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Department of the Treasury Internal Revenue Service

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. OMB No. 1545-0047

Open to Public Inspection

2012, and ending For the 2012 calendar year, or tax year beginning 20 13 D Employer Identification number Check if applicable C Name of organization Ankeny Junior Football, Inc. Doing Business As Address change 20-4003084 Number and street (or P.O box if mail is not delivered to street address) E Telephone number Name change Initial return 1450 NW Manle 515-205-6021 П City, town or post office, state, and ZIP code Terminated G Gross receipts \$ Amended return Ankeny, Jowa 50023 252905 F Name and address of principal officer: H(a) Is this a group return for affillates? ☐ Yes ✓ No Application pending 252905 H(b) Are all affiliates included? Yes No If "No," attach a list. (see instructions) √ 501(c)(3) 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or Tax-exempt status: onkenyjuniortootball, org H(c) Group exemption number ▶ Form of organization Corporation Trust Association Other ▶ L Year of formation M State of legal domicile: Part I Briefly describe the organization's mission or most significant activities: Ankeny Junior Football is dedicated to the promotion of citizenship, sportsmanship and teamwork. It is the goal of Ankeny Junior Football to offer all Ankeny participants Activities & Governance a positive environment in which to learn and develop the skills associated with the game of football. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . . . . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year Contributions and grants (Part VIII, line 1h). 8 126798 153196 Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 991 201 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 45779 44441 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 173568 197838 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX<sub>r</sub>-column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 17-17 dt 17 137466 161151 Total expenses. Add lines 13-17 (must-equal Part 18 137466 <u> 161151</u> 19 Revenue less expenses. Subtract line 18 from line 12 36102 36687 **Beginning of Current Year** End of Year 15 2013 Total assets (Part X, line 16) 20 383991 419656 21 Total liabilities (Part X, line 26) 116115 115093 22 Net assets or fund balances. Subtract 267876 304563 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian Signature of officer Date Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Paid Check 🗸 self-employed Andrew E. Nielsen PO1268055 Preparer Firm's name > Andrew E. Nielsen Firm's EIN ▶ N/A **Use Only** Firm's address ► 217 NE 16th St. Ankeny, Iowa 50021 515-669-1510

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes 
☐ No

		ye z
Part		_
	Check if Schedule O contains a response to any question in this Part III	ᆜ.
1	Briefly describe the organization's mission:	
	Ankeny Junior Football is dedicated to the	
	promotion of citizenship, sportsmanship and teamwork. It is the goal of Ankeny Junior Football to offer all Ankeny participants	
	a positive environment in which to learn and develop the skills associated with the game of football.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	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?	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	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 161151 including grants of \$ ) (Revenue \$ )	
	Ankeny Junior Football benefits the community through the development of its over 900 youth members' leadership abilities in a	
	positive atmosphere of teamwork and good sportsmanship.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	······································	
		<b>-</b>
4d	Other program services (Describe in Schedule O.)	_
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses ► 161151	

**Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? . . . . 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 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 . . . . . . . . . . . . . . . . . 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, 5 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 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 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 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 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . . . . . . . . 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 11f 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 13 14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . . 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking. fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. . . . . . 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . . . 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . . . 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part	Checklist of Required Schedules (continued)			Ť
			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		1
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	1	
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		1
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b	_	
d <b>2</b> 5a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
	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		1
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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	35b		· /
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,	36		
	Part VI	37		1
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Part				_
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	1 20	<u></u>
10	Fatantha averbas asserted in Bay 0 of Farm 1000. Fatan 0 if ant applicable		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		- 1
С	reportable gaming (gambling) winnings to prize winners?	1.0		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
28				
_	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]  [15]  [15]  [16]  [17]  [18]  [			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	****	384.34
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		7	EL C
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	-
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<del> </del> -
4a	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)?	1		1
<b>L</b>		4a	Little Day	350100
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.			
E.o.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>23</b> 223		
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		<del>                                     </del>
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del>-</del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		<del> </del>
Vu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		<u> </u>
	gifts were not tax deductible?	6ь		ĺ
7	Organizations that may receive deductible contributions under section 170(c).	X488(2	<b>20</b>	Terre
'a	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?	7a	Troil:	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b>-</b>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		<del> </del>
·	required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year			430,500
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del>                                     </del>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del> </del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	13.000		74.94
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	HELKEDY.	30623
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the organization make any taxable distributions under section 4966?	9a	2-18-13-13-13-13-13-13-13-13-13-13-13-13-13-	
b	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	2.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	3.1		
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.			Mr.
b	Enter the amount of reserves the organization is required to maintain by the states in which		200	1 1960
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response to any question in this Part VI	See ins	struci	ions.
Secti	ion A. Governing Body and Management	<u></u> -		<u> </u>
			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 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6 7a	Did the organization have members or stockholders?	6 7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
а	The governing body?	8a	✓	<u> </u>
Ъ	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	<u>ue C</u>		) <del> </del>
40	Diliber on the book of books of a section of the books of		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>√</b>	
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		1
14 15	Did the organization have a written document retention and destruction policy?	14		
a b	The organization's CEO, Executive Director, or top management official	15a 15b		<b>√</b>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  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		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(c	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Damon L. Miller, 518 NE 42nd Court, Ankeny, Iowa 50021 515-371-4459	of the		

