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Form **990**

SCANNED SEP 1 9 2016

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 private foundations)

lackbox Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

2015 Open to Public Inspection

A	For the	2015 calendar year, or tax year beginning	and	d ending			
	Check if applicable	C Name of organization			D Employer ide	ntificati	on number
	Address	TOWA TOUTH ATRIBUTE FO			1		
X	Name change Initial	Doing business as ALL IOWA AT				-361	1420
Ļ	return	Number and street (or P.0. box if mail is not de	elivered to street address)	Room/suite	•		0 0100
L	Final return/ termin-	4611 MORTENSEN		106		5-23	2-2128
_	ated Amende	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		1,306,972.
<u></u>	return Applica tion	AMES, IA 30014	KSON D. JENSEN		H(a) Is this a gro	•	
L.	tion pending	F Name and address of principal officer DIC SAME AS C ABOVE	Machau . u Moca.		for subordin		Yes X No
		npt status X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 52	H(b) Are all subordin		ed? Yes No . (see instructions)
		:► WWW.ALLIOWAATTACK.COM	(IIISCIT 110.) 4547(a)(1	<i>)</i> 01 32	H(c) Group exen		•
			ssociation X Other FOU	JND L Yea			ate of legal domicile: IA
		Summary					
	1 E	riefly describe the organization's mission or most	significant activities RUM	VING YO	OUTH BASKE	TBAL:	L AND
Governance	7	OLLEYBALL PROGRAMS.					
ra	2 (heck this box 🕨 🔲 if the organization disco	ntinued its operations or dispo	osed of mor	e than 25% of its ne	t assets	
ove ove	3 1	lumber of voting members of the governing body	(Part VI, line 1a)			3	4
مح	4 1	umber of independent voting members of the go	verning body (Part VI, line 1b)			4	0
es {	5 1	otal number of individuals employed in calendar y	year 2015 (Part V, line 2a)			5	0
Activities &	1	otal number of volunteers (estimate if necessary)				6	15
Act	1	otal unrelated business revenue from Part VIII, co				7a	0.
	<u> b N</u>	let unrelated business taxable income from Form	990-T, line 34			7b	0.
	, ,	tandahadaan ada wasta (Dart VIII Jana dib)		-	<u>Prior Year</u> 38,09	1	Current Year 114,431.
ë	8 (contributions and grants (Part VIII, line 1h)	RECEIVED		1,206,93		1,175,738.
Revenue	9 F	rogram service revenue (Part VIII, line 2g) ivestment income (Part VIII, column (A), lines 3,r4	REVEIVE TO		13		70.
æ	177 (ther revenue (Part VIII, column (A) lines 5, 6409	Q 200 000 001 00	F	2,27		16,733.
	12 7	otal revenue - add lines 8 through 11 (must equa	Part VIII, column (A), line (A)		1,247,43		1,306,972.
	1 40 0		(A)		1,87		2,130.
	14 E	enefits paid to or for members (Part IX, column (GAPEN VI			0.	0.
Ø	15 5	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.
Expenses	16a F	rofessional fundraising fees (Part IX, column (A),	line 11e)	_		0.	0.
— <u>Ş</u>	b-1	otal-fundraising-expenses-(Pārt-IX;-column (D), lin	e 25)	0.	· · · · · · · · · · · · · · · · · · ·		
Ш	17 (other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		1,154,34		1,429,886.
	•	otal expenses Add lines 13-17 (must equal Part		<u> </u>	1,156,21		1,432,016.
		evenue less expenses Subtract line 18 from line	12		91,21		-125,044.
ts or				₽	eginning of Current Y 6,909,81		End of Year 6,644,916.
Assets	20 1	otal assets (Part X, line 16) otal liabilities (Part X, line 26)		<u> </u>	6,685,32		6,545,469.
let /	7	otal liabilities (Part X, line 26) let assets or fund balances Subtract line 21 from	June 20	 	224,49		99,447.
ΙP	art II	Signature Block	Title 20		224,49		33,1111
Und	ler penali	ies of perjucy, I declare that I have examined this return	. including accompanying schedul	es and staten	nents, and to the best	of my kno	owledge and belief, it is
		and complete. Deglaration of preparer (other than offic					,
		TOUNDAY 1: ONS					
Sig	n	Signature of officer			Date	_	
Her	re		SIDENT				
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature		Date Cher		PTIN
Paid		TEVE SCHWEIZER	Susan				P01238619
		Firm's name DENMAN & COMPANY			Firm's EIN	4	2-0794029
Use	Only	Firm's address 1601 22ND STREET				E1 E	225 0400
N4c-		WEST DES MOINES, Sidiscuss this return with the preparer shown about	IA 50266-1453		[Phone no.	<u> 212-</u>	225-8400 X Yes No
ivia	v uie iK	o discuss this return with the preparer shown abo	ive (isee instructions)				LAND LAND

orm **990** (2015)

