000011011
A	For the 2012	calendar year, or tax year beginning $07/01/12$, and ending $06/30/12$	13		
В	Check if applicable	C Name of organization INDIANOLA COMMUNITY YOUTH		D Employer Ider	ntification number
	Address change	FOUNDATION			
	Name change	Doing Business As		27-21	
$\overline{\Box}$	Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone nun	nder
=		PO BOX 423			
	Terminated	City, town or post office, state, and ZIP code			600 600
	Amended return	INDIANOLA IA 50125	 _	G Gross receipts \$	680,679
	Application pending	F Name and address of principal officer	H(a) Is this a g	group return for affiliates	? Yes X No
		CASEY BLAKE			Yes No
		1801 COUNTRY CLUB RD		filiates included? o," attach a list (see in	
		INDIANOLA IA 50125	-{ " "	o, action a list (see in	31.4010/13/
	Tax-exempt statu		┥		
	Website.	WWW.ICYF23.COM		2010 M St	
	Form of organizati	•	ear of formation 2	OTO IM S	ate of legal domicile I.P.
<u>.r</u>		Summary describe the organization's mission or most significant activities			
_		SIST IN BUILDING COMMUNITY REPUTATION AS COMMITED TO	ארוותא איז	OTTA.TIIGOG	N
2		PROVIDING WAYS TO SUPPORT PROGRAMS AND FACILITIES THAT			
'n		ING PEOPLE	AI DIRECI.	DI DENDETI	
Š		this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of its not asset	e	
Ö	į.	er of voting members of the governing body (Part VI, line 1a)	Or its riet asset] 3 8	
•ර් ග	I	or of independent voting members of the governing body (Part VI, line 1b)		4 8	
Activities & Governance		umber of individuals employed in calendar year 2012 (Part V, line 2a)		5 0	
Ę		umber of volunteers (estimate if necessary)		6 70)
Ř	1	nrelated business revenue from Part VIII, column (C), line 12		7a	0
	I	related business taxable income from Form 990-T, line 34		7b	0
	D i det dil	NOV 0 4 2013	Prior Ye		Current Year
m	8 Contrib	outions and grants (Part VIII, line 1h)	1,46	4,599	631,278
Ž	I	m service revenue (Part VIII, line 2g)			0
Revenue	10 Investr	nent income (Part VIII, column (A), lines 3, 4, and 7d)		344	1,211
œ	11 Other r	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,362	19,093
	12 Total re	evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,50	7,305	651,582
	13 Grants	and similar amounts paid (Part IX, column (A), lines 1-3)	1,50	1,000	468,803
S	14 Benefit	s paid to or for members (Part IX, column (A), line 4)			0
ୁ ଦ୍ରାଧନ୍ତ Expenses	15 Salarie	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)			17,170
้ารัก	16a Profes	sional fundraising fees (Part IX, column (A), line 11e)			0
-1 ×	b Total fe	undraising expenses (Part IX, column (D), line 25) ▶ 0			
	17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	····	2,424	7,802
	18 Total e	xpenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,50	3,424	493,775
<u>-</u>	19 Reven	ue less expenses Subtract line 18 from line 12		3,881	157 , 807
် လူ			Beginning of Cu		End of Year
Net Assets or	20 Total a	ssets (Part X, line 16)	4.3	0,233	597,491
팔	21 Total II	abilities (Part X, line 26)	43	9,233	451 597,040
		sets or fund balances Subtract line 21 from line 20	4.3	19,233	397,040
		Signature Block			
		of perjury, I declare that I have examined this return, including accompanying schedules and statements complete. Declaration of prepager (other than officer) is based on all information of which preparer has		or my knowledge ar	la beller, it is
		JAINI All In will		////	//<i>]/</i>)/3
Sig	nn	Silenfature of officer		Date /	1000
He					
: 16		Type or print name and title			
	Pnot	Type or parer's name	Date	Check	r PTIN
Pai	ia l	Wall allow	10-31-		"
	narer ARLE	(A) 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			P01254642
	e Only	name ► Shull & Company, P.C. 1111 N Jefferson St		Firm's EIN ▶	
	· 1	. T1		Dh 5.1	5-961-2571
Mar				Phone no 5 J	
ivid	y ine into disc	uss this return with the preparer shown above? (see instructions)			X Yes No

DAA	rotal pro	Atain saiting avhailings	402,0	330			Form 990 (2012)
	(Expense	s \$ gram service expenses ▶	including grants of 482, () (Revenue \$)	
4d	-	gram services (Describe in	•				
4c	(Code) (Expenses \$		including grants of \$) (F	Revenue \$)
	(Code ROVID)(Expenses \$ E SUPPORT FOR		Including grants of \$	4,803)(FES AND EVENTS	Revenue \$)
	(Code ROVID)(Expenses \$ E FUNDS TO SUE		including grants of \$ UCTION OF A	464,000) (F COMMUNITY FIEL)
4	Describe expenses		ervice accomplishments c)(4) organizations are re	equired to report the am	gest program services, as mea ount of grants and allocations t		
3	Did the or services?	escribe these new services of ganization cease conducting	, or make significant cha	nges in how it conducts	a, any program		Yes X No
	prior Forn	ganization undertake any sig		s during the year which	were not listed on the		Yes X No
A: B:	SSIST Y PRO		COMMUNITY RE		COMMITED TO IT FACILITIES THAT		
	till	Statement of Progra	m Service Accomp	olishments			
Form :	990 (2012) INDIANOLA CO	MMUNITY YOUT	'H	27-21312 <u>50</u>		Page 2