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Form 990 (2012)

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

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 no	or any relate	d <u>org</u>	aniz	zatio	on c	ompe	ensa	ated any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per	officer and a director/trus					one n an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) William D. L. Morris	1.0									
President (0)			├	<u> </u>	├-		├	0	0	0
(2) Keily Mudge	1.0	i		ĺ			ĺ			
Officials Coordinator	+	<u> </u>	┢	-	├─	<u> </u>	⊢	0	0	0
(3) Damon Miller Vice President - Finance and Treasurer	1.0	}						o	,	0
(A) Object Witholds	1.0		-	├-	$\vdash$		$\vdash$	<u>-</u>		
Tournament Director	<u>!.</u>	1					ĺ	o	o	0
/5\ p 1 \ 1 \ 1 \	1.0		$\vdash$		-			ļ <u>-</u>		
(3) Brad Johnson Communications Director	!::	1			,		]	۰ ا	,	0
(6) Mike Fontana	1.0							<del>-</del>	<u>*</u>	<u></u>
Public Relations Director	-	1						o	o	0
(7) Dave Huber	1.0									<u>_</u>
Equipment Manager							j	o	0	o
(8) Mark Moss	1.0				T .					
Equipment Manager						_		io	0	0
(9)						-				
(10)										
(11)										
(12)				<u> </u>						
(13)									-	
(14)										

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	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles	Pos eck s pe	rson	than is both or/trus Highest compensated employee	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensatio relatec organizati (W-2/1099-i	n from I ons	(F) Estimated amount of other compensation from the organization and related organizations
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(16)												
(17)						_		-				·····
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(23)												
(24)					_		-					
(25)												
1b	Sub-total			<u> </u>		Щ 	•	<b>•</b>	0		0	
C	Total from continuation sheets to Part			•			•	•	0	•	0	
<u>d</u>	Total (add lines 1b and 1c)	not limited	to th				bove	e) wi	ho received m	ore than \$1	00,00	0 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete \$	ficer, direct	tor, o				•	mp	loyee, or high	est comps	nsate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	ortat	ole c	om	per	satio					e
5	Did any person listed on line 1a receive of for services rendered to the organization?											
Section	on B. Independent Contractors		J.1.J.								<u> </u>	<u> </u>
1	Complete this table for your five highest of compensation from the organization. Replyear.											
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compensation
None.												
2	Total number of independent contractor received more than \$100,000 of compens							the	ose listed abo	ve) who		

	990 (201	<u> </u>	·				<u> </u>	·	Page 9
Par	t VIII	Statement of Rev						-	
		Check if Schedule O	contains a	respo	onse to any que	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D)  Revenue excluded from tax
<u>'</u>			· · · · · · · · · · · · · · · · · · ·	<u>,,,</u>			function revenue	revenue	under sections 512, 513, or 514
nts nts	1a	Federated campaign:		1a			, , ,		1,1
er se	b	Membership dues .		1b	150806			,	- 1
Ş, A	C	Fundraising events .		10	<u> </u>	<b>.</b> ``.'.			
텵	d	Related organizations		1d	ļ			ļ.	
Sin S	e e	Government grants (cor		1e	<b></b> _		, , ,	1 .	
utio	1	All other contributions, g and similar amounts not in			}	1. 3.		5 4	A second
日景	_	Noncash contributions inclu	l l	1f ¢	2390	75 T		, '',	
Contributions, Gifts, Grants and Other Similar Amounts	l g	Total. Add lines 1a-1			<del>-</del>	153196			
	<del>  "</del> -	Total: Add lines 1a-1	<u>' · · · · · </u>	· · · ·	Business Code	153190		<del>\</del>	
Program Service Revenue	2a					7.1011	<u> </u>	<del> </del>	<u> </u>
æ	b	•••••••			}				<del> </del>
j.	С								<del>                                     </del>
Sen	d								
Ë	е								
ogu	f	All other program ser	vice revenu	e.	L			L	<u></u>
<u>~</u> _	g	Total. Add lines 2a-2					上二種社立	in the same	
	3	Investment income					ļ		
	١.	and other similar amo	•			201	<del> </del>		201
	4	Income from investmen		npt bo	ona proceeas	<del> </del>	<del> </del>	<del> </del>	·
	5	Royalties	(i) Real	<del>-</del>	(ii) Personal		5 6 6 8 A T	<del> </del>	
	6a	Gross rents	\		(ii) t orocital	(1) (1) (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	To the second		1 2 45 0
	ь	Less: rental expenses					200	10.75	
	c	Rental income or (loss)	<del></del>						
	d	Net rental income or			▶			·	· · · · · · · · · · · · · · · · · · ·
	7a	Gross amount from sales of	(i) Secunti	es	(ii) Other	The second second	1 7 7 7 7 7 1		,,,,,
		assets other than inventory							
	b	Less: cost or other basis						, ' ' ' ' ' ' ' ' ' ' ' '	
		and sales expenses .						, ,	
	С	Gain or (loss)	L				1 1 1 1 1 1 1 1	·	Table 1
	d	Net gain or (loss) .			<u> ▶</u>	100 V V V V V V V V V V V V V V V V V V	A Signar - Says Say as Say Say		1
<u>•</u>		0	1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Ĕ	8a	Gross income from fu events (not including \$	indraising				Profession many		
ě	}	of contributions reporte		<u></u>				المال أدام	
Ē	ĺ				0440=	Part of the second			1 1 miles
Other Revenue	ь	Less: direct expenses		-	61165 32334		A Property of		
0	C	Net income or (loss) fi				28831	19. 11. 11. 11. 11. 11. 11. 11. 11. 11.	Lauria	28831
	9a	Gross income from ga				# 164 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	· 表示 / 电影	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 7 7 7 7
				а					
ļ	b	Less: direct expenses		b		34 (10)			is girly he're's
	С	Net income or (loss) for			vities ▶				
	10a	Gross sales of in		ess		4.	1		<del> </del>
		returns and allowance		а	38343		The state of the s		1 - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	b	Less: cost of goods s		b	22733	<u> </u>	-	<del>-</del>	h. 165.
	С	Net income or (loss) fi		Inve		15610	15610		
	445	Miscellaneous R	evenue		Business Code			***	3 1 3
	11a								
	b							<del></del>	<del></del>
	ď	All other revenue .		}		<del></del>		<del> </del>	<del></del>
	e	Total. Add lines 11a-	11d						रक्षा विकास
	12	Total revenue. See in		•		197838	15610	<u> </u>	30033