Part III Statement of Program Service Accomplishments Check Stateglide Contents are appose or note by any line in the Part III		rt III Statement of Brogram Service Accomplishments	20-3611420 Page 2
Briting describe the organization's mission RUNNING YOUTH BASKETBALL AND VOLLEYBALL PROGRAMS. 2 Did the organization undertake any significant program services during the year which were not listed on the pind Form 990 or 990 E2? If Yes, 'describe these new services on Schedule O By the organization cease conducting, or make significant changes in how it conducts, any program services?	Pa		
RUNNING YOUTH BASKETBALL AND VOLLEYBALL PROGRAMS. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E27			
Dot the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 990 E2? If Yes, 1 describe these new services on Schedule O Dot the organization cease conducting, or make eignificant changes in how it conducts, any program services? Yes (X) No If Yes, 2 describe these changes on Schedule O If Yes, 3 describe these changes on Schedule O If Yes, 4 describe these changes on Schedule O If Yes, 6 describe these changes on Schedule O If Yes, 6 describe the services of the	1		
the pnor Form 990 or 990EZ?		RUNNING YOUTH BASKETBALL AND VOLLEYBALL PROGRAMS.	
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If 'ves,' describe these new services on Schedule O Describe the organization cases conducting, or make agrinficant changes in how it conducts, any program services?	2	Did the organization undertake any significant program services during the year which were not listed on	
3 Dut the organization cease conducting, or make significant changes in how it conducts, any program services?		the prior Form 990 or 990-EZ?	Yes X No
3 Dut the organization cease conducting, or make significant changes in how it conducts, any program services?			
If "Yes," describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section SOI(c)(S) and SOI(c)(s) and SOI(c)(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	3		Yes X No
4. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4. (Code	•		
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Cose) (Represes 1_1,431_383. **micking grants of \$ 2,130.**) (Revenue \$ 1,192,471.*) (Reve	4		peasured by exponent
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40 (Code) (Expenses 5		revenue, if any, for each program service reported	1 100 471
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4e Total program service expenses ► 1,431,383.	-+u		\
		1 434 303	
LAPAR WHILLIAM	46	iotal program service expenses	F 990 (2015)

Form **990** (2015)

17

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X

X

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Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G. Part III

Part IV Checklist of Required Schedules (continued)

20a Dt the organization operate one or more hospital fluidings of the "yes" of use 28, add the organization attach act opp of as authed fluidings and an activities of the setting of the organization are properly of the authed fluidings of the organization are of the organization are of the organization are of the organization and of the organization are organization or domestic government on Part IX, column (A), line 2" of "Ix", column (A), line 2				Yes	No
21 Dd the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 // "Yes," complete Schedule I, Parts I and II 22 Dd the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 // "Yes," complete Schedule I, Parts I and III 23 Dd the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 // "Yes," complete Schedule I, Parts I and III 24 Dd the organization have a tax exempt bonds seve 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? // "Yes," answer lines 24b through 24d and complete Schedule K. If "Not", go to line 25e 25 Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? In the organization engage in an excess benefit transaction with a diequalified person during the year? "If "Yes," complete Schedule L, Part II 25 Is the organization export any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, furstees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 26 Dd the organization provide a grant or other assistance to an officer, director, furstee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, furstee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, furstee, key employee, substantial contributors? If "Yes," complete Schedule L, Part IV 27 Dd the organization provide a grant or other assistance to an officer,	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
Dot the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 M of the organization answer "Yes" to Part IVI, Section A, line 3. 4, or 3 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and IVI 22 M of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the tast day of the year, that was issued after December 31, 2002? If "Yes," competed Schedule Is and the organization makes a tax-exempt bonds seemed a complete Schedule Is If IV The Yes, If IV The Yes IV The Yes, I	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of graits or other assistance to or for demestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III! 23 Did the organization answer "Yes" to Part VIII, 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 Schedule II. Part IV and Impair and Im	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX. Column (A). In a 2" if "Yes," complete Schedule I, Parts I and III Did the organization aware "res" or Part IV (Section A, Ine. 5, 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 I. Part II is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule I. I" No.", go to him a 25s Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year? 24d		domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
Did the organization answer "Yes" to Part VII, Section A, Irre 3. 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? "I "Yes," complete Schedule I. Part IV (24) Did the organization have a tax-exempt bond size 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 II. If I year to generally a section \$1,000 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 I. Did the organization maintain an escrew account other than a refunding escrew at any time during the year to defease any tax-exempt bonds? 24a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
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Schedule J 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 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds outstanding at any time during the year of the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25b List 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 990-27 if "Yes," complete Schedule L, Part II 25c) Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, structions for applicable fling thresholds, conditions, and exceptions) 26b A current or former officer, struction, with one of the following parties (see Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions) 27c An entity of which a current or former officer, director, fursities, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions) 27d A mentity of which a current or former officer, director, fursities, or key employee (or a family member thereof) was an officer, director, fursities, or key employee (or a family member three) was an officer, director, fursities, or key employee (or	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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" // "/"es," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization and solutelified person during the year? // ""yes," complete Schedule L, Part I I Is is the organization and a sicqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? // "yes," complete Schedule L, Part I I Is Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part IV Institutions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? // "Yes," complete Schedule L, Part IV Institutions for applicable filing thresholds, conditions, and exceptions and part is trustee, in the part IV Institutions for applicable filing thresholds, conditions, and exceptions are particulated person or former officer, director, trustee, or key employee? // "Yes," complete Schedule L, Part IV Institutions for applicable filing thresholds, conditions, and exceptions are particulated as a part of the organization or receive more than \$25,000		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
stat 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 25a X Did the organization mentan an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? do to the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? do the droganization act as an "on behalf of" issuer for bonds outstanding at any time during the year? do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of the decision of the organization engage in an excess benefit transaction in the organization engage 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 is 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 or provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule I., Part IV and accomplication or organization and part to a business transaction with one of the following parties (see Schedule I., Part IV and any time part to a business transaction with one of the following parties (see Schedule I., Part IV and any time part to former officer, director, trustee, or key employee? If "Yes," complete Sc		Schedule J	23		<u>X</u>
Schedule K, M. 170°, go to line 25a b) Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c) Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c) Did the organization amantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization available did by 161/29 organizations. Did the organization organge in an excess benefit transaction with a disqualified person during the year? l) Is the organization aware that it engaged in an excess benefit transaction with a disqualified person of uring the year? l) Is the organization has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, "complete Schedule L, Part I I I I I I I I I I I I I I I I I I I	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
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Schedule L, Part I 25b	ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
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Did the organization receive more than \$25,000 in non-cash contributions? "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? "Yes," complete Schedule N, Part	С	·		٠,	
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? if "Yes, "complete Schedule M" 30				<u> </u>	77
30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 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 Schedule N, Part II 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 II 33 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 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	29		29		Α
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Note. All Form 990 filers are required to complete Schedule O	20	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
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Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 39	-1 1	Ť	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u> </u>		لــــا
	(gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	<u>'</u>		لــــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لــــا
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
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)?	4a		X
b	If "Yes," enter the name of the foreign country.		.	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			لــــا
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as chantable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c	,	X X
d	If "Yes," indicate the number of Forms 8282 filed during the year	+	/	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u> 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/ 		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
_	sponsoring organization have excess business holdings at any time during the year?	•		
9	Sponsoring organizations maintaining donor advised funds. *Did-the sponsoring organization make any taxable distributions under section 4966?	9a		
d `	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
		130		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a 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:	1		
''	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1 !		
-	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	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			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2015)

