## EXTENDED TO NOVEMBER 15, 2019

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For th	e 2018 calendar year, or tax year beginning	and	ending								
В	Check if applicab	C Name of organization		<del></del> -	D Employ	er identificat	on number					
	Addre	METRO YOUTH FOOTBALL A	SSOCIATION		_							
	Name	Doing business as	·	,	<u> </u>	23-743	39551	_				
	Initial return Final return	Number and street (or P.O box it mail is not de	livered to street address)	Room/suit	E Telepho	E Telephone number 319-393-8696						
	termi		ZIP or foreign postal code		G Gross rece	ıpts \$	323,948					
	Amer		5-2171		H(a) Is this	a group retui	rn					
	Appli	F Name and address of principal officer DICE	AN COLLER		for su	bordinates?	Yes X No	,				
	pend	<sup>ng</sup>   SAME AS C ABOVE		1	H(b) Arealis	ubordinates includ	ded? Yes No	,				
				or 52	If "No,	" attach a list	t (see instructions)					
<u>J \</u>	Webs	te > WWW.METROYOUTHFOOTBALL	. COM			exemption n		_				
$\overline{}$			sociation Other	L Yea	r of formation	<u> 1975 м s</u>	tate of legal domicile: I	<u>A</u>				
P	art I	Summary						_				
1 Briefly describe the organization's mission or most significant activities YOUTH SPORTS												
'n	2	Check this box   If the organization discontinued its operations or disposed in the last assets										
Governance	3	Number of voting members of the governing body			/ L. I Y L. I.		{	В				
	4	Number of independent voting members of the gov	verning body (Part VI, line 1p2	1000	0.1.000			8				
eg SS	5	Number of independent voting members of the gov Total number of individuals employed in calendar y	ear 2018 (Part V, line 2a)	CNOV	21 2019	) SE     SE     SE		0				
Ĭ	6	Total number of volunteers (estimate if necessary)	]	L				0				
Activities	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12	OGI	DEN, UT	Γ la	0 .	_				
_	Ь	Net unrelated business taxable income from Form	990-T, line 38				0 .	•				
		1	11610		Prior Ye		Current Year					
Revenue	8	Contributions and grants (Part VIII, line 1h)	11014	L		,913.	12,099					
	9	Program service revenue (Part VIII, line 2g)	•	_	362	,552.	311,283	_				
	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)			687.	566	<u>.                                    </u>				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)			0.	0.	_				
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		379	,152.	323,948.	_				
	13	Grants and similar amounts paid (Part IX, column (	A), lines 1-3)	L		0.	0,	_				
	14	Benefits paid to or for members (Part IX, column (A	), line 4)	<u> </u>	_ <del></del>	0.	0,	_				
es.	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)	<u> </u>		0.	0.	_				
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	•	, <u> </u>		0.	0.	<u>.</u>				
ğ	ь	Total fundraising expenses (Part IX, column (D), line		<u> </u>		-500	205 645	_				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	•	<u> </u>		,598.	327,647					
	18	Total expenses Add lines 13-17 (must equal Part I)		<u> </u>		,598.	327,647.					
	19	Revenue less expenses Subtract line 18 from line	12			,446.	-3,699.	<u>.</u> _				
Sor				<u>  B</u>	eginning of Cur	= + +	End of Year					
Net Assets or	20	Total assets (Part X, line 16)		-	922	,594.	929,592.					
at A	21	Total liabilities (Part X, line 26)		-	000	0.	10,697.					
	rt II	Net assets or fund balances Subtract line 21 from Signature Block	line 20		922	,594.	918,895.	<u>-</u>				
ш		alties of perjury, I declare that I have examined this return,	including accompanying schedules	e and statem	nents and to the	hest of my kn	nwledge and helief it is	-				
		ct, and complete Declaration of preparer (other than office	- · · ·			-	owicage and belief, it is					
11 00,	COITC	Section of property former man office	1) 13 based on all morniadon of Wi	пот ргораго	1//	15/16		-				
Sıgı		Stynature of officer			Dat	e //-		-				
Her		BRIAN COLLER, TREASURE	₹									
1101	C	Type or print name and title	·				<del></del>	-				
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	_				
Paid	l	Remarks property a marrie	, reputat a dignatura			self-employed						
	arer	Eurm's name	Firm	n's EIN ▶	<u></u>	-						
•	Only	Firm's address	<del> </del>				<del></del>	_				
	,	02			Pho	ne no						
May	the II	RS discuss this return with the preparer shown above	/e? (see instructions)			<del></del>	Yes No	_				
-	01 12-3			ns.			Form <b>990</b> (2018					

LHA For Paperwork Reduction Act Notice, see the separate instructions.