	IntiV Checklist of Required Schedules			
	GREEF CHECKIST OF REQUIRED OCHECUNO		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	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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		Х
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,			ļ
	Part III	5		X
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			l
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			İ
	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,"			ĺ
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			İ
	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		Х
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,			Ė
	VII, VIII, IX, or X as applicable			ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			1
	complete Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			ĺ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			ŀ
	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 167 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			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ł
	Schedule D, Parts XI and XII	12a	<u> </u>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ <u>.</u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		ļ	ŀ
	fundraising, business, investment, and program service activities outside the United States, or aggregate		1	İ
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	ļ	1	1
	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		1	
	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 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	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	1

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

	TOTAL CHOCKIOS OF TOTAL CONTROL OF THE CONTROL OF T		Yes	No
<u>!</u> 1	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 12 if "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	- 1		
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	ľ		
	\$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		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		1	
	to defease any tax-exempt bonds?	24c		
	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			3.7
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	i		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1	v
	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			Х
_	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
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	27		Х
10	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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			<u> </u>
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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 Schedule N, Part II	32		Х
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, Parts II, III,	1		
	or IV, and Part V, line 1	34		X
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	1	1	
	controlled entity 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-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
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	<u> </u>	X
38	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	38	X	0 (2242

Ρa	Part V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		Yes	No
	la Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		1.03	1100
1a	4th Committee of the Co	- 		İ
b	Enter the final beautiful and the second state of the representation of the second state of the second sta			I
С	reportable gaming (gambling) winnings to prize winners?	10	;	ł
2a	The state of the s	1		
20	Statements, filed for the calendar year ending with or within the year covered by this return			ŧ
b	the state of the s	21	<u>, </u>	<u> </u>
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			-
За		38	<u> </u>	X
b	a same the same to the control of th	3t	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	y	i	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	46	•	X
b		Į.		Ī
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accour	its		١
5a		56		X
þ		51	1 -	X
С	· · · · · · · · · · · · · · · · · · ·	50	-	-
6a	<u>-</u>			\ _V
_	organization solicit any contributions that were not tax deductible as charitable contributions?	68	-	X
þ	·	61	.	
_	gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c).	- 0.	-	
7	The state of the s			I
а	and services provided to the payor?	7:	a	†
b	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	7		
c				
_	required to file Form 8282?	70	c	
d	The state of the s	d		T
е	The state of the s	70	e	<u> </u>
f		71	F _	<u> </u>
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 889	9 as required? 7	9	$oldsymbol{ol}}}}}}}}}}}}}}}}}$
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	e a Form 1098-C? 7	h	↓
8	8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	<u>:</u>		ŧ
	organization, have excess business holdings at any time during the year?	8		ļ
9				1
а	•	9		┼
b		9	b	╁
10	1			I
а				Ī
b	•	70		1
11	, , . .	1a		1
a		14	1	I
b	· · · · · · · · · · · · · · · · · · ·	1b		1
12a			2a	Ť
12a b		2b	-	1
13				I
а		1:	3a	
_	Note. See the instructions for additional information the organization must report on Schedule O			1
b				1
		3b		1
С		3c		<u> </u>
14a	4a Did the organization receive any payments for indoor tanning services during the tax year?	1/	4a	X
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14	4b	<u> </u>

Pa	FIVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	or a "N	o"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See	ınstruct	ions	
	Check if Schedule O contains a response to any question in this Part VI			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 1a 8	_		
	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 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7	-	
-	any other officer, director, trustee, or key employee?	2	Χ	
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_
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5		6		X
6	Did the organization have members or stockholders?			_^_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.		Х
_	one or more members of the governing body?	7a		
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			ŧ
а	The governing body?	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	8b	<u>X</u>	
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 Co	ode.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Χ
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			İ
а	The organization's CEO, Executive Director, or top management official	15a	1	Х
		15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	1.05		1
46-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			Ī
16a		160	1	X
	with a taxable entity during the year?	16a	-	<u> </u>
Ь				1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4.5.	•	ŧ
	organization's exempt status with respect to such arrangements?	16b	Щ.	L
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
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)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website 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 financial 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 ▶ SHULL & CO, P C 1111 N JEFFERSON			
I		5-96	1 - 2	<u> 571</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.

 $|{
m X}|$ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) (C) Average Position (do not check more than one box, unless person is both an officer and a director/trustee)					s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) CASEY BLAKE	-										
	2.00		ł						_	_	
PRESIDENT	0.00	X	1	X				0	0	0	
(2) JEFFREY HARTUNG	1 00										
	1.00	,,		١,,							
VICE PRESIDENT	0.00	X		X				0	0	0	
(3) DARCY MOELLER	2.00	-	1								
CECDETADY	0.00	X		X				0	0	0	
SECRETARY (4) ABBIE BLAKE	0.00	┼^	╁╌	\uparrow					<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(4)FIDDIE DELIKE	2.00			1							
DIRECTOR	0.00	X					Ì	0	0	0	
(5) JILL JOHNSON		1		<u> </u>	┢						
` '	2.00				ļ						
DIRECTOR	0.00	X						0	_0	0	
(6) LARRY MCCONNELL											
	2.00					1	ľ	1			
TREASURER	0.00	X		X		<u> </u>		0	0	0	
(7)GINA PIPER											
	2.00								_		
DIRECTOR	0.00	X	4_	-	↓	ļ		0	0	0	
(8) JANE WHALEN		Ì					ļ				
D.T.D.T.C.T.O.D.	2.00	,,		ŀ							
DIRECTOR	0.00	X	┼	┿	\vdash	-	-	0	0	0	
(9)								ļ			
(10)			-	-							
(11)		-									
DAA								<u> </u>		Form 990 (2012)	