<u> </u>	to look on 10h below, decembe the appropriate one of the second of the s	"No" n	espons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			TT-
<u>C</u>	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	1 1		Yes	No
1a	The state of the general great and the state of the state	¥		
	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	ַון י		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	<u></u>]
	officer, director, trustee, or key employee?	2	Х	
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
-	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	- 	-	
	The governing body?	8a	х	
		8b	X	
	Each committee with authority to act on behalf of the governing body?	- 00	<u>^</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Voc	No
40-	Dutthe array value have level shoots by a shoot of the too	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
Đ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	404		
44	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	-	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	10-	х	لـــــا
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	x	
40	In Schedule O how this was done	12c	11	X
13	Did the organization have a written whistleblower policy?	13		X
	Did the organization-have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent	1 `		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u> </u>	-	
	The organization's CEO, Executive Director, or top management official	15a		<u>x</u>
р	Other officers or key employees of the organization	15b		_
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			<u></u>
	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	<u> </u>		1
800	exempt status with respect to such arrangements?	16b		
	tion 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) a	ivaliable)	
	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	financ	ıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	ERIK CHARTER, CONTROLLER - 515-232-2128			
	4611 MORTENSEN, SUITE 106, AMES, IA 50014		000	/2015)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization	(B)	Jiya T	ıı IIZd		CO11 C)	ipei	isalt	(D)	(E)	(F)
(A) Name and Title	Average	1		Pos	itior			Reportable	Reportable	(F) Estimated
Name and Title	hours per					than o		compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	sctor						the	organizations	compensation
	hours for	or dir	يوا	ļ		ated	j	organization	(W-2/1099-MISC)	from the
	related	stee	truste		ا پر	bens		(W-2/1099-MISC)		organization
	organizations below	ual tre	lional) ploy	t com	١			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DICKSON D JENSEN	10.00	┢								
PRESIDENT, VP, SEC. & TREA		X		Х			<u>.</u>	0.	27,641.	529.
(2) LUANN C. JENSEN	5.00									
DIRECTOR		Х			L.			0.	13,564.	407.
(3) BLAKE Z. JENSEN	30.00							_		
DIRECTOR	 	Х		_	_	_		0.	70,685.	2,100.
(4) ALYSSA OBERMEIER	5.00	.			ĺ			0.	24 000	_
DIRECTOR	 	Х			┝			· · · · · · · · · · · · · · · · · · ·	24,000.	0.
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(A) Name and tale Average hours per week was a formation of the compensation of the	Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	1 Hig	ghes	t C	ompensated Employee	s (continued)				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. In the organization from the organization. It is also organization from the organization from	(A)	(B)			(C	J)			(D)				(F)	
Total number of independent contractors Section S	Name and title	Average	(40					200	Reportable	Reportable	,	Es		d
hours for related organization (W.2/1099-MISC) Description Proceedings Process			box	, unle	ss per	rson i	s both	n an	compensation	compensation	nc	ап	nount d	of
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\$100,000 of outside the organization	2 Total number of independent contractors (i	ncluding but no	ot lin	nıtec	l to 1	thos	e lıs	ted	above) who received mo	ore than				
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Form **990** (2015)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns b Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 114,431 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 114,431. h Total. Add lines 1a-1f Business Code 449,998. 449,998. 711210 2 a BASKETBALL PROGRAM FEE 442,685. **b** BASKETBALL TOURNAMENT 711210 442,685. 97,995. c VOLLEYBALL PROGRAM FEE 711210 97,995. 62,464. 711210 62,464. d BASKETBALL CONCESSIONS 57,707. 57,707. 711210 e BASKETBALL CAMP FEES 64,889 711210 64,889. f All other program service revenue 175,738. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 70. 70. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8- a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 Other b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 16,733. 16,733. 711210 11 a HOTEL COMMISSIONS d All other revenue 16,733. Total. Add lines 11a-11d 306,972.1 192,471 Total revenue See instructions. Form **990** (2015) Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			nplete column (A).	
		(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,130.	2,130.	,	
2	Grants and other assistance to domestic]			
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees				
6	Compensation not included above, to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				··
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			~´	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	1,755.	1,755.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	89,297.	89,297.		
	Travel -	-144,609.	144,609 .		 -
18	Payments of travel or entertainment expenses		_		
	for any federal, state, or local public officials	ļ			
19	Conferences, conventions, and meetings				
20	Interest	199,739.	199,739.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	287,891.	287,891.		
	· · · · · · · · · · · · · · · · · · ·	16,908.	16,908.		
23	Insurance Other expanses, Itamiza expanses not covered				,
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				_
а	CONTRACT LABOR	335,877.	335,877.		
b	HOSTED TOURNAMENT EXPEN	165,822.	165,822.		
С	TOURNAMENT ENTRY FEES	83,845.	83,845.		
d	UNIFORMS	75,836.	75,836.		
e	All other expenses	28,307.	27,674.	633.	
25	Total functional expenses Add lines 1 through 24e	1,432,016.	1,431,383.	633.	0.
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 following SOP 98-2 (ASC 958-720)				