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must cor				
	Check if Schedule O contains a respon	se to any question	in this Part IX .		
	ot include amounts reported on lines 6b, 7b, p, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	750	750		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	17000	17000		
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,				
_	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)			<u> </u>	·· <del>····</del> ·
7	Other salaries and wages			<u>-</u>	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				· · · · · · · · · · · · · · · · ·
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C	Accounting	750	750		
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees			SHOW THE THE PARTY OF THE PARTY	
_	Other. (If line 11g amount exceeds 10% of line 25, column	<del></del>	·		<u></u>
g	(A) amount, list line 11g expenses on Schedule O.)	14182	14182		
12	Advertising and promotion	790	790		
13	Office expenses	2513	2513	<del></del>	
14	Information technology	675	675		
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 .	3708	3708		
20	Interest				
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization .	27753	27753		
23	Insurance	21574	21574	NECKSIA MARKET DE LOCALE VINC	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Sub contract officials	30237	30237		Street of Street or Street or St. St. Street
b	Prairie Ridge participation	30278	30278		<del></del>
c	Equipment rental and maintenance	2540	2540		<del></del>
d	Post season operating expenses	4250	4250		
е	All other expenses Non cap equipment	4151	4151		
25	Total functional expenses. Add lines 1 through 24e	161151	161151		
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and	ļ		J	
	fundraising solicitation. Check here   if				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Savings and temporary cash investments . . . . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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. . . . . . . . . . . . Assets Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . . 10b 10c b Investments—publicly traded securities . . . . . . . . . . . Investments—other securities. See Part IV, line 11 . . . . . . . . . Investments—program-related, See Part IV, line 11 . . . . . . . . Total assets. Add lines 1 through 15 (must equal line 34) . . . . Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons, Complete Part II of Schedule L. . . . . . . . Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 . . Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . . Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds. Total liabilities and net assets/fund balances . . . . . Form 990 (2012)

om 9	90 (2012)			Page <b>12</b>
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>	<u>D</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		197838
2	Total expenses (must equal Part IX, column (A), line 25)	2		161151
3	Revenue less expenses. Subtract line 2 from line 1	3		36687
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		267876
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		304563
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	· · ·	<u></u>	<u> </u>
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in		Yes No
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both:		2a	
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	 ed on a	2b	
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent account to the second selection of the second selection selection of the second selection of the second selection selectio	untant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a	<b>√</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	
			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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer Identification number

Ankeny Junior Football, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated **d** Type III-Non-functionally integrated e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? . . . . . . . . . 11g(i) (ii) A family member of a person described in (i) above? . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of monetary in col. (1) listed in your the organization in organization in col. organization (described on lines 1-9 support col. (I) of your governing document? (i) organized in the above or IRC section support? U.S.? (see instructions)) Yes Yes (A) (B) (C) (D) (E)