_Par	Y VII Section A. Officers (A)	, Directors, Trus	stees	s, Ke		nplo c)	yees	s, an	nd Highest Compensated (D)	Employees (continued) (E)		(F)	
•	Name and title	Average hours per week (list any hours for	bo	x unle	check ess pe nd a d	rson i irecto	than o s both r/truste	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	cor	of son	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		a	ganizati nd relate ganizatio	ed
(12)													
(13)													
(14)												 -	
(15)							_						
(16)													
(17)					_						<u></u>		
(18)											-		
(19)													
C	Sub-total Total from continuation shee	ets to Part VII, S	ectio	on A	<u> </u>	l		>					
d 	Total (add lines 1b and 1c) Total number of individuals (increportable compensation from				ose	iiste	d abo	ve)	who received more than \$1	00,000 in		·	V N-
3	Did the organization list any for employee on line 1a? If "Yes,"	complete Schedu	ıle J	for s	uch i	ndıv	idual					3	Yes No
4 5	For any individual listed on line organization and related organindividual Did any person listed on line 1a	izations greater ti	nan S	\$150	,000	? If "	Yes,	" cor	mplete Schedule J for such			4	X_
	for services rendered to the ordinate of the o	ganization? If "Ye										5	<u> </u>
1	Complete this table for your five compensation from the organization	ation Report cor							r year ending with or within	the organization's tax year			(0)
	Name and	(A) business address						\vdash	Descrip	(B) blion of services		Corr	(C) pensation
								-					
		<u>.</u>						-		· · · · · · · · · · · · · · · · · · ·			··
			-										
2 DAA	Total number of independent c received more than \$100,000 c								listed above) who	0		-	990 (2012)

1 4	rt ∀I	Statement of Revo	O contains	a response to	any question in thi	s Part VIII.		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unretated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
হ হ	1a	Federated campaigns	1a					
E I		Membership dues	1b		1			
인탈		Fundraising events	1c		1		1	
業別		Related organizations	1d		1			
S, E		Government grants (contributions)	1e		1			
Sign	f	All other contributions, gifts, grants,			1			
		and similar amounts not included above	1f	631,278	1			
들임	g	Noncash contributions included in lines 1a	a-1f \$	382,971				
<u> ೧೯</u>	h	Total. Add lines 1a-1f		•	631,278			
9				Busn Code	1		1	
Fe	2a							
8	b							
ξį	С							
Ser	d							
E	e							
Program Service Revenue Contributions, Gifts, Grants	f	All other program service reve	enue					····
<u>-</u>	g	Total. Add lines 2a-2f		>				
	3	Investment income (including	dividends, int	erest,				
		and other similar amounts)			1,211	· · ·		1,211
1	4	Income from investment of tax	c-exempt bon	d proceeds				
	5	Royalties		•	-			
		(i) Real		(II) Personal	1			
	6a	Gross rents			1			
	b	Less rental exps			1			
	С	Rental inc or (loss)						
	d 7a	Net rental income or (loss) Gross amount from		•				
1		sales of assets (i) Securitie	es	(II) Other	1			
		other than inventory			1			
	þ	Less cost or other						
		basis & sales exps			Ī			
	С	Gain or (loss)			1	1		
	d	Net gain or (loss)	. —					
9	8a	Gross income from fundraising even	ents		1			
le)		(not including \$,		1	1		
è		of contributions reported on line 10	1	40 040	1			
Other Revenue		See Part IV, line 18	a	48,040	1			
₹		Less direct expenses	. b	29,097	10 042	1		10 043
		Net income or (loss) from fund		ts 🕨	18,943			18,943
	ya	Gross income from gaming activities See Part IV, line 19	1		1			
			a		1			
		Less direct expenses			†		:	
		Net income or (loss) from gan					· · · · · · · · · · · · · · · · · · ·	
	Tua	Gross sales of inventory, less	l		1			
		returns and allowances	a		1			
		Less cost of goods sold	b[,	†		:	
	ြင	Net income or (loss) from sale		Busn, Code				
	44-	Miscellaneous Revenue		BUSH, COUR	150	150	•	
	11a	MISCELLANEOUS		 	130	130		
	b			 				
	C	All other revenue		 				
	ď				150			
	12		200		651,582	150	0	20,154
	12	Total revenue. See instruction	JUS		001,002	130		ZU, 134

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respo	mplete all columns All other	organizations must complet	e column (A)	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and		Схрепзез	general expenses	
1	organizations in the U.S. See Part IV, line 21	468,803	468,803		
2	Grants and other assistance to individuals in	100/000		***************************************	
2	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			***************************************	***************************************
•	organizations, and individuals outside the			Ī	
	U.S See Part IV, lines 15 and 16			1	
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	15,750	7,875	7,875	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				-
9	Other employee benefits			710	
10	Payroli taxes	1,420	710	710	
11	Fees for services (non-employees)				
а	Management				
b	Legal	1 015		1 015	
С	Accounting	1,215		1,215	
d	Lobbying				
9	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
8	Other (If line 11g amount exceeds 10% of line 25, column	400	400		
	(A) amount, list line 11g expenses on Schedule O)	48	48		
12	Advertising and promotion	803	560	243	
13 14	Office expenses Information technology	003	300	2 1 0	·····
15	Royalties				
16	Occupancy				
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	506	253	253	
23	Insurance	4,354	2,925	1,429	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	1		1	
	line 24e amount exceeds 10% of line 25, column	1		I	
	(A) amount, list line 24e expenses on Schedule O)				<u></u>
а	CASUAL LABOR	476	476		
b					
С					
d					
е	·		100 000	1. 50-	
25	Total functional expenses Add lines 1 through 24e	493,775	482,050	11,725	
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)				

Form 990 (2012)