24 Unsecured notes and loans payable to unrelated third parties 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 Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporanly restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here □ X 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 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 56 , 909, 811. 34 6, 644, 916.	Pai	t X	Balance Sheet			
1			Check if Schedule O contains a response or note to any line in this Part X			
2 Sawings and temporary cash investments 3 Piedges and grants recevable, 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(f)(3)(8), and contributing employees and sponsoring organizations of section 501(e)(9) voluntary 7 Piedges beneficiary organizations (see instit) Complete Part II of Sch L 8 Inventiories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10b Loss accumulated depreciation 10c Land, buildings, and expenses and selected charges 11 Investments program-related See Part IV, line 11 12 Investments program-related See Part IV, line 11 13 Investments program-related See Part IV, line 11 14 Intangble assets 15 Other assets See Part IV, line 11 16 Total assets, Add lines 11 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, mustees, key employees, highest compensated employees, and disqualified persons Complete Part IV of Schedule L 23 Secured mortgages and notes payable to unrelated thrifty parties 24 Unsecured notes and obans payable to unrelated thrifty parties 25 — Other-liabilities/ find-using federai inchine tax, payables to define thrifty parties 26 — Other-liabilities/ find-using federai inchine tax, payables to define thrifty parties 27 — Organizations that follow SFAS 117 (ASC 958), check here ▶ □ 38 — Organizations that follow SFAS 117 (ASC 958), check here ▶ □ 39 — Organizations that on to follow SFAS 117 (ASC 958), check here ▶ □ 30 — Organizations that on to follow SFAS 117 (ASC 958), check		_		(A) Beginning of year		(B) End of year
2 Sawings and temporary cash investments 2 3		1	Cash - non-interest-bearing	91,822.	1	32,669.
3 Pedges and grants recevable, net 4 Accounts ecevable, net 5 Lans and other recevable from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Lans and other recevables from other dequalified persons (as defined under section 4958)(f(I)). Persons described in section 4958(g(S)(B), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees and sponsoring organizations (see instr). Complete Part II of Sch. L 7 Notes and loans receivable, net 9 Prepard oxpenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 11 Investments - publicly traded socurities 12 Investments - publicly traded socurities 13 Investments - program-related See Part IV. Ine 11 13 Investments - program-related See Part IV. Ine 11 14 Intaggible assets 15 Ofter assets See Part IV. Ine 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, lughest compensated employees, and disqualified persons Complete Part II of Schedule D 25 Complete Part II of Schedule L 26 Schedule D 27 Unsecured notes and loans payable to unrelated third parties 28 Temporarily restricted net assets 29 Total liabilities. Add Lines 17 through 25. 29 Complete Part II of Schedule L 20 Capital stock or trust principal, or current funds 20 Capital stock or trust principal, or current funds 21 Capital stock or trust principal, or current funds 22 Capital stock or trust principal, or current funds 21 Capital stock or trust principal, or current funds 22 Capital stock or trust principal, or current funds 23 Capital stock or trust principal, or current funds 24 Capital stock or fund balances 25 Capital stock or fund balances 2		ł	•		2	
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Form **990** (2015)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1		1990 (2015) IOWA YOUTH ATHLETIC FOUNDATION	20-	3611420	Pag	_{le} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990. X Cash Accual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a 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 compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Ocionsolidated basis Both consolidated and separate basis b Wore the organization's financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis c If "Yes," check a box below to midicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," check a box does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization change	Pa	rt XI Reconciliation of Net Assets		-		
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Donated services and use of facilities S	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	224	4,49)1.
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990.	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Yes No 1 Accounting method used to prepare the Form 990. X Cash Accrual Other Yes No 1 Method organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 2b Were the organization's financial statements audited by an independent accountant? 2b X 2b Were the organization's financial statements audited by an independent accountant? 2b X 2b X 2c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 2b X 2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X	6	Donated services and use of facilities	6			
Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990. X Cash Accrual Other if 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 compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Both consolidated and separate basis of If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis, or both Separate basis Both consolidated and separate basis of If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Both consolidated and separate basis of If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Both consolidated and separate basis of If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both Separate basis or both Separate ba	7	Investment expenses	7	<u> </u>		
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	8	Prior penod adjustments	8			
Column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990. X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b 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 audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	0.
Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990. X Cash Accrual Other	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990. X Cash Accrual Other			10	99	,44	<u> 17.</u>
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1 Accounting method used to prepare the Form 990. X Cash		Check if Schedule O contains a response or note to any line in this Part XII				
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Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3a X Short Schedule O and describe any steps taken to undergo such audits.	0-			. ///	- 1	- 1
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or audits, explain why in Schedule O and describe any steps taken to undergo such audits	L	•	rad audi	— 	\dashv	
of additio, explain with in concease of and addenies any steps tarted to distance and addition	Ю		eu auun	1 1		
		or addits, explain why in schedule o and describe any steps taken to undergo such addits			990 "	2015)

SCHEDULE A

Department of the Treasury

(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.