<u>Form</u>	990 (2018) METRO YOUTH FOOTBALL ASSOCIATION	23-/439551	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	YOUTH SPORTS		
		<del></del>	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
_			XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	IA NO
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as i	neasured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		nd
		o, the total expenses, a	
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 326,375. including grants of \$) (Revenue		283.)
	MYFA HAS BEEN IN CONTINUOUS OPERATION SINCE 1971. MYFA'	S GOAL IS TO	
	TEACH LIFE SKILLS THROUGH INSTRUCTION IN THE BASICS OF FO	OUTBALL AND	YET
	LET THE KIDS HAVE FUN. EMPHASIS IS PLACED ON PARENTAL II		
			1111
	THEIR CHILDREN THROUGH THEIR VOLUNTEER EFFORTS IN VARIED	ACTIVITIES	
	RELATED TO THE OVERALL FOOTBALL PROGRAM. MORE IMPORTANT	THAN JUST B	Y
	ANNUAL GROWTH, OUR SUCCESS IS PERHAPS BEST MEASURED BY TI		
	ABOUT KIDS" STORIES WE GENERATE FOR THE LOCAL PRESS AND		
-			G
	NUMBERS OF FORMER PLAYERS RETURNING TO THE MYFA PROGRAM A	AS PARENTS,	
	COACHES AND SPORTS OFFICIALS.		
		<del></del>	
4b	(Code) (Expenses \$) (Revenue	ue \$	)
		<del></del>	
_			
4c	(Code) (Expenses \$	ıe \$	)
		<del></del>	
		-	
		<del></del>	
		<del></del>	
4d	Other program services (Describe in Schedule O )		
→u			
	(Expenses \$ including grants of \$ ) (Revenue \$		
4.	Total program convex expenses > 326, 375.		

Form 990 (2018)

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Form 990 (2018) METRO YOUTH FOOTBALL ASSOCIATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes." complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	] .	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11</u> a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	}		
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_ <u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	v
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

ټټ	(Continued)			т—
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Γ	Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	-		<del> </del> -
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			1
	Schedule J	23	ł	X
24 a	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	İ		ľ
	Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25 a	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? If "Yes," complete Schedule L, Part I	25a	Ь	Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	j	Į	j
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	}		}
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? # "Yes,"		İ	
	complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	}	ĺ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	├──	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		İ	
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	_28b_		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00.	l	x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<del></del>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	<del>  ^</del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M	30	_	-22
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u>  3,                                 </u>		<del></del>
G <sub>2</sub>		32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-		
	Part V. line 1	34	l	х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			[
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
<u></u>	Note, All Form 990 filers are required to complete Schedule O	38	Х	L
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
		لـــــا	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 11			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c_	<u>~~~</u> J	<u></u>
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Pai	Statements Regarding Other INS Filings and Tax Compliance (continued)			_				
_,			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1				
	filed for the calendar year ending with or within the year covered by this return	1						
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)			₩.				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	X				
	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	4.		x				
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>				
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)							
<b>5</b> -	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х				
_	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		<u> </u>				
0a	any contributions that were not tax deductible as charitable contributions?	6a		x				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			<del></del>				
	were not tax deductible?	6ь						
7	Organizations that may receive deductible contributions under section 170(c).			<del>                                     </del>				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
_	to file Form 8282?	7c		Х				
ď	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
8								
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter							
а	Initiation fees and capital contributions included on Part VIII, line 12	1 1						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders	i i						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them)		- {					
	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		İ					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a						
а	Note. See the instructions for additional information the organization must report on Schedule O	104						
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	i l	]					
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15	ł	х				
	If "Yes," see instructions and file Form 4720, Schedule N							
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	lf "Yes," complete Form 4720, Schedule O							
		Form	990 (	(2018)				