Check if Schedule O contains a response to any question in this Part X (A) Beginning of year 3 7 6, 940 1 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net inventories for sale or use	(B) End of year 228,828 82,671
1 Cash—non-interest bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use Beginning of year 376, 940 1 62, 293 2 3 4 5 5 6 6 7 7 8 Inventories for sale or use	End of year 228,828
1 Cash—non-interest bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 3 76,940 1 62,293 2 3 3 4 4 5 5 6 5 6 6 7 7	
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivables, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use	
3 Pledges and grants receivable, net 4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 3 4 4	
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 4 4 5 6 6 7	
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use	
trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use	
Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 8	
4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use	***************************************
sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use	
organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use	•
7 Notes and loans receivable, net 8 Inventories for sale or use	
6 inventories to said of dad	
6 inventories to said of dad	
9 Prepaid expenses and deferred charges 9	
9 Prepaid expenses and deterred charges 10a Land, buildings, and equipment cost or	
other basis Complete Part VI of Schedule D 10a 3, 014	
b Less accumulated depreciation 10b 506 10c	2,508
11 Investments—publicly traded securities	283,484
12 Investments—other securities See Part IV, line 11	
13 Investments—program-related See Part IV, line 11	
14 Intangible assets	
15 Other assets See Part IV, line 11	
16 Total assets. Add lines 1 through 15 (must equal line 34) 439, 233 16	597,491
17 Accounts payable and accrued expenses	451
18 Grants payable 18	
19 Deferred revenue	
20 Tax-exempt bond liabilities 20	
21 Escrow or custodial account liability Complete Part IV of Schedule D	
22 Leave and other payables to current and former officers, directors	
trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23	
disqualified persons Complete Part II of Schedule L	
23 Secured mortgages and notes payable to unrelated third parties 23	
24 Unsecured notes and loans payable to unrelated third parties 24	
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24) Complete Part X	
of Schedule D	
26 Total liabilities. Add lines 17 through 25	451
Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	
complete lines 27 through 29, and lines 33 and 34.	
27 Unrestricted net assets 376, 940 27	514,369
complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	82,671
P 29 Permanently restricted net assets 29	· · · · · · · · · · · · · · · · · · ·
☐ Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and	
complete lines 30 through 34.	
30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Retained earnings, endowment, accumulated income, or other funds	
31 Paid-in or capital surplus, or land, building, or equipment fund	
32 Retained earnings, endowment, accumulated income, or other funds	
33 Total net assets or fund balances 439, 233 33	597,040
34 Total liabilities and net assets/fund balances 439, 233 34	597,491

Form	990 (2012) INDIANOLA COMMUNITY YOUTH	27-2131250			Pa	ge 12
	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part	XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1		<u>551,</u>	
2	Total expenses (must equal Part IX, column (A), line 25)		2		193,	
3	Revenue less expenses Subtract line 2 from line 1		3			807
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4		139,	<u>233</u>
5	Net unrealized gains (losses) on investments		5		_	
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X,	line				
	33, column (B))		10		597 <u>,</u>	040
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part	XII				_ <u></u>
				ـــــم	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			1	•
	Schedule O					1
2a	Were the organization's financial statements compiled or reviewed by an independent acc	ountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were	compiled or				1
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate	e basis				
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were	audited on a				I
	separate basis, consolidated basis, or both					1
	Separate basis Consolidated basis Both consolidated and separate	e basis		•		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibil	ity for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independ	tent accountant?		20		
	If the organization changed either its oversight process or selection process during the tax	year, explain in				1
	Schedule O					1
3a	As a result of a federal award, was the organization required to undergo an audit or audits	as set forth in			1	
	the Single Audit Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did n	ot undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to under	an euch audite		31	. 1	1

Form **990** (2012)

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

Employer Identification number

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INDIANOLA COMMUNITY YOUTH

FOUNDATION

27-2131250

72	IT I	Keaso	on for Public Charity (status (Ali organizations i	Hust coi	uhiere r	ilio pai	17 000	111000	20110110	·		
				it is (For lines 1 through 11, che									
1				ciation of churches described in			۸)(i).						
2	H		ribed in section 170(b)(1)(A										
3	H			organization described in secti	on 170(b)	(1)(A)(iii).							
4	H			in conjunction with a hospital des				(A)(iii).	Enter th	e hospit	tal's name,		
•	ш	city, and state					- (- / ()	, ,		•			
5				a college or university owned or	operated I	by a gove	rnmenta	l unit de:	scribed	ın			
3	ш		o)(1)(A)(iv). (Complete Part I		оролаков .	-, - g							
_	Γ			r / vernmental unit described in sec	tion 170()	-\/1\/Δ\/v	١						
6								the ger	eral nu	blic			
7	X	=		ibstantial part of its support from	a governi	nemai un		i tile ger	iciai pu	DIIC			
_	$\overline{}$		ection 170(b)(1)(A)(vi). (Co										
8	H			'0(b)(1)(A)(vi). (Complete Part II			mamba	robin fo		aross			
9	Ш			more than 33 1/3% of its suppor									
				t functions—subject to certain e						II.S			
				unrelated business taxable inco			i tax) iii	om busii	iesses				
			=	1975 See section 509(a)(2). (- > / 4 >						
10				clusively to test for public safety									
11				clusively for the benefit of, to pe						4:			
				d organizations described in sec						tion			
		·		e type of supporting organization			ſ	_					
	_	a Type		c Type III–Functiona	, ,		d [onally integrat	ea	
е				nization is not controlled directly									
				than one or more publicly support	rted organ	nizations o	escribe	in sect	on 509	(a)(1)			
		or section 509											
f				mination from the IRS that it is a	Type I, Ty	pe II, or I	ype III s	upportin	g				
		•	check this box										Ш
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from ar	ny of the							
		following pen											г -
		(i) A person	who directly or indirectly cor	itrols, either alone or together wi	th persons	describe	d in (ii) a	ınd			Γ	Yes	No
		(III) belov	v, the governing body of the s	supported organization?							11g(i)		
		· ·	member of a person describe	• •							11g(il)		<u> </u>
		(iii) A 35% c	ontrolled entity of a person de	escnbed in (i) or (ii) above?							11g(iii	<u> </u>	L
h		Provide the f	ollowing information about the	e supported organization(s)	7								
(e of supported	(II) EIN	(III) Type of organization	1 ' '	organization		ou notify		is the	(vii) Amount		ary
	or	ganization		(described on lines 1–9 above or IRC section	1	sted in your document?		nization in of your	organizat (I) organi	zed in the	sup	JOR	
				(see instructions))	governing		sup	oort?	U	S?			
					Yes	No	Yes	No	Yes	No			
A)										1 1			
					ļ			ļ					
(B)								!	İ				
							<u></u>		<u> </u>				
(C)							1	Ì					
								<u> </u>					
(D)		· · · · · · · · · · · · · · · · · · ·											
							ļ		ļ		<u> </u>		
(E)						ļ							
					 	ļ	<u> </u>	ļ	 				
-				‡									