2015

Open to Public Inspection

Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990
Fmple

Name of the organization **Employer identification number** IOWA YOUTH ATHLETIC FOUNDATION 20-3611420 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I 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 (Form 990 or 990-EZ)) 3 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, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses 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). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ____ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness -тequirement (see instructions) "You must complete Part IV, Sections A and D, and Part V." Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (IV) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9) organization support (see other support (see governing document? above (see instructions)) instructions) instructions) No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 IOWA YOUTH ATHLETIC FOUNDATION 20-3611

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
	Gifts, grants, contributions, and					:				
	membership fees received (Do not									
	include any "unusual grants.")	14,974.	4,850.	9,700.	38,091.	114,431.	182,046.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	14,974.	4,850.	9,700.	38,091.	114,431.	182,046.			
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	<i>'</i>	*	` I	*	ļ				
	amount shown on line 11,									
	column (f)	`	4 .	1	5 11	``				
6	Public support. Subtract line 5 from line 4	, «	,			3	182,046.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
	Amounts from line 4	14,974.	4,850.	9,700.	38,091.	114,431.	182,046.			
8	Gross income from interest,									
Ŭ	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	13.	38.	105.	138.	70.	364.			
9	Net income from unrelated business									
Ŭ	activities, whether or not the									
	business is regularly carried on									
10	Other income Do not include gain									
10	or loss from the sale of capital					1				
	assets (Explain in Part VI)	3,512.	150,104.	108,727.		1	262,343.			
11	Total support. Add lines 7 through 10	3, 4	7	¥			444,753.			
	Gross-receipts from related activities,	etc (see instruction	ons) — — — —			12 2	,401,676.			
13	First five years. If the Form 990 is for	the organization's	first, second, thire	d, fourth, or fifth ta	x year as a section	n 501(c)(3)				
	organization, check this box and stor			· · · · · · · · · · · · · · · · · · ·			<u> </u>			
Se	ction C. Computation of Publi		centage							
	Public support percentage for 2015 (li			olumn (f))		14	40.93 %			
15						15	22.46 %			
	a 33 1/3% support test - 2015. If the o			n line 13, and line 1	14 is 33 1/3% or m	nore, check this bo	x and			
	stop here. The organization qualifies						ightharpoons X			
	b 33 1/3% support test - 2014. If the o				line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual									
17	17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization									
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
	b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
	more, and if the organization meets the									
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
_18	Private foundation. If the organization						s 🕨			
							or 990-EZ) 2015			

(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

Section A. Public Support	ow, picase comp	note i art ii j				
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude any "unusual grants ")						
2 Gross receipts from admissions,	 :					
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that				<u> </u>		
are not an unrelated trade or bus-			1	ļ	1	
iness under section 513				İ		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to		ā i				
or expended on its behalf						
` <u> </u>				 	 	<u> </u>
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge			ļ,	 		
6 Total. Add lines 1 through 5				 	 	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				 		<u></u>
b Amounts included on lines 2 and 3 received from other than disgualified persons that		1				
exceed the greater of \$5,000 or 1% of the			ļ			
amount on line 13 for the year				ļ	<u> </u>	
c Add lines 7a and 7b					<u> </u>	
8 Public support. (Subtract line 7c from line 6)	`			<u> </u>	<u> </u>	
Section B. Total Support	 			,		
Calendar year (or fiscal year beginning in) 🕨 📙	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6				ļ	<u> </u>	
10a Gross income from interest,	•					
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income					1	
(less section 511 taxes) from businesses						
- acquired after-June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income Do not include gain					1	-
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)14 First five years. If the Form 990 is for 1	the ergenization's	first second thir	d fourth or fifth to	ay year as a section	n 501(c)(3) organiza	tion.
	ine organization s	s iirst, second, uur	a, lourns, or mar a	ax year as a section	in 30 i (c)(3) organiza	LUOII,
check this box and stop here Section C. Computation of Public	Support Per	centage	-		···	
15 Public support percentage for 2015 (lin			olumn (fi)	··	15	%
16 Public support percentage from 2014 S			0.0 (1)		16	%
Section D. Computation of Invest						
17 Investment income percentage for 201			ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2015. If the c			on line 14, and line	e 15 is more than "	<u> </u>	
more than 33 1/3%, check this box and						.5.100
b 33 1/3% support tests - 2014. If the c		_				nd
line 18 is not more than 33 1/3%, chec						···
20 Private foundation. If the organization						
ZU Private foundation. If the organization	rusu not check a	DOX OH III 19 14, 19	a, or <u>roo, crieck ti</u>	no dua and see in	<u> </u>	

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I. complete Sections A and D. and complete Part V.)

Sec	tion A. All Supporting Organizations			
, , , , , , , , , , , , , , , , , , , 	adition of the distance of the		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			_ <u></u>
•	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			i
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			_ ^
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			ĺ
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			<u></u>
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			<u> </u>
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		, \	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	-		Щ
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	En		┢──
	was accomplished (such as by amendment to the organizing document)	5a		
D	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			Ш
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		 ,
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			igsqcut
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	ļ.,	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		\vdash	igwdot
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	000		\vdash
40 -	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9c		
ıva	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	,04		
U	determine whether the organization had excess business holdings)	10b		\Box

determine whether the organization had excess business holdings.)

Sche		-361142	0 Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u>		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	j j		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	<u> </u>		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	^_		
	supervised, or controlled the supporting organization.	2		<u></u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1	ź	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		, APA	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1 1		L
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	l l		
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<u> </u>		لــــــا
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		~ ~ /	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		_	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			l
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined	ļ		oxdot
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	ļ		
	activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a_		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		ĻIJ
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		Ц