Par	Support Schedule for Organize	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked to	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support		,	<del>, -</del>			
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and		1	i		}	}
	membership fees received. (Do not				1	j	
	include any "unusual grants.")				ļ		
2	Tax revenues levied for the				1	ļ	
	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	many Printer Adda - 1004	A Count Street Day 1th ou	and in promote the second of the	The state of the s		
5	The portion of total contributions by			为"大·大·大"			
	each person (other than a				3		
	governmental unit or publicly			X-7.			
	supported organization) included on			***			
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						ı
				100 1 Carrier 100 100 100 100 100 100 100 100 100 10			<del> </del>
6 Soct	Public support. Subtract line 5 from line 4. ion B. Total Support	<b>心里不会没有一种的</b>	<b>一种,这种种种的</b>	"海州" "河南东湖省		WASHINGTON,	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	(a) 2006	(b) 2009	(6) 2010	(u) 2011	(6) 2012	(i) Total
-			<del></del>				
8	Gross income from interest, dividends,	!					
	payments received on securities loans, rents, royalties and income from similar						
	sources	1		!			
9	Net income from unrelated business	<u> </u>					
9	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or	ļ					
	loss from the sale of capital assets	į i					
	(Explain in Part IV.)					J	
11	• •		The second second		AND THE REAL PROPERTY.		
12	Gross receipts from related activities, etc.					12	<del></del>
13	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	rt Percentage	B				<del></del>
14	Public support percentage for 2012 (line 6	6, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2011 Sch					15	%
16a	331/3% support test-2012. If the organiz				l line 14 is 331	3% or more, cl	neck this
	box and stop here. The organization qual	•	•	-			
b	331/3% support test-2011. If the organ					15 is 331/3%	
	check this box and stop here. The organi	-		-			. ▶ 🗆
17a	10%-facts-and-circumstances test — 20	-			•	•	
	10% or more, and if the organization med						
	Part IV how the organization meets the "fa	acts-and-circu	mstances" tes	t. The organiza	ation qualifies	as a publicly su	
	organization				• • • • •		. ▶ 🗆
b	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organizat	tion meets the	"facts-and-ci	rcumstances"	test, check th	is box and sto	op here.
	Explain in Part IV how the organization m	eets the "facts	-and-circumst	ances" test. Ti	ne organizatioi	n qualities as a	publicly
	supported organization			40-40-47			· 🟲 📙
18	Private foundation. If the organization di	a not cneck a l	oox on line 13,	10a, 16b, 1/a	, or 17b, check	this box and	see

#### 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.)

	it the organization falls to qualify	y under the te	sts listed bei	ow, please co	mplete Part	1.)	
	on A. Public Support	·					
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	96674	113034	134520	126798	153196	624222
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	J		j		· T	
	furnished in any activity that is related to the	į					
	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	Ì		l		ł	
5	The value of services or facilities						
	furnished by a governmental unit to the					j	
	organization without charge				1	1	
6	Total. Add lines 1 through 5	96674	113034	134520	126798	153196	624222
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	ļ		ļ	,	ļ	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified	{				l	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b						0
8	Public support (Subtract line 7c from		MACON INC.				
	line 6.)						624222
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	96674	113034	134520	126798	153196	624222
10a	Gross income from interest, dividends,			,			
	payments received on securities loans, rents,	ļ					
	royalties and income from similar sources .	39	181	599	991	201	2011
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	[	ĺ				
	acquired after June 30, 1975	1 1		,			
С	Add lines 10a and 10b	39	181	599	991	201	2011
11	Net income from unrelated business						
	activities not included in line 10b, whether	]	j			}	
	or not the business is regularly carried on			i			
12	Other income. Do not include gain or						
	loss from the sale of capital assets	]					
	(Explain in Part IV.)	82187	73180	89815	82205	99508	426895
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	178900	186395	224934	209994	252905	1053128
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he	•			=		
Secti	on C. Computation of Public Support	rt Percentage	9				
15	Public support percentage for 2012 (line			3, column (f))		15	59.27 %
16	Public support percentage from 2011 Sc	• •	-			16	59.17 %
	on D. Computation of Investment In						
17	Investment income percentage for 2012			y line 13, colum	n (f))	17	.19 %
18	Investment income percentage from 201	1 Schedule A, F	Part III, line 17			18	.20 %
19a	331/3% support tests-2012. If the organ	ization did not	check the box	on line 14, an	d line 15 is me	ore than 331/3%	
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2011. If the organiz						
~	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di						_

#### **SCHEDULE D** (Form 990)

#### **Supplemental Financial Statements**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► 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.

Open to Public ▶ Attach to Form 990. ▶ See separate instructions. Inspection Employer Identification number

Anke	ny Junior Football, Inc.		-4003084
Pa	rt I Organizations Maintaining Donor Advised	funds or Other Similar Funds or Accoun-	ts. Complete if the
	organization answered "Yes" to Form 990, Pa	rt IV, line 6.	
		) Donor advised funds (b) Funds at	nd 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 advise	ors in writing that the assets held in donor ad	vised
	funds are the organization's property, subject to the orga		
6	Did the organization inform all grantees, donors, and do	<del>-</del>	
	only for charitable purposes and not for the benefit of the		
Par	t II Conservation Easements. Complete if the o	ganization answered "Ves" to Form 990 F	Part IV line 7
1	Purpose(s) of conservation easements held by the organi		artiv, mie i.
'	Preservation of land for public use (e.g., recreation or	· · · · · · · · · · · · · · · · · · ·	mnortant land area
	Protection of natural habitat	Preservation of a certified histo	•
		☐ Preservation of a certified histo	one structure
2	Preservation of open space  Complete lines 2a through 2d if the organization held a qu	uslified connervation contribution in the form of	a concentration
2	easement on the last day of the tax year.	amed conservation contribution in the torn of	a conservation
	easement on the last day of the tax year.	[ ]	at the End of the Tax Year
		<del></del>	at the End of the tax fear
а			
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic		
d	Number of conservation easements included in (c) acc	I I	
	•		
3	Number of conservation easements modified, transferred	released, extinguished, or terminated by the or	rganization during the
	tax year ▶		
4	Number of states where property subject to conservation		
5	Does the organization have a written policy regarding	the periodic monitoring, inspection, handling	ng of
	violations, and enforcement of the conservation easemen	s it holds?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting	ig, and enforcing conservation easements durir	ng the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, a	nd enforcing conservation easements during the	e year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) a	oove satisfy the requirements of section 170(h)(	(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		· 🔲 Yes 🗌 No
9	In Part XIII, describe how the organization reports conserve	ation easements in its revenue and expense sta	atement, and
	balance sheet, and include, if applicable, the text of the fo	otnote to the organization's financial statement	s that describes the
	organization's accounting for conservation easements.	•	
Pan	III Organizations Maintaining Collections of A	t. Historical Treasures, or Other Similar	Assets.
	Complete if the organization answered "Yes"		
1a	If the organization elected, as permitted under SFAS 116		ent and balance sheet
	works of art, historical treasures, or other similar assets		
	public service, provide, in Part XIII, the text of the footnote		
h	If the organization elected, as permitted under SFAS 1		
	works of art, historical treasures, or other similar assets		
	public service, provide the following amounts relating to the		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part VIII, line 1		<b></b>
9	If the organization received or held works of art, histori	nal transuras or other similar assets for finar	rial gain, provide the
2	following amounts required to be reported under SFAS 11		iciai gaili, provide the
	• • • • • • • • • • • • • • • • • • • •	•	<b>,</b>
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	. <u> </u>	S