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 8 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person?  $\mathbf{x}^{-}$ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed -Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 JEFF CLAUSEN - 319-393-8696 52402 1100 AHEARN DR NE, CEDAR RAPIDS ΙA

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Form	990	(2018)	ı

### METRO YOUTH FOOTBALL ASSOCIATION

23-7439551

Page 7

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

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

X Check this box if neither the organiz (A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Name and Title Average			Pos	ition	than (	•••	Reportable	Reportable	Estimated
	hours per	box	, unle:	ss pe	son I	s both	n an	compensation	compensation	amount of
	week	⊢-	cer an	ora d	recto	r/trus	leej	from	from related	other
	(list any	lec?	ŀ					the	organizations	compensation
	hours for related	6 or d	ee l			Saled	i	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	fruste	al trus	'	ag.	uad w		(** 2, 1000 111100)		and related
	below	individual frustee or director	Institutional trustee	ا اة	Key employee	est co	   <u> </u>		i	organizations
	line)	횰	Insti	Officer	Key	Highest compensated employee	Former			
(1) JEFF HILLEMAN	10.00									
VP FOOTBALL OPS		X				Ĺ		0.	0.	0.
(2) BRIAN BURRELL	10.00									
VP FUNDRAISING		X	L.					0.	0.	0.
(3) GARY BRAKSIEK	10.00	}								
PRESIDENT		X		X			L	0.	0.	0.
(4) SCOTT GROTH	10.00									
VP VOLUNTEERS/COACHES		X		Х		L		0.	0.	0.
(5) BRIAN COLLER	10.00									
VP FINANCE		X		X				0.	0.	0,
					_					<u> </u>
		<u> </u>				L				
						L				
		L								
						,				
		L						<del>-</del>		<u></u>
						L_				
		[ ]								·
			1	]						
				1	Ì			_		

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount other	
	(list any hours for related organizations below line)		Institutional trustee	Ollicer	Key employee	Highesi compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	S	com fr org and	pensa om the anizat d relat	e Ion ed
		<u>.</u>	 		_	_	_						
		-			_								
		_			_								
		-				-	_						
		-							<del></del>				
								0					_
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A						<b>&gt;</b>	0.		0.			0.
Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	о ге	<del></del>	000 of reportable			-	0
3 Did the organization list any former officer	, director, or tru	ustee	e, ke	y en	nplo	yee,	or l	nighest compensated en	nployee on			Yes	No
line 1a? If "Yes," complete Schedule J for s  For any individual listed on line 1a, is the si	ım of reportabl		•					•	he organization		3		X
and related organizations greater than \$150  Did any person listed on line 1a receive or a rendered to the organization? (6.8%) and the condense of the organization?	accrue compen	satio	on fr	om	any	unre			lual for services		4		X X
rendered to the organization? If "Yes." con Section B. Independent Contractors  1 Complete this table for your five highest co							rs th	nat received more than \$	100 000 of com	pensa	tion fro		
the organization Report compensation for (A)	•	•									(C		
Name and business	address	NC	NE	<u> </u>			$\dashv$	Description of s	ervices		omper		1
	<del></del>						$\dashv$	· · · · · · · · · · · · · · · · · · ·					
	<del>-</del>		•					<del></del>					
Total number of independent contractors (iii \$100,000 of compensation from the organic	•	ot lin	nited	to t	hos 0		ted	above) who received mo	ore than				
								—···			Form 9	990 (2	2018)