Schedule A (Form 990 or 990-EZ) 2015

Lheck here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

5

Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

	dule A (Form 990 or 990-EZ) 2015 IOWA YOUTH AT		ION 2	0-3611420 Page 7
Par	Typo III Itoli I allocionally intograted ood	(a)(3) Supporting Orga	inizations (continued)	
<u>Secti</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex		<u> </u>	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			<u> </u>
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	<u> </u>	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6		 	
8	Distributions to attentive supported organizations to which to	the organization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)	٠,		
3	Excess distributions carryover, if any, to 2015.	> \	7/	`
а	* ^ ^		^	
b	` ` ` ` ` `	~	,	
c	· · · · · · · · ·		\$	* *
	From 2013		\\ \tag{\tau}	
	From 2014		/	\(\(\)
	Total of lines 3a through e		, у	
	Applied to underdistributions of prior years	« '		C ₄
	Applied to 2015 distributable amount		/	
	Carryover from 2010 not applied (see instructions)	7 7 5	*	
<u> </u>	Remainder Subtract lines 3g, 3h, and 3i from 3f	 	* * *	, , , , , , , , , , , , , , , , , , ,
4	Distributions for 2015 from Section D,	s × / /	¥. ş	
•	line 7 \$	* *	**	<u>,</u> *
	Applied to underdistributions of prior years	, , ,		/ · · · · · · · · · · · · · · · · · · ·
	Applied to 2015 distributable amount	3		
	Remainder. Subtract lines 4a and 4b from 4	 	7.5	<u> </u>
5	Remaining underdistributions for years prior to 2015, if			
_ _ ~	any Subtract lines 3g and 4a from line 2 (if amount			
	- ,	vy/ ,		
	greater than zero, see instructions)		· · · · · · · · · · · · · · · · · · ·	
6	Remaining underdistributions for 2015. Subtract lines 3h		, ,	
	and 4b from line 1 (if amount greater than zero, see			
	instructions)	, , , , , , , , , , , , , , , , , , ,		
7	Excess distributions carryover to 2016. Add lines 3 _j and 4c			
8	Breakdown of line 7:		·	
а				
b				
С	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2015

d Excess from 2014 e Excess from 2015

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.us.gov/form990.

15 Open to Public Inspection

Name of the organization

TOWN VOITED ARUTERTO POINTARTON

Employer identification number 20-3611420

Pa	rt I Organizations Maintaining Donor Advise		or Accounts. Complete if the
_	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	·	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structi	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel-	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand		ition easements during the year
	> :\$=		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
Pa	rt III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets
<u></u>	Complete if the organization answered "Yes" on Form		and ominar ribboto.
	If the organization elected, as permitted under SFAS 116 (AS		nent and belance sheet works of art
ıa	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		ince of public service, provide, in Part XIII,
h	If the organization elected, as permitted under SFAS 116 (AS		and halance sheet works of art, historical
D	•	•	
	treasures, or other similar assets held for public exhibition, ec	ducation, of research in future ance of pu	blic service, provide the following amounts
	relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
•	(ii) Assets included in Form 990, Part X	acures or other similar assets for financia	
2	If the organization received or held works of art, historical tree		u gair, provide
_	the following amounts required to be reported under SFAS 1	TO (MOO 300) relating to these items.	> \$
a b			\$
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2015

532051 11-02-15

Sche		TH ATHLET							11420	
Par	t III Organizations Maintaining Co	llections of Ar	t, Histo	rical Tre	asures, or	Othe	r Simila	r Assets	(continue	∌d)
3	Using the organization's acquisition, accessio	n, and other record	s, check	any of the f	ollowing that	are a si	gnıficant ι	use of its c	ollection ite	∍ms
	(check all that apply).									
а	Public exhibition	c	1 🔲 L	oan or excl	hange progra	ms				
b	Scholarly research	•	. 🗆	Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	n how the	y further th	e organizatio	n's exe	npt purpo	se in Part	XIII	
5	During the year, did the organization solicit or	receive donations	of art, his	torical treas	sures, or othe	r sımılaı	assets		_	
	to be sold to raise funds rather than to be main	ntained as part of t	he organı	zation's col	lection?				Yes	No
Par	t IV Escrow and Custodial Arrang	ements. Compl	ete if the	organızatıoı	n answered "	Yes" or	Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for c	ontributions	s or other ass	ets not	ıncluded		_	
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing ta	ıble:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	scrow or cu	istodial accou	ınt lıabı	lity?		Yes	No
b	If "Yes," explain the arrangement in Part XIII (
Rar	t V Endowment Funds. Complete if	the organization ar	swered "	Yes" on Fo	rm 990, Part	IV, line	10			
	<u> </u>	(a) Current year	(b) Pi	nor year	(c) Two year	s back	(d) Three	years back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities						•			
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	, column (a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%								
За	Are there endowment funds not in the posses	sion of the organiza	ation that	are held an	nd administer	ed for th	ne organız	ation	_	
	-by: 								<u></u>	esNo-
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	\bot
b	If "Yes" on line 3a(ii), are the related organizate	ions listed as requi	red on Sc	hedule R?					3b	
4_	Describe in Part XIII the intended uses of the		wment fu	ınds.						
Pai	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990	D, Part IV,	, line 11a. S	ee Form 990,	Part X	line 10			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulat	ed	(d) Book v	/alue
		basis (investi		basis	(other)		preciation			
1a	Land	1,420,				<i>₹ ′</i>			1,420	
b	Buildings	5,219,	793.				333,3	87.	4,886	<u>,406.</u>
С	Leasehold improvements									
d	Equipment	423,					206,1			,874.
e	Other	161,	098.				80,6			,403.
Total	I. Add lines 1a through 1e (Column (d) must ed	nual Form 990. Part	X. colum	n (B). line 1	0c.)			▶	6,604	,248.