Part	III Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	ords, ched	ck any of the	ne follo	wing that are a	significant use of its
а	☐ Public exhibition		d		or exchan			
ь	☐ Scholarly research		е	☐ Othe	r			
C	☐ Preservation for future generations							
4	Provide a description of the organizat	tion's collections	and expl	ain how t	they further	the or	ganization's exe	empt purpose in Part
	XIII.			_				
5	During the year, did the organization							
	assets to be sold to raise funds rather							
Pan	Escrow and Custodial Arra				ganization	answe	erea "Yes" to i	-orm 990, Part IV,
12	line 9, or reported an amount ls the organization an agent, trustee,				or contribu	tions o	r other assets	
ıa	included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Pa							. 🖂 162 🖂 MO
D	it res, explain the alrangement in Fa	art Am and Comp	iete tile it	Jilowing t	abie.		_ <del></del>	Amount
c	Beginning balance					10	<del></del>	
d	Additions during the year					10		
e	Distributions during the year					10		
f	Ending balance					11	<del></del>	
-	Did the organization include an amour							. Tyes No
	If "Yes," explain the arrangement in Pa							
Part								
		(a) Current year	(b) Pr	lor year	(c) Two yea	rs back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains, and						_	
	losses				L			
d	Grants or scholarships [							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses		<u></u>					
g	End of year balance						<u> </u>	
2	Provide the estimated percentage of the			e (line 1g	j, column (a	a)) held	as:	
а	Board designated or quasi-endowmen	nt <b>&gt;</b>	%					
b	Permanent endowment ▶							
С	Temporarily restricted endowment ▶	%						
_	The percentages in lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	possession of the	ne organi	zation the	at are neid	and ad	iministerea for t	,
	organization by:							Yes No
	(i) unrelated organizations					• •		3a(i)
•	(ii) related organizations					• •		3a(ii)
_	If "Yes" to 3a(II), are the related organian Describe in Part XIII the intended uses					• •		3b
4 Part								
rait	Description of property	(a) Cost or o			or other basis	(c)	Accumulated	(d) Book value
	bescription of property	(investm		( , , ,	ther)		epreciation	(d) Dook value
	Land			<del></del>		(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b	Buildings	<u> </u>		<del> </del>		-	- Attended to the Control of the Control	
c	Leasehold improvements			l	67755		10205	
d	Equipment				260710	\ <del></del>	228784	
e	Other							<del></del>
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90, Part 2	K, column	(B), line 10	)(c).)		89476

Part VII	Investments - Other Securities	. See Form 990, Part X,	line 12.
(	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
• •	ıl derivatives		
	held equity interests	<u> </u>	
(3) Other		<del></del>	
(A) (B)	•••••		
(C)	••••••••	<del></del>	
(D)			
(E)			
(F)			
(G)			
(H)	•		
(1)	A)		
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.) ► Investments — Program Related	See Form 990 Part Y	line 13
	(a) Description of investment type	(b) Book value	(c) Method of valuation:
	(a) Description of investment type	(b) Book value	Cost or end-of-year market value
_(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	6) 15 000 D 11/2 1 (0) F 10 D		ARCAN COMMENT OF A VICTOR OF A
	(b) must equal Form 990, Part X, col. (B) line 13.)	4 V. U 4 C	
Part IX	Other Assets. See Form 990, Pa	IT X, IINE 15.  Description	(b) Book value
(1)	(6	y Description	(b) Book valido
(1)	<del> </del>		
(3)	· · · · · · · · · · · · · · · · · · ·	<del> </del>	
(4)			
(5)			
_(6)			
(8)			
<u>(9)</u> (10)			
	ımn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	
Part X	Other Liabilities. See Form 990,		
1.	(a) Description of liability	(b) Book value	
	income taxes		
(2)			
(3)			
(4)		<del></del>	
(5) (6)			
(7)			
(8)			
(9)			
(10)			<b>建设</b> 的联系的 医自己性神经
(11)			
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶		
			anization's financial statements that reports the organization's
liability for ur	ocertain tax positions under FIN 48 (ASC 7	40). Check here if the text of	the footnote has been provided in Part XIII