		Check if Schedule O contain	ins a response	<u>or note to any line</u>	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a		<del></del>			<u> </u>
Contributions, Gifts, Grants and Other Similar Amounts.	, h	Membership dues	1b					
2 3		Fundraising events	1c					}
fts,		•	1d					
G		Related organizations	<del></del>					
Sign	•	Government grants (contribution						
utic	ı	All other contributions, gifts, grants		12,099.				
£9	_	similar amounts not included above		12,000.				'
out	9	Noncash contributions included in lines 1a	1-1f \$		12,099.			
Oe		Total. Add lines 1a-1f			12,033.			<del>                                     </del>
		PLAYER REGISTRAT	T ON	Business Code 900099	167,190.	167,190.		
ice	2 a	001707007007070		900099	139,267.	139,267.		<del> </del>
Program Service Revenue	b	TEDODY / DANIE CA		900099	4,826.	4,826.	<del></del>	<del> </del>
u S	С		2002	300033	4,020.	4,020.	<del></del>	
gra Be	d		<del></del>					
roi	e			<del></del>				
-		All other program service reven	ue		311,283.			<del> </del>
		Total. Add lines 2a-2f			311,203.			<del> </del>
	3	Investment income (including d	iviaenas, intere	est, and	566.			566.
		other similar amounts)				<del></del>	· <del></del>	300.
	4	Income from investment of tax-	exempt bond b	proceeds				<del> </del>
	5	Royalties	(i) Real	(v) Paragonal			<del></del>	<del>                                     </del>
	6 -	Gross rents	(i) Real	(ii) Personal				
	6 a			<del> </del>				
		Less rental expenses		<del> </del>				ļ
		Rental income or (loss)		<u> </u>				
		Net rental income or (loss)	G) Converting	<del></del>		<del></del>	<del></del>	<del> </del>
	/ a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		<del> </del>				Ì
		Less cost or other basis		]				
		and sales expenses		<del> </del>				
		Gain or (loss)						
		Net gain or (loss)     Gross income from fundraising				<del></del>		<del> </del>
ne	ва	including \$	of	1				[
Revenue		contributions reported on line 1	<del></del>	j				
Re		Part IV, line 18	C) See					
Other		Less direct expenses	b	<b> </b>				
ŏ		: Net income or (loss) from fundr						
		Gross income from gaming acti	-			<del>                                     </del>	<del></del>	<u> </u>
		Part IV, line 19	a	]				
	h	Less direct expenses	b					
		: Net income or (loss) from gamir		<b>•</b>				
		Gross sales of inventory, less re						
		and allowances	a	1				
J	h	Less cost of goods sold	- b					
		Net income or (loss) from sales		<b>•</b>				
		Miscellaneous Revenue		Business Code				
	11 a							L .
	b							I.
	c							
	d	All other revenue						
1	е	Total, Add lines 11a-11d		<b>•</b>				
]	12	Total revenue See instructions		▶	323,948.	311,283.	0.	566.

3661	Check if Schedule O contains a respons			npiete column (A)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			}	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
· ·	Management				
ь	Legal				
c	Accounting				
d	· · · · · · · · · · · · · · · · ·	<u> </u>			
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	10,172.	10,172.		
13	Office expenses	1,272.		1,272.	
14	Information technology				
15	Royalties				
16	Occupancy			<del></del>	<del></del>
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
20 21	Interest Payments to affiliates			·	
22	Depreciation, depletion, and amortization			<del></del>	
23	Insurance	18,129.	18,129.		
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 )				
a	TACKLE FOOTBALL EQUIPME	81,216.	81,216.		
ь	COST OF CHOCOLATE SALES	71,953.	71,953.		
С	FACILITY COSTS	37,140.	37,140.		
d	OFFICIALS AND SCOREKEEP	25,785.	25,785.		
е	All other expenses SEE SCH O	81,980.	81,980.		<del></del>
<u> 25</u>	Total functional expenses Add lines 1 through 24e	327,647.	326,375.	1,272.	0.
26	Joint costs Complete this line only if the organization		Į	j	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		·	İ	
	Check here If following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 246,230. 1 -2. Cash - non-interest-bearing 17. 261.839. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 1 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 1,032,513. basis Complete Part VI of Schedule D 10a 507,601. 507,601. 524,912. 10c b Less accumulated depreciation 10b Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 168,746. 160,154. 929,592. 15 Other assets See Part IV, line 11 15 922,594. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 10,697. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 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 10,697. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. **Fund Balances** 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here X 5 and complete lines 30 through 34. 0. 0. 30 30 Capital stock or trust principal, or current funds Net Assets Ō. 0. Paid-in or capital surplus, or land, building, or equipment fund 31 31 922,594. 918,895. 32 Retained earnings, endowment, accumulated income, or other funds 32 922,594. 918,895. 33 Total net assets or fund balances 33 922,594. 929,592. 34 Total liabilities and net assets/fund balances