Schedule D (Form 990) 2015

SCHEDULE L

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

OMB No 1545-0047

2015

Open To Public Inspection

Name of the organization									Em	ploye	r ident	ificati	on nu	mber
		H ATHLET									114	20		
Part I Excess Bene	fit Transact	ons (section 50	01(c)(3), sect	ion 501	(c)(4), and 50	01(c)(29) organization	s only)	_			_
Complete if the c	organization ans	wered "Yes" on F	orm 9	90, Pa	art IV, lin	e 25a or 25l	b, or Fo	m 990-EZ, P	art V, I	ıne 40	<u>b</u>			
1 (a) Name of disqualified p	(b)	Relationship betv			lified		c) Desc	cription of trai	neactio	'n		(d)	Corre	cted?
(a) Name of disqualified p	erson	person and or	ganiza	tion			C) D630	Inputori or trai				Y	es	No_
													-	
												-		
					-+							—		
												+		
					-+								-	
2 Enter the amount of tax	nourrad by the c	raanization man		or diag	u alifiad	porcone du	ring the	voor under				_1		_
section 4958	ricurred by the C	nganization man	ayers	or also	_l uailleu	persons du	nny me	year under		• •				
3 Enter the amount of tax,	if any on line 2	above reimbure	ed by	the ord	nanizatio	าก				► \$				
5 Enter the amount of tax,	ii ariy, on iiic 2,	above, reimburs	cu by	u io oi į	garnzan	- 11				•				
Part II Loans to and	/or From Int	erested Pers	sons.											•
Complete if the c	organization ans	wered "Yes" on F	orm 9	90-EZ	, Part V,	line 38a or l	Form 9	90, Part IV, Iır	ne 26, d	or if th	e orga	nızatıd	on	
reported an amo														
							(h) Ap by bo	proved ard or	(i) W	/ritten				
interested person	with organization	of loan		zation?	princi	pal amount			defa	ault?	comn	uttee?	agree	ment?
	ļ			From			<u> </u>		Yes		Yes	No	Yes	No
JENSEN DEVELOPM						5,000.	2	64,962.	<u> </u>	X	X	ļ	X	<u> </u>
DICKSON & LUANN	LUANN OFFICER / BUILDING X				$\mu,50$	0,000.	2,0	01,000.	<u> </u>	X	<u>X</u>	<u> </u>	X	 -
	 	 	 		ļ		 		├	├	├	 - -	 	
	 		<u> </u>				-		 	-	 -	 		-
			╂	├─			┼~		+		 	 		
			╁──				 		 	-	├		 	 -
	 	 	 	├			+		+	 	┼		 -	
			 				 		 		 	 	_	 -
	 	 	 				+				 			
Total	/		'	<u>. </u>	·····	▶ \$	2,2	65,962.					<	
Part III Grants or As	sistance Be	nefiting Inter	estec	Per	sons.									
Complete if the c	organization ans	wered "Yes" on F	orm 9	90, Pa	art IV, lin	ne 27								
(a) Name of interested p	person	(b) Relationship	betwe	en) Amount of		(d) Type			(е) Purp	ose o	f
	1	interested pers	-4	d	a	assistance		assistar	ice			assist	ance	
		the organiza	anon		<u> </u>		}							
					<u> </u>									
					 									
										-+				
					 		-+-			-+				
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					 -		-+	· — <u>-</u>		-+				
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SEE PART V FOR CONTINUATIONS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule L (Form 990 or 990-EZ) 2015

(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of		aring of zation's
	person and the organization	transaction	transaction	reven	
JPM, INC.	OWNED BY DICKSON JE	158,290.	JPM, INC. B	res	X
-				ļ	
				<u> </u>	
Part V Supplemental Information Provide additional information for res	sponses to questions on Schedule L (see in	nstructions)	·		
SCHEDULE L, PART II, LOAN	S TO AND FROM INTERES	TED PERSONS	:		
(A) NAME OF PERSON: JENSE	N DEVELOPMENT CORPORA	TION			
(B) RELATIONSHIP WITH ORG	ANIZATION: RELATED OR	G			
(C) PURPOSE OF LOAN: BUIL	DING NEW FACILITY				
(A) NAME OF PERSON: DICKS	ON & LUANN JENSEN				
(B) RELATIONSHIP WITH ORG		RECTOR			
(C) PURPOSE OF LOAN: BUIL					
(c) TORTOOD OF HOLDS. BOTH	DING WIN THOUBIT				
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: JPM,					
(B) RELATIONSHIP BETWEEN		ORCANTZATT	ON·		
				OM \	
OWNED BY DICKSON JENSEN (· · · · · · · · · · · · · · · · ·	ON)	
(D) DESCRIPTION OF TRANSA					
BASKETBALL FOUNDATION FOR	PROGRAM SERVICE CONT	RACT LABOR	TOTALLING		
\$168,351 DURING 2015. CO	NTRACT LABOR BILLED B	Y JPM, INC.	TO IOWA YO	UTH	
BASKETBALL FOUNDATION DUR	ING 2015 INCLUDED THE	FOLLOWING	- \$56,000 E	ARNE	<u>D</u>
BY BLAKE JENSEN, \$8,000 E	ARNED BY KYLE OBERMEI	ER, \$44,873	EARNED BY		
RACHEL PETERSEN, \$35,092	EARNED BY JUSTIN MILL	ER, \$4,482	EARNED BY M	IKE_	
DESPARD \$84 FARNED BY VA	I. CHARTER AND \$20 000	EARNED BY	ALLY OBERME	TER.	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number 20 = 3611420

TOWA YOUTH ATHLETIC FOUNDATION 20-	3611420
FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:	
FOUNDATION	
FORM 990, PART VI, SECTION A, LINE 2:	
DICKSON AND LUANN JENSEN ARE HUSBAND AND WIFE. BLAKE JENSEN AND	D ALYSSA
OBERMEIER ARE THEIR ADULT CHILDREN. DICKSON, LUANN, BLAKE AND	ALYSSA
COMPRISE THE CURRENT BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 11:	
PRIOR TO FILING FORM 990, A COPY IS PROVIDED TO THE BOARD OF DI	RECTORS FOR
REVIEW AND APPROVAL.	
FORM 990, PART VI, SECTION B, LINE 12C:	
AN ACCOUNTANT WHO IS NOT AN OFFICER OR DIRECTOR MAINTAINS THE BO	OOKS. THE
ACCOUNTANT IS EMPLOYED IN DICKSON JENSEN'S FOR-PROFIT BUSINESSE	S. IF A
CONFLICT OF INTEREST WERE TO BE IDENTIFIED BY THE ACCOUNTANT IT	WOULD BE
DISCUSSED WITH THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS	ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.	