àr	XI Reconciliation of Revenue per Audited Financial Statement	ents W	ith Revenue per	Retur	Page 'n
	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c	<del></del>		
ď	Other (Describe in Part XIII.)	2d	<del></del>		
е	Add lines 2a through 2d			2e	
}	Subtract line 2e from line 1			3	
1	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1.1	<del></del>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
Ь	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.) .		5	
irt	XII Reconciliation of Expenses per Audited Financial Statem			er Ret	urn
	Total expenses and losses per audited financial statements			1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			6,35	
а	Donated services and use of facilities	2a		100	
Ь	Prior year adjustments	2b			
C	Other losses	2c			
1	Other (Describe in Part XIII.)	2d			
•	Add lines 2a through 2d			2e	
	Subtract line 2e from line 1			3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			757	<del></del>
3	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
2	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b	<u> </u>		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5	
1	XIII Supplemental Information			<u> </u>	
	ete this part to provide the descriptions required for Part II, lines 3, 5, and	2. Part	II lines 1a and 4: F	art IV	lines 1h and 2h:
	line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b.				
	ation.	,,,,,,,	ompioto uno pare to	piori	ao any adomona
	***************************************				

#### 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.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Ankeny Junior Football, Inc. 20-4003084 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Mail solicitations e Solicitation of non-government grants ☐ Internet and email solicitations ☐ Solicitation of government grants ☐ Phone solicitations □ Special fundraising events **d** In-person solicitations 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 If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount pald to (or retained by) fundraiser listed in col. (i) (iii) Did fundralser have (vi) Amount paid to (i) Name and address of Individual (iv) Gross receipts (ii) Activity custody or control of contributions? (or retained by) organization from activity or entity (fundraiser) Yes No 1 2 3 5 6 7 8 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Cat No. 50083H

P	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions			
		g. 255 1855.ptc g. 2210. 1.15	(a) Event #1  Raffle (event type)	(b) Event #2  Golf Event (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	35789	25376		61165
	3	Less: Contributions Gross income (line 1 minus line 2)	35789	25376		61165
	4	Cash prizes	ļ			
	5	Noncash prizes	7375			7375
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .	19546	5413		24959
Pa	10 11 rt III	Direct expense summary. Ad Net income summary. Comb <b>Gaming.</b> Complete if the than \$15,000 on Form 99	ine line 3, column (d), a e organization answer	nd line 10	<u></u> ▶	( 32334 ) 28831 reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
<u>~</u>	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
_	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in co	olumn (d)		( )
	8	Net gaming income summary	y. Combine line 1, colun	nn d, and line 7		<u> </u>
g	a is	nter the state(s) in which the ore the organization licensed to or "No," explain:		in each of these states		🗌 Yes 🗌 No
10		ere any of the organization's g "Yes," explain:	aming licenses revoked			

Schedu	ule G (Form 990 or 990-EZ) 2012		Page 3
11	Does the organization operate gaming activities with nonmembers?	☐ Yes [	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer chantable gaming?	☐ Yes [	7 Na
13	Indicate the percentage of gaming activity operated in:	☐ Tes [	_ NO
а	The organization's facility	_	%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes [	⊓Nο
b	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►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ▶		<b>-</b>
	□ Director/officer □ Employee □ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to		
а	retain the state gaming license?	☐ Yes [	□ No
þ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also columns to provide any additional information (see instructions).		s

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047	2012	: :
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Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2012) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, °N □ (h) Purpose of grant or assistance 0 ✓ Yes 20-4003084 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . . (f) Method of valuation (book, FMV, appraisal, other) Cat. No. 50055P . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable For Paperwork Reduction Act Notice, see the Instructions for Form 990. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (b) EIN 1 (a) Name and address of organization Ankeny Junior Football, Inc. or government (1) None Part II Part **3** 2 9 Ξ 8 ල 9 E <u>@</u> 6 5

Part III Grants a Part III c	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.	dividuals in the L	Inited States. Com	plete if the organiz	מווסוו מווסאיפופת ופי נט	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Cash award	award	-	17000	0	NA	N/A
2						
8						
4						
5						
9						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ete this part to pro	vide the information	n required in Part I,	, line 2, Part III, column (k	), and any other additional
keny Ju	Ankeny Junior Football, Inc. makes very small grants available to two organizations on a recurring basis. Those two organizations are Ankeny Dollars for Scholars and Ankeny Community	vailable to two organ	izations on a recurring	basis. Those two org	janizations are Ankeny Dolla	rs for Scholars and Ankeny Commun
hools.	Schools. The small grant to Ankeny Dollars for Scholars is used to fund small annual scholarships. The small grant to Ankeny Community Schools is used for the high football programs.	's is used to fund sm	all annual scholarship	s. The small grant to	Ankeny Community Schools	is used for the high football program
uring the	During the year ended July 31, 2013, Ankeny Junior Football, Inc. made its first and only distribution to date to an individual. The individual assistance was granted to a long time Ankeny	otball, Inc. made its fi	rst and only distributio	n to date to an individ	ual. The individual assistant	e was granted to a long time Ankeny
inior Fo	Junior Football, Inc. supporter to help alleviate the major financial hardship	or financial hardship	of paying the medical bills related to his battle with cancer.	vills related to his batt	le with cancer.	
						Schedule I (Form 990) (2012)