Form	1990 (2018) METRO YOUTH FOOTBALL ASSOCIATION	23-/43	<u> 322T</u>	Page 12		
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1		<u>,948.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,647.		
3	Revenue less expenses Subtract line 2 from line 1	3		,699.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	922	,594.		
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	<u> </u>				
	column (B))	10	918	,895.		
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u> _		
				Yes No		
1	Accounting method used to prepare the Form 990 Cash X 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	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 1	1		
	separate basis, consolidated basis, or both		i			
	Separate basis Consolidated basis Both consolidated and separate basis		1 1			
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	1 1	- (		
	consolidated basis, or both		1 1			
	Separate basis Consolidated basis Both consolidated and separate basis		1 1			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sche		1 1			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit				
	Act and OMB Çırcular A-133?		3a	<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
			Form	<b>990</b> (2018)		

## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of	e of the organization Employer identification number									
			OTBALL ASSOC					3-7439551		
Part I	Reason for Public (	Charity Status (	All organizations must co	mplete th	is part ) Se	e instructions	5			
The organ	ization is not a private found	lation because it is (	For lines 1 through 12, c	heck only	one box )					
1 🗀	A church, convention of ch	urches, or association	on of churches described	in section	n 170(b)(1	i)(A)(i).	$\mathcal{A}$			
2 🗀	A school described in sect	•			, , ,	"	11			
3	A hospital or a cooperative		•			n.	ノヿ			
4 🗂	A medical research organiz	•				•	Miin. Enter	the hospital's name		
• —	city, and state		, ,				,,,			
5 🕅	An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a oc	vernmental u	nıt describe	ed in		
	section 170(b)(1)(A)(iv). (0		<b>.</b>		-,-5					
6			nental unit described in	section 17	70(b)(1)(A)	(v).				
7 X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  X  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). (C	-	Part of the deppert in	5 u g5			90			
в 🦳	A community trust describe		(1)(A)(vi) (Complete Par	t II Y						
9 🗔	An agricultural research org	, ,		-	ed in conii	inction with a	land-grant	college		
• 🗀	or university or a non-land-									
	university	grant conlege of agric	anare (Boo mondonor)			, 4 51215 5.	and domogra	, 0,		
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supi	oort from o	contributio	ns membersi	no fees, an	d gross receipts from		
	activities related to its exen							<del>-</del>		
	income and unrelated busin	•	•							
	See section 509(a)(2). (Co		(1000 000 11011 0 1 1 1211) 110				,			
11 🔲	An organization organized		ively to test for public sa	fety See	section 50	)9(a)(4).				
12	An organization organized	•	•	•			rry out the	nurnoses of one or		
·	more publicly supported or	•	•	•			•			
	lines 12a through 12d that	-	, , , ,					SHOOK GIC BOX III		
a 🗀	Type I. A supporting orga						_	alvina		
a L	the supported organization	•	•	-	_			-		
	organization You must o			majority c	n trie direc	tors or truste	es of the st	apportung		
ьГ	Type II. A supporting org	•		uon with it	s supports	d organizatio	n(e) by hay	una		
D	control or management of									
				arrie perso	iis that co	THO OF THATIA	ge the supp	Sorted		
	organization(s) You mus			ın connec	tion with is	and functions	lly intograto	od with		
·	☐ Type III functionally inte	· .					ny integrate	ed with,		
. —	its supported organizatio		•				+	- at a m (a)		
d <u>∟</u> _	☐ Type III non-functionally									
	that is not functionally int	-	- ·				an attentiv	veness		
<u></u>	requirement (see instruct	•	•				II Tues III			
e	Check this box if the orga					Type I, Type	ii, Type iii			
	functionally integrated, or	• •	nally integrated supporti	ng organiz	ation			<u> </u>		
	er the number of supported o	•	-d		•			<u> </u>		
	vide the following information  i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other		
•	organization	-	(described on lines 1-10	Yes	No No	support (see II	-	support (see instructions)		
			above (see instructions))	103						
				ļ						
	<del></del>			<del></del>				<del></del>		
				<u> </u>	j			J		
					<u> </u>	<u> </u>				
								···		

Schedule A (Form 990 or 990-EZ) 2018 METRO YOUTH FOOTBALL ASSOCIATION 23-7439551 Page 2