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

IOWA YOUTH ATHLETIC FOUNDATION

Name of the organization Department of the Treasury Internal Revenue Service

OMB No 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number 20-3611420

Schedule R (Form 990) 2015 (g) Section 512(b)(13) ŝ controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Comblete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets status (if section Public charity 501(c)(3)) **e** Total income Exempt Code Ð section ਉ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) Primary activity Primary activity Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Parti Part II

or Paperwork Reduction Act Notice, see the Instructions for Form 1990.

532161 09-08-15 LHA

20-3611420

Page 2

Schedule R (Form 990) 2015 IOWA YOUTH ATHLETIC FOUNDATION

Part III

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

General or Percentage managing ownership 3 Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Disproportionate Yes allocations? Ξ Share of end-of-year assets **6** Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
Direct controlling
entity (c) Legal domicilis (state of foreign) country! Primary activity 9 Name, address, and EIN of related organization

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

organizations treated as a corporation of trust during the tax year	during the tax year								
(a)	(q)	(c)	(q)	(e)	(£)	(6)	E	Ξ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	7 ed 5 ed 7
		country)		or trust)		assers		Yes	<u> </u> 2
JPM, INC 42-1480954									
4611 MORTENSEN, SUITE 106									
AMES, IA 50014	PROPERTY MANAGEMENT	IA	N/A	S CORP	N/A	N/A	N/A		×
JENSEN DEVELOPMENT CORPORATION - 39-1907043									
4611 MORTENSEN, SUITE 106									
AMES, IA 50014	REAL ESTATE RENTALS	IA	N/A	S CORP	N/A	N/A	N/A		×
	-								
	_								
				-					
	. =							<u> </u>	
	= -								
	=								

532162 09-08-15

Schedule R (Form 990) 2015

Page 3

Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Schedule R (Form 990) 2015 IOWA YOUTH ATHLETIC FOUNDATION

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	insactions with one or more re	lated organizations listed i	ר Parts II-IV?	
	illed entity			1a ×
				1 2 X
				X
d Loans or loan guarantees to or for related organization(s)				>
e Loans or loan guarantees by related organization(s)				4 ×
				×
† Dividends from related organization(s)				
g Sale of assets to related organization(s)				
h Purchase of assets from related organization(s)				
i Exchange of assets with related organization(s)				×
j Lease of facilities, equipment, or other assets to related organization(s)				₹
k Lease of facilities, equipment, or other assets from related organitation(s)				¥
I Performance of services or membership or fundraising solicitations for related organization(s)	ated organization(s)			× =
m Performance of services or membership or fundraising solicitations by related organization(s)	ated organization(s)			1m X
	organization(s)			1n X
				10 X
				1p X X
q Heimbursement paid by related organization(s) for expenses				
r Other transfer of cash or property to related organization(s)				×
 S Other transfer of cash or property from related organization(s) 				1s A
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ation on who must complete the	is line, including covered r	elationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved
(1) JENSEN DEVELOPMENT CORPORATION	ы	264,962.	CASH BALANCE OF NOTE	
(2) JPM, INC.	R	168,531.	INVOICES FOR CONTRACT	LABOR
(6)				
(4)				
(5)				
(9)				
532183 09-08-15	35		Schedule	Schedule R (Form 990) 2015

Page 4

Schedule R (Form 990) 2015 IOWA YOUTH ATHLETIC FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

age din	•					15
(h) (i) (j) (k) (k) (k) (k) (k) (k) (k) (k) (k) (k						Schedule R (Form 990) 2015
General or F managing partner?			 			(Form
33 X×20 F-7 Y					:	dule R
(i) de V-UE nt in bo shedule rm 106i						Sche
of Sc (Fo						
(h) Disproportionate allocations?		 				
(g) Share of end-of-year assets						
- of						
(f) Share of total income						
_386. 9						
(e) Are all partners sec 501(c)(3) 0195? Yes No						
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)						
(d) minant i ed, une d from t						
Predoi (relat exclude section						
predoming predoming (related foreign excluded fixed foreign)						
Legal domicile (state or foreign country)						
Lec (sta		 	 <u></u> -	 		
(b) y activity						
(b) Primary activity						
Prims						
(a) Name, address, and EIN of entity						
(a) iddress, a of entity						
ne, ado						
(a) Name, address, and EIN of entity						

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ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF IOWA YOUTH BASKETBALL FOUNDATION

TO THE SI-CRETARY OF STATE OF THE STATE OF IOWA-

Pursuant to Section 504.1005 of the Iowa Nonprofit Corporation Act, the undersigned corporation adopts the following amendment to the corporation's articles of incorporation.

- The name of the corporation is: Iowa Youth Basketball Foundation
- 2 Article I is deleted in its entirety and replaced with the following:

ARTICLE I	6 JAN	f Cive
NAME	427	301 31341
The name of the corporation is Iowa Youth Athletic Foundation	<u> </u>	A cr
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- 3. The amendment was adopted on November 3, 2015.
- The amendment was duly approved by the board of directors of the corporation in the manner required by Section 504.1005 of the lowa Nonprofit Corporation Act and member approval was not required as the corporation has no members.

IOWA YOUTH BASKETBALL FOUNDATION

Rv.

Dickson Jensen, President

FILED IOWA

SECRETARY OF STATE

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