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Oneni	to Public
Inspec	4iaa
III SIDEU	1110111

Name of the organization	Employer identification number
Ankeny Junior Football, Inc.	20-4003084
Form 990, Part VI, Section B, Line 11a, A copy of Form 990 was provided to the Organization's govern	ing hady for review
Torni 330, Part VI, Section D, Line 11a, A copy of Form 330 was provided to the organization 3 govern	and pody for review
and approval before filing.	
Form 990, Part VI, Section B, Line 12c, The Organization enforces compliance with the conflict of inter-	est policy and reviews
the policy at a Board meeting annually.	
the policy at a Board meeting annually.	•••••••••••••••••••••••••••••••••••••••
Form 990, Part VI, Section C, Line 19, Available upon request.	
	***************************************
	•
	·
	·

ANKENY JUNIOR FOOTBALL, INC. 2013 Depreciation and Amortization Report

		•					4	"	٠																
Current Year	Deduction	, \$	1,384	•	,	1,084	125	1,048	1,737	895	269	160	355	4,497	82	6,456	2,253	810	1,638	354	2,858	837	483	\$ 27,753	
Current	Sec. 179																								
Accumulated	Depreciation	63,468	8,954	445	20,659	17,730	2,043	17,143	8,468	9,459	7,376	3,380	7,491	22,232	401	17,486	1,408	206	1,024	222	1,786			211,681	
Αcc	Ö	s																						\$	
Basis for	Depreciation	\$ 63,468	10,338	445	20,659	18,814	2,168	18,191	67,755	10,354	8,073	3,700	8,200	31,225	564	33,627	7,041	2,531	5,119	1,106	8,931	4,187	2,414	\$ 328,910	
Reduction	in Basis																							•	
Bus. %	Excl.																								
Unadjusted	Cost or Basis	63,468	10,338	445	20,659	18,814	2,168	18,191	67,755	10,354	8,073	3,700	8,200	31,225	564	33,627	7,041	2,531	5,119	1,106	8,931	4,187	2,414	328,910	
		\$ e(	10a	14	10a	10a	10a	10a	10a	10a	10a	10a	10a	10a	10a	10a	10a	10a	10a	10a	10a	10a	10a	\$∥	
Line	No.	10a	7		ĭ	ĭ	7	Ħ	, ,	1	1(	Ħ	Ħ	Ħ	7(	7	ĭ	7	Ħ	ĭ	Ħ	1	1		
	Life	0	7	12M	S	S	2	2	39	2	2	5	2	2	2	2	2	2	5	2	5	5	5		
	Method	Various	200 DB		ร	200 DB	200 DB	200 DB	SI	200 DB	200 DB	200 DB	200 DB	200 DB	200 DB	200 DB	200 DB	200 DB	200 DB	200 DB	200 DB	200DB	200DB		
Date	Acquired	Various	8/1/2006	9/1/2006	8/1/2007	9/1/2007	9/1/2007	9/1/2007	9/1/2007	8/13/2008	9/6/2008	6/10/2009	12/12/2008	9/1/2009	2/18/2010	8/20/2010	8/11/2011	8/5/2011	10/5/2011	7/9/2012	7/27/2012	8/8/2012	9/25/2012		
Asset	No. Description	1 Equipment	2 Equipment	3 Organization costs	4 Equipment	5 Equipment	6 ice Maker	7 2 Scoreboards	8 L/H imp - Concessions	9 Equipment	10 Equipment	11 Equipment	12 Equipment	14 Scoreboard	15 Light Towers	16 Equipment	17 Equipment	18 Scoreboard	19 Equipment	20 Equipment	21 Equipment	22 Equipment	23 Equipment	Total 990 Page 11	

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## Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OM	В	No.	1545	i-01	72
_					_