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

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

Sec	ction A. Public Support	- <del></del>	<del></del> :	<del></del>			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and		1				
	membership fees received (Do not						
	include any "unusual grants ")	6,500.	17,087.	6,000.	<u> 15,913.</u>	12,099.	57,599.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		ĺ				
	or expended on its behalf		1	1			
3	The value of services or facilities						
	furnished by a governmental unit to		J	]			
	the organization without charge		1				
4	Total. Add lines 1 through 3	6,500.	17,087.	6,000.	15,913.	12,099.	57,599.
5	The portion of total contributions				·		
	by each person (other than a			ļ			
	governmental unit or publicly		Į.				
	supported organization) included		İ	ł			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			4			
	column (f)						
6	Public support. Subtract line 5 from line 4						57,599.
Sec	ction B. Total Support			······································			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	6,500.	17,087.	6,000.	15,913.	12,099.	57,599.
8	Gross income from interest,						
	dividends, payments received on		İ				
	securities loans, rents, royalties,						
	and income from similar sources	3,574.	4,087.	1,115.	687.	566.	10,029.
9	Net income from unrelated business						<del></del>
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)		1				
11	Total support. Add lines 7 through 10						67,628.
	Gross receipts from related activities,	etc (see instruction	ns)			12	<u> </u>
	First five years. If the Form 990 is for	•	•	, fourth, or fifth tax	k vear as a section	501(c)(3)	
	organization, check this box and stop	•	,		•	,	▶□
Sec	tion C. Computation of Publi		centage				
14	Public support percentage for 2018 (li	ne 6, column (f) div	uded by line 11, co	olumn (f))		14	85.17 %
	Public support percentage from 2017					15	83.99 %
16a	33 1/3% support test - 2018. If the c	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				ightharpoons X
b	33 1/3% support test - 2017. If the o	organization did not	t check a box on lir	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali						▶ 🗀
17a	10% -facts-and-circumstances test	- 2018. If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	ind line 14 is 10% o	or more,
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						▶ □
b	10% -facts-and-circumstances test	_		• •	=	7a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶ 🗀
18	Private foundation. If the organization						▶□
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Complete only if you checked be box on line 10 of Part for the organization failed to qualify under Part II if the organization failed to qualify under Part II if the organization failed to qualify under Part II if the organization failed to Qualify under Part II if the organization failed to Qualify (p)	Schedule A (Form 990 or 990-EZ) 2018 ME Part III   Support Schedule for O	TRO YOUT	H FOOTBAL Described in S	L ASSOCIAT	rion (2)	23-743	39551 Page 3
Section A. Public Support  Callends years (or fiscal year beginning in) ▶  Called year (or fiscal year beginni	(Complete only if you checked	the box on line 10	of Part I or if the	organization failed	to qualify under P	art II If the organi	zation fails to
Section A. Public Support  Contact yare for fixed yare beganing in		1		5	, ,	<b>3</b> ·	/
Gilds, grants, contributions, and membrarity feets received (Do not include any "unusual grants")  Gilds receipts from admission, menchandres sold or services performed, or facilities furnished in any activity that is related to the organization's tax-earning turpose  3 Gross receipts from admission business under section 513  4 Tax revenues leved for the organization's benefit and ether paid to or expended on its behalf  5 The value of services or facilities furnished business under section 513  6 Total. Add lines 1 through 5  7 a Amounts included on lines 1, 2, and 3 received from disqualified persons benefits and ether paid to or expended to the size and a section of the size and a	Section A. Public Support			-			
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assets (Explain in Part VI)  Total support (Add lines 9 10c, 11 and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2017 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2017 Schedule A, Part III, line 17  18 Investment income percentage from 2017 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1		/	}	ł	ł	\ \	1
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							\ ▶□
							\ \

# Schedule A (Form 990 or 990 EZ) 2018 METRO YOUTH FOOTBALL ASSOCIATION Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

1	Are all of the organization's supported organizations listed by name in the organization's governing

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1	)	
	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			
	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	] ]	
ь	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		Ì	
	organization made the determination	3b	1 1	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	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 12a or 12b 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)	l		
	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		i l	
	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	}		
	was accomplished (such as by amendment to the organizing document)	5a	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	ı	i	
	designated in the organization's organizing document?	5b	L	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	_5c		ļ
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	1	<b>.</b>	
	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		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	-		
	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?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	$\vdash$	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	}	ļ !	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	ın 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			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	$\vdash$	
0a	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		