Part II If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support						
Caler	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			384,172	1,464,599	631,278	2,480,049
2	Tax revenues levied for the organization'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						
4	Total. Add lines 1 through 3			384,172	1,464,599	631,278	2,480,049
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)					***************************************	1,248,895
6	Public support. Subtract line 5 from line 4.						1,231,154
	tion B. Total Support			.t		<u></u>	1,231,134
	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4			384,172	1,464,599	631,278	2,480,049
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			487	344	1,211	2,042
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			76,791	59,170	48,190	184,151
11	Total support. Add lines 7 through 10						2,666,242
12	Gross receipts from related activities, etc. (see instructions)				12	13,705
13	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	-		-		·	
Sec	tion C. Computation of Public Su		age				
14	Public support percentage for 2012 (line 6,	column (f) divided	by line 11, column	(f))		14	46.18%
15	Public support percentage from 2011 Sche	dule A, Part II, line	14			15	42.97%
16a	33 1/3% support test—2012. If the organi			3, and line 14 is 33 1/	/3% or more, chec	k this	
	box and stop here. The organization qualif	ies as a publicly su	pported organization	on			▶ [X
b	33 1/3% support test-2011. If the organi	zation did not chec	k a box on line 13 (or 16a, and line 15 is	33 1/3% or more,		
	check this box and stop here. The organiz	ation qualifies as a	publicly supported	organization			▶ _
17a	10%-facts-and-circumstances test-201	2. If the organization	on did not check a	box on line 13, 16a, 6	or 16b, and line 14	IS	
	10% or more, and if the organization meets	the "facts-and-circ	umstances" test, c	theck this box and st	op here. Explain i	n	
	Part IV how the organization meets the "fac	ts-and-circumstan	ces" test. The orga	nization qualifies as a	a publicly supporte	ed .	
	organization						>
b	10%-facts-and-circumstances test—201	1. If the organization	on did not check a	box on line 13, 16a,	16b, or 17a, and lii	ne	
	15 is 10% or more, and if the organization	neets the "facts-an	d-circumstances" (test, check this box a	ind stop here.		
	Explain in Part IV how the organization med	ets the "facts-and-c	ircumstances" test	The organization qu	ualifies as a public	y	
	supported organization						▶ _
18	Private foundation. If the organization did	not check a box of	n line 13, 16a, 16b,	, 17a, or 17b, check t	this box and see		,
	ınstructions						▶ _

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) . Partill

oupport constant for organizations become a court contant
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part
If the organization fails to qualify under the tests listed below, please complete Part II.)
in the organization ratio to duality arraot the teste instance of processing in

Sec	tion A. Public Support					-		
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
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							
C	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)							
Sec	tion B. Total Support	<u>. </u>	!	<u> </u>	1	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012		(f) Total
9	Amounts from line 6	······································	3.2			1		
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							
С	Add lines 10a and 10b	<u> </u>		ļ		ļ		
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 vear	as a section 501(c)	(3)		
- •	organization, check this box and stop here	_	Section, time, loui	, o tan jour		\ - /		>
Sec	tion C. Computation of Public Su		tage				-	
15	Public support percentage for 2012 (line 8,	column (f) divided	by line 13, column	(f))			15	%
16	Public support percentage from 2011 Sche	dule A, Part III, line	15				16	%
Sec	tion D. Computation of Investme	nt Income Per	rcentage					
17	Investment income percentage for 2012 (li	ne 10c, column (f)	divided by line 13, o	column (f))			17	%%
18	Investment income percentage from 2011	Schedule A, Part II	I, line 17				18	%
19a	33 1/3% support tests—2012. If the orga	nization did not che	eck the box on line	14, and line 15 is n	nore than 33 1/3%,	and line		
	17 is not more than 33 1/3%, check this bo		-		_			▶ [
b	33 1/3% support tests—2011. If the orga							
_	line 18 is not more than 33 1/3%, check thi	•	_					
20	Private foundation. If the organization did	not check a box o	n line 14, 19a, or 19	9b, check this box	and see instruction	s		

Part IV	Supplemental Information. Complemental Information. Complemental Information. Complemental II, line 17a or 17b, and Part III, instructions)	ete this part to provi	de the explanations	27-2131250 required by Part II, line 10; dditional information (See	Page 4
Part I	[], Line 10 - Other Inco	ome Detail			
FUNDRA	AISER RECEIPTS	\$	170,446		
POSTER	R & SHIRT SALES	\$	13,555		
MISCEI	LLANEOUS	\$	150		

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

2012

Open to Public

Inspection Employer identification number Name of the organization INDIANOLA COMMUNITY YOUTH 27-2131250 FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X