2012

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No. 179

Name(s) shown on return				ss or activity to w	Identifying number						
Ankeny Junior Football, Inc.			Form	990		20-4003084					
Par			rtain Property Un	der Section	179						
	Note: If you	have any liste	ed property, compl	ete Part V b	efore you co	mplete	Part I.				
1	Maximum amount (	see instruction	s)					1			
2	Total cost of sectio	n 179 property	placed in service (se	e instructions	s)			2			
3	Threshold cost of s	ection 179 pro	perty before reduction	n in limitation	3						
			ne 3 from line 2. If ze		4						
			btract line 4 from li								
	separately, see inst	ructions		<u></u>	5	}					
6	(a) De	escription of proper	ty	(b) Cost (bus	lness use only)	(c) Elected cost		<b>建一层飞出了</b>			
	<del></del>	<del></del>									
			<u> </u>	<u>L</u> _							
			from line 29								
			property. Add amoun					8			
	Tentative deduction		9	<u> </u>							
	Carryover of disallo	10									
	Business income limi	11									
	•		dd lines 9 and 10, bi			$\overline{}$	· · · · ·	12			
			to 2013. Add lines 9			13					
			w for listed property.			.1 . 1 . 12		<del></del>			
			wance and Other I					See I	nstructions.)		
	Special depreciation during the tax year	iceu in service	۱.,								
	-		14								
	Property subject to		15								
	Other depreciation						· · · · · ·	16	L		
Part	MACKS De	preciation (D	o not include listed		(See Instruc	tions.)					
49	MAGDO de testis			Section A	b -fa 00:		<del></del>				
			ced in service in tax y ssets placed in serv					17	26433		
	asset accounts, che		ssets placed in serv		-		_				
			ed in Service Durin					Syst	om		
		(b) Month and year	(c) Basis for depreciation	(d) Recovery	<del></del>		.a. zoprodiator	(g) Depreciation deduction			
(a) C	lassification of property	placed in	(business/investment use only—see instructions)	period	(e) Convention	on	(f) Method				
19a	3-year property	service	Only—see instructions/	<del> </del>							
- b	5-year property		6601	5 yrs	HY		200DB		1320		
	7-year property			- 0,15				<u> </u>	1020		
	10-year property			<u> </u>			<del> </del>		<del></del>		
	15-year property			<del> </del>			<del>_</del>				
	20-year property		<del></del>	†			·		<del></del>		
	25-year property			25 yrs.	<del></del>		S/L		· · · · · · · · · · · · · · · · · · ·		
	Residential rental	Divine an amount of the	_ <del></del>	27.5 yrs.	ММ		5/L				
	property	<del></del>	<del></del>	27.5 yrs	MM		S/L		<del></del>		
i	Nonresidential real		·····	39 yrs.	MM		5/L		······································		
property				ММ		S/L					
	Section C-	n Sys	tem								
20a	Class life						S/L				
b	12-year			12 yrs.			5/L				
С	40-year			40 yrs.	MM		S/L				
Part	IV Summary (	See instructio	ns.)								
21	Listed property. Enter amount from line 28										
22	Fotal. Add amount										
	nere and on the app	22	27753								
		•	ed in service during t	he current ye	ar, enter the						
	DOMIND OF THE DASIS	aurioutable to	section 263A costs			1 23		100	A Company of the Comp		

	_	d Propert					rtain of	ther ve	hicles	, cert	ain co	mputei	rs, ar	nd proj	perty u	Page 2 sed for	
entertainment, recreation, or amusement.)  Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.																	
	Section A	-Depreci	ation and	Other In	format	ion (Ca	ution:	See the	instru	ctions	for limi	ts for pa	sseng	er autoi	nobiles.	)	
248	a Do you have ev							] Yes [				is the ev					
vehicles first) Uate placed investme			(c) Business/ investment us percentage	t use Cost or other basis			(e) Basis for depreciation (business/investment use only)		(f) (g) Recovery Method/ period Convention			(h) preciation					
25	Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) .																
_26	Property use	d more tha			d busin	ess us	e:							<del></del>			
				6		4						<del></del>	_				
				6													
		15000	<del></del>	6	<del>.,</del>	ــــــــــــــــــــــــــــــــــــــ			····								
27	Property used 50% or less in a qualified business use:											State Militari	2000 CT 2000				
				<u>%</u>			<del> </del>			5/L -		<del> </del>					
	<del></del>			6		+				5/L		<del> </del>		{}			
28	Add amount	s in column		<del></del>	nh 27 F	nter he	ere and	on line:	21. pac								
29	Add amount		• • •	-						-				29		Print Colonal School Street	
				Sec	tion B	-Infor	mation	on Use	of Ve	hicles							
	plete this secti																
to yo	our employees,	first answe	r the quest	ions in Sec	ction C	to see if	f you me	et an ex	ception	to cor	npleting	this sec	tion fo	r those	vehicles.		
30	Total business/investment miles driven during the year (do not include commuting miles) .			•	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		Ve	(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 32	Total commuti								-								
	miles driven											<u>.</u>					
33	Total miles of lines 30 through																
34	Was the vehicle available for personal use during off-duty hours?			•	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
35	Was the vehicle used primarily by a more than 5% owner or related person?																
36	Is another veh							<u> </u>	l	<u> </u>	<u> </u>	_l	<u>i</u>				
	wer these quese than 5% owi	stions to d		f you mee	t an ex	ception									s who a	re not	
	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?								Yes	No							
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners																
39 40																	
41	Do you meet						mobile d	demons	tration	use? (	See ins	struction	s.) .			<del></del>	
••	Note: If you														1 3	Tref of	
Par	t VI Amort		,, _	,, <del>.</del> . ,		·- <u></u>									, 10 A.A.		
	(a) Description of costs			(b) Date amortization begins			(c) Amortizable amount			(d) Code section			(e) Amortization period or percentage		(f) Amortization for this year		
42	Amortization	of costs th	at begins	durina vo	ur 2012	tax ve	ar (see	instruct	ions):		1			<del>_</del>			
		3. <b>300.0</b> (1)					,555		7								
	··								1								
43	Amortization	of costs th	at began	before yo	ur 2012	tax ye	ar						43				
44	Total. Add a	mounts in	column (f)	. See the	instruc	tions fo	r where	to repo	ort	<u> </u>			44				

44 Total. Add amounts in column (f). See the instructions for where to report . . . . .