Sche	dule A (Form 990 or 990-EZ) 2018 METRO YOUTH FOOTBALL ASSOCIATION 2	3-743955	1_ P	age 5
Pa	rt 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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		<u> </u>
	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		<u></u>
Sec	tion B. Type I Supporting Organizations	<del></del>		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	l		}
	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,			ļ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_1_		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	ŀ		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1	1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.		Ĺ	Ĺ
Sec	tion C. Type II Supporting Organizations			
		<del></del>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	}		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			ĺ
500	the supported organization(s).		L	L
Sec	tion D. All Type III Supporting Organizations		T.,	
	Dutter the first transfer of the first trans		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	}		}
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	}	
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	<del> '</del>		<del> </del>
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	}	ļ	
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s)  By reason of the relationship described in (2), did the organization's supported organizations have a	<del></del>	-	-
3	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		ĺ	İ
	supported organizations played in this regard.	3	]	<b>,</b>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			Ь
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instri	uctions).		
' a	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			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see 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			
	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		ŀ
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		Ĺ <u> </u>
b				
	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	}		
	activities but for the organization's involvement	2b		
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		L
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ь		L
		/Earm 000 or 00	~ ==	2040

	dule A (Form 990 or 990-EZ) 2018 METRO YOUTH FOOTBALL AS			23-7439551 Page 6
Щ.	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•		Part VI) See instructions. All
 Sect	other Type III non-functionally integrated supporting organizations must co	mplete Se	(A) Prior Year	(B) Current Year
	·	<del></del>		(optional)
_1_	Net short-term capital gain	1		<del></del>
_2_	Recoveries of prior-year distributions	2		<del></del>
_3_	Other gross income (see instructions)	3		<del></del>
4	Add lines 1 through 3	4	<del></del>	<del></del>
5	Depreciation and depletion	5		<del></del>
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		<del></del>
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8_	. <b></b>	
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		İ
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		Ţ
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	<del> </del>	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
_ <del></del> _	Distributable Amount. Subtract line 5 from line 4, unless subject to			
•	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting ord	nanization (see
•		.,og.ac	, p uspporg org	,

Schedule A (Form 990 or 990-EZ) 2018

-	Type III Non-Functionally Integrated 509(			3-7439551 Page 7
<u></u>		allol oupporting orga	nizations (continued)	Current Veer
	on D - Distributions		<del></del>	Current Year
	Amounts paid to supported organizations to accomplish exer		·	<del> </del>
2	Amounts paid to perform activity that directly furthers exemp	t purposes or supported	•	
	organizations, in excess of income from activity		<del></del>	
_3_	Administrative expenses paid to accomplish exempt purpose	es or supported organizations	i	
4_	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			<del> </del>
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			<del> </del>
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI) See instructions	<del></del>		
9_	Distributable amount for 2018 from Section C, line 6	<del></del>	<del></del>	
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(III) Distributable Amount for 2018
_1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018		-	
а	From 2013			
b	From 2014			
G	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
1	Carryover from 2013 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2. For result greater	م		
	than zero, explain in Part VI. See instructions	`- 		
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c		_	
8	Breakdown of line 7			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 METR	O YOUTH FOOT	TBALL ASSO	CIATION	23-7439551 P	age 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1, Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8, and Part (See instructions)	, 4b, 4c, 5a, 6, 9a, 9b, d 3, Part IV, Section E,	9c, 11a, 11b, and 1 lines 1c, 2a, 2b, 3a	l1c, Part IV, Section E a, and 3b, Part V, line	3, lines 1 and 2, Part IV, Section C, 1, Part V, Section B, line 1e, Part V	/,
		- <del>***</del>		·		
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# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Acco	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(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 wr	iting that the assets held in donor advise	ed funds	
Ť	are the organization's property, subject to the organization's ex	•	00 101100	Yes N
6	Did the organization inform all grantees, donors, and donor adv		used only	<del></del>
•	for charitable purposes and not for the benefit of the donor or o		-	
	impermissible private benefit?	20.10. 20.100., or 10. 0.1, or 10. po. p. 0.		Yes N
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990. F	Part IV. line	
1	Purpose(s