Schedule D (Form 990) 2012

 \triangleright

2.508

e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII	Investments—Other Securities. See F	orm 990, Pa	art X, line 12.		
	(a) Description of security or category		(b) Book value	(c) Method	
	(including name of security)			Cost or end-of-y	ear market value
(1) Financial d	erivatives	<u>_</u>			
(2) Ciosely-hel	ld equity interests				
(3) Other		<u> </u>			
(A)		<u> </u>			
(B)					
(C)		_			
(D)					
(E)					
(F)					
(G)					
(H)					
(1)					
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. See	Form 990, P	art X, line 13		
	(a) Description of investment type		(b) Book value	• •	of valuation ear market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
				1	
(9)		1		1	
(9) (10)					
(10)	n (b) must equal Form 990, Part X, col (B) line 13)		***************************************		
(10) Total. (Columr	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990, Part X, li				
(10)	Other Assets. See Form 990, Part X, li				(b) Book value
(10) Total. (Column Part IX	Other Assets. See Form 990, Part X, li	ne 15			(b) Book value
(10) Total. (Column Part IX (1)	Other Assets. See Form 990, Part X, li	ne 15			(b) Book value
(10) Total. (Column Part IX (1) (2)	Other Assets. See Form 990, Part X, li	ne 15			(b) Book value
(10) Total. (Column Part IX (1) (2) (3)	Other Assets. See Form 990, Part X, li	ne 15	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4)	Other Assets. See Form 990, Part X, li	ne 15			(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. See Form 990, Part X, li	ne 15			(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets. See Form 990, Part X, li	ne 15			(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. See Form 990, Part X, li	ne 15			(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. See Form 990, Part X, li	ne 15			(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. See Form 990, Part X, li	ne 15			(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Part X, li (a) De	ne 15			(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column	Other Assets. See Form 990, Part X, li (a) De (b) must equal Form 990, Part X, col (B) line 15)	ne 15			(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X	Other Assets. See Form 990, Part X, li (a) De	ne 15	(b) Book value	>	(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1.	Other Assets. See Form 990, Part X, li (a) De (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X	ne 15	(b) Book value		(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal	Other Assets. See Form 990, Part X, Ii (a) De (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15	(b) Book value		(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2)	Other Assets. See Form 990, Part X, Ii (a) De (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15	(b) Book value	•	(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) (3)	Other Assets. See Form 990, Part X, Ii (a) De (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15	(b) Book value	>	(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) (3) (4)	Other Assets. See Form 990, Part X, Ii (a) De (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15	(b) Book value		(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5)	Other Assets. See Form 990, Part X, Ii (a) De (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15	(b) Book value		(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6)	Other Assets. See Form 990, Part X, Ii (a) De (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15	(b) Book value		(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Assets. See Form 990, Part X, Ii (a) De (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15	(b) Book value		(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Assets. See Form 990, Part X, Ii (a) De (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15	(b) Book value		(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. See Form 990, Part X, Ii (a) De (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15	(b) Book value		(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Part X, Ii (a) De (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15	(b) Book value	>	(b) Book value
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11)	Other Assets. See Form 990, Part X, Ii (a) De (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15	(b) Book value		(b) Book value

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2012 INDIANOLA COMMUNITY YOUTH
Part XIII Supplemental Information (continued)

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

Department of the Treasury Internal Revenue Service Name of the organization

INDIANOLA COMMUNITY YOUTH

FOUNDATION

Employer Identification number 27-2131250

Pari	Fundraising Activities. Complete if t Form 990-EZ filers are not required to	he organization complete this	ans	were	ed "Yes" to Form 9	90, Part IV, line 1	7.					
1 lt	ndicate whether the organization raised funds through any			s Che	eck all that apply							
a [¬				rnment grants							
ь	Internet and email solicitations	Solicitation										
c [_ 7	g Special fund										
d	In-person solicitations			_								
20 [any individual (incl	udina	office	re directore truetees							
0	2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No											
b II	"Yes," list the ten highest paid individuals or entities (fundompensated at least \$5,000 by the organization	draisers) pursuant	to agr	eeme	nts under which the fur	ndraiser is to be						
			(iii) Did raiser			(v) Amount paid to	(vi) Amount paid to					
	(I) Name and address of individual or entity (fundraiser)	(ii) Activity	custo	dy or	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization					
			control of contributions?		, , , , , , , , , , , , , , , , , , ,	col (I)						
			Yes	No								
1												
												
2												
_												
3												
4												
5												
5												
6												
7												
8												
9												
	- Arran - Arra											
40												
10												
Total		L				 						

. Part II

27-2131250 Schedule G (Form 990 or 990-EZ) 2012 INDIANOLA COMMUNITY YOUTH Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List

	_	events with gro	ss receipts greate	er than \$5,c	<u> </u>				
			(a) Event #1		(b) Event	#2	(c) Other e	vents	
			IINIINMED II	NICE	COOK BOO	V CAIEC	2		(d) Total events (add col (a) through
			HAUNTED HO	JUSE	COOK BOO (event typ		2 (total nun	nber)	col (c))
e E			(575)			,	<u>-</u>		
Revenue	1	Gross receipts		18,751		9,288		15,201	43,240
ď									
	2	Less Contributions							
	3	Gross income (line 1 minus		10 751		0 000		15 201	42 240
	 	line 2)		18,751		9,288		15,201	43,240
	<u>ہ</u> ا	Cash prizes							
	-	Odsii prizes							
	5	Noncash prizes						2,245	2,245
ses	6	Rent/facility costs							
ben	_	Food and howers are						1,339	1,339
Ð	′	Food and beverages						1,333	1,555
Direct Expenses	8	Entertainment							
_									
	9	Other direct expenses		9,772		12,268		1,886	23,926
	١			. 1 (4)					27 510
	i	Direct expense summary Net income summary Cor						•	27,510) 15,730
	art	III Gaming, Com	olete if the organiz	zation answ	vered "Yes" to f	orm 990, Pa	rt IV, line 19	or reported	more
		than \$15,000 c	on Form 990-EZ, I	ıne 6a.				· · · · · · · · · · · · · · · · · · ·	
		(b) Pull tabs/instant							
ē			(a) Bingo		, ,		(c) Other	gaming	(d) Total gaming (add
venue			(a) Bingo		(b) Pull tab: bingo/progres		(c) Other	gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue	(a) Bingo		, ,		(c) Other	gaming	
Revenue	1	Gross revenue	(a) Bingo		, ,		(c) Other	gaming	
		Gross revenue Cash prizes	(a) Bingo		, ,		(c) Other	gaming	
			(a) Bingo		, ,		(c) Other	gaming	
	2		(a) Bingo		, ,		(c) Other	gaming	
ct Expenses	2	Cash prizes Noncash prizes	(a) Bingo		, ,		(c) Other	gaming	
Expenses	2	Cash prizes	(a) Bingo		, ,		(c) Other	gaming	
ct Expenses	3 4	Cash prizes Noncash prizes	(a) Bingo		, ,		(c) Other	gaming	
ct Expenses	3 4	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	%	, ,		(c) Other	gaming %	
ct Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs		%	bingo/progres	sive bingo			
ct Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes No		Yes No	sive bingo	Yes		
ct Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes No		Yes No	sive bingo	Yes		
ct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes No Add lines 2 through 5	ın column (d)	Yes No	sive bingo	Yes		
ct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary	Yes No Add lines 2 through 5	ın column (d)	Yes No	sive bingo	Yes		
ct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summare the state(s) in which the	Yes No Add lines 2 through 5 hary Combine line 1, companies organization operates	in column (d) column d, and gaming activ	Yes No	sive bingo	Yes		col (a) through col (c))
birect Expenses	2 3 4 5 6 7 8 Err	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summare the state(s) in which the the organization licensed to	Yes No Add lines 2 through 5 hary Combine line 1, companies organization operates	in column (d) column d, and gaming activ	Yes No	sive bingo	Yes		
birect Expenses	2 3 4 5 6 7 8 Err	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summare the state(s) in which the	Yes No Add lines 2 through 5 hary Combine line 1, companies organization operates	in column (d) column d, and gaming activ	Yes No	sive bingo	Yes		col (a) through col (c))
birect Expenses	2 3 4 5 6 7 8 Err	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summare the state(s) in which the the organization licensed to	Yes No Add lines 2 through 5 hary Combine line 1, companies organization operates	in column (d) column d, and gaming activ	Yes No	sive bingo	Yes		col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Er is if '	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summary nter the state(s) in which the the organization licensed to "No," explain	Yes No Add lines 2 through 5 hary Combine line 1, coorganization operates operate gaming activity	in column (d) column d, and gaming active ties in each of	Yes No line 7 tties these states?	%	Yes No		col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Erris Is If '	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summare the state(s) in which the the organization licensed to	Yes No Add lines 2 through 5 hary Combine line 1, coorganization operates operate gaming activity	in column (d) column d, and gaming active ties in each of	Yes No line 7 tties these states?	%	Yes No		col (a) through col (c))

che	dule G (Form 990 or 990-EZ) 2012 INDIANOLA COMMUNITY YOUTH	27-21312	250	Page 3
1	Does the organization operate gaming activities with nonmembers?		Yes	No
2	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?	•	Yes	☐ No
3	Indicate the percentage of gaming activity operated in	<u> </u>		
а	The organization's facility	1	3a	%_
b	An outside facility	1:	3b	%
4	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records			
	Name ▶ .			
	Address ►			
5a	Does the organization have a contract with a third party from whom the organization receives gaming			—
	revenue?		U Yes	∐ No
ь	If "Yes," enter the amount of gaming revenue received by the organization > \$	and the		
_	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party			
	Name ►			
	Address ►			
6	Gaming manager information			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
7	Mandatory distributions			
а	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 ▶ \$			
Par	TIV Supplemental Information. Complete this part to provide the explanations requ	uired by Part I, line	2b,	
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as app			
	part to provide any additional information (see instructions)	<u> </u>		

	CHEDULE G Form 990 or	F	undraising Other Eve	ents	2012			
	90-EZ)	For calendar year 2012, or tax year	For calendar year 2012, or tax year beginning $07/01/12$, and ending 06					
Nan					Employer Identification Number			
	NDIANOLA COUNDATION	OMMUNITY YOUTH			27-2131250			
		(a) Other event	(b) Other event	(c) Other event	(d) Total other events			
		CARDS WITH CASE	BASEBALL CAMP	.	(add col (a) through			
ē		(event type)	(event type)	(event type)	col (c))			
Revenue	1 Gross receipts	8,901	6,300		15,201			
œ	2 Less Charitable contributions							
	3 Gross income	8,901	6,300		15,201			
	(line 1 minus line 2	0,001	0/300	-	13/201			
	4 Cash prizes							
	5 Noncash prizes	2,245			2,245			
ses	6 Rent/facility cos	ds						
Direct Expenses	7 Food/beverages	1,339			1,339			
Direct	8 Entertainment							
	9 Other expenses	43	1,843		1,886			

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2012

OMB No 1545-0047

Inspection

Open to Public

2 COMMUNITY FIELDHOUSE Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance Employer identification number X Yes 27-2131250 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 464,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 42-6038225 General Information on Grants and Assistance (p) EIN INDIANOLA COMMUNITY YOUTH Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (1) INDIANOLA COMMUNITY SCHOOL DISTRICT 50125 (a) Name and address of organization FOUNDATION or government 1304 E SECOND AVE Name of the organization INDIANOLA Part II Part I 2 3 3 9 9 3 8 6

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

Schedule I (Form 990) (2012)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Schedule I (Form 990) (2012) INDIANOLA COMMUNITY YOUTH

Part III

(e) Method of valuation (book, (f) Description of non-cash assistance, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance information. 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

Open To Public Inspection

Department of the Treasury Internal Revenue Service

INDIANOLA COMMUNITY YOUTH

Employer Identification number 27-2131250

Pa	rt 1 Types of Property				12, 213123	<u> </u>		
<u></u>	Types of Froperty	(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 amoun	ts		
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests						ĺ	
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	8	382,643	COMPARABLE SALES			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous	X	1	328	COMPARABLE SALES			
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation	1						
	contribution—Other							
15	Real estate—Residential	ļ <u> </u>						
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles		· - · · · · · · · · · · · · · · · · · ·					
19	Food inventory			<u> </u>				
20	Drugs and medical supplies							
21	Taxidermy			 				
22	Historical artifacts							
23 24	Scientific specimens Archeological artifacts		·····					-
24 25	Other ()		<u> </u>					
26	Other ► (<u> </u>						-
27	Other ► (
28	Other ► (
29	Number of Forms 8283 received by t	he organiza	ation during the tax year	for contributions for				
	which the organization completed Fo	-	_		29			
	The state of the s	0_00,		-9	<u> </u>		Yes	No
30a	During the year, did the organization	receive by	contribution any property	reported in Part I, lines 1-2	28 that			
	it must hold for at least three years fr							
	used for exempt purposes for the en			•		30a	Ī	Х
b	If "Yes," describe the arrangement in	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
31	Does the organization have a gift acc		olicy that requires the rev	new of any non-standard				
contributions?								Х
contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?	F				32a		Х
b	If "Yes," describe in Part II							
33	If the organization did not report an a	amount in c	olumn (c) for a type of pr	operty for which column (a)	is checked,			
	describe in Part II		() · · · · · · · · · · · · · · · · · ·			<u> </u>		.

Schedule M (Form 990) (2012)

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

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.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

(99)

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No

Name((s) shown on return INDIA FOUND	NOLA COMMUNI ATION	TY YOUTH					-2131250		
	ess or activity to which this form relates									
	<u> ORM 990 - YOUTH .</u>									
Pε	-	ense Certain Prop	•							
		any listed property	, complete Part	V before	you co	omplete Part	<u> </u>	— т	500 000	
1	Maximum amount (see instruction							1	500,000	
2	Total cost of section 179 proper							2	2 000 000	
3	Threshold cost of section 179 pr	• •	•	tructions)				3	2,000,000	
4	Reduction in limitation Subtract							4		
_5	Dollar limitation for tax year Subtrac	· ·						5		
<u>_6</u>	(a) Descri	ption of property		(b) Cost (busin	ess use on	y) (c) Elected cost			
_		-1 6 1 20				-		—[
7	Listed property Enter the amount			C J 7		7				
8	Total elected cost of section 179		in column (c), lines	6 and 7				8		
9	Tentative deduction Enter the s		244 Farm 4500					9		
10	Carryover of disallowed deduction			\ - -	. l			10		
11	Business income limitation Enter		•	•	ine 5 (S	ee instructions)		11		
12	Section 179 expense deduction	·		nan iine i i		13		12		
13 Note	Carryover of disallowed deduction: Do not use Part II or Part III below					13				
********	.,	ation Allowance a		ociation	(Do no	t include list	ad prope	rty \ / S	See instructions)	
							sa prope	T. T	bee instructions)	
14	Special depreciation allowance		iei triari listeu prope	rity) placed	III SEI VICE	3		44		
45	during the tax year (see instruct	•						14		
15	Property subject to section 168(16		
16 Da	Other depreciation (including AC	iation (Do not inclu	de listed proper	rtv) /See	instruc	tions)		1 10 1		
5	art in MACKO Deprec	iation (Do Hot mold	Section Sectio		monac	ALOHS. J				
17	MACRS deductions for assets p	staced in service in tax ve						17		
18	If you are electing to group any assets plan	•	• •		chack han	•	ightharpoonup		***************************************	
		—Assets Placed in Se					eciation S	vstem		
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreca (business/investment in only—see instruction	lation (d)	Recovery	(e) Convention	(f) Meth	I	(g) Depreciation deduction	
19a	3-year property		,							
b	5-year property		1.	, 328	5.0	НҮ	200	DB	265	
С				, 686	7.0	HY)DB	241	
	10-year property									
	15-year property					<u> </u>		i		
f	20-year property	_1					1			
_ a	25-year property				25 yrs		S/I	_ 1		
<u>a</u> _	Residential rental			1	7 5 yrs	MM	S/I			
	property				7 5 yrs	MM	S/t			
	Nonresidential real				39 yrs	MM	S/I		· · · · · · · · · · · · · · · · · · ·	
·	property		<u> </u>		50 y.Q	MM	S/L			
	Section C-	-Assets Placed in Serv	vice Durina 2012 T	ax Year Us	ing the					
20a			1							
	12-year				12 yrs		S/I			
	40-year		1		40 yrs	MM	S/I			
_	art IV Summary (See	instructions)	1	1 '	TU YIS	T IAHAI				
21	Listed property Enter amount for					·		21		
22	Total. Add amounts from line 1		nee 10 and 20 in cal	umn (a) co	id line 21	Enter hara		1-		
~~	and on the appropriate lines of					Linei nete		22	506	
22	For assets shown above and al	•	•		uc(10115	<u> </u>	<u> </u>	1 44	306	

portion of the basis attributable to section 263A costs

27	.21	31	ら	5	٢
_,		\sim	-	•	v

HAUNTED HOUSE

Description	 Amount		
ADVERTISING INSURANCE SUPPLIES	\$ 300 1,823 7,649		
Total	\$ 9,772		

27-	213	12	50

COOK BOOK SALES

Description	Ar	nount
SALES COMMISSIONS	\$	280
Total	\$	280

0 -	7 7	40	4 ``	E 0
	7-2	IJ	١Z	วบ

CARDS WITH CASEY

Description	An	nount
LICENSES & FEES SUPPLIES	\$	40
Total	\$	43

BASEBALL CAMP

Description	 Amount		
INSURANCE SUPPLIES	\$ 1,033 810		
Total	\$ 1,843		

				^		
27-2	21	3	1	2	5	0

LACE UP FOR LITERACY 5K

Description	 Amount		
INSURANCE SUPPLIES	\$ 404 1,183		
Total	\$ 1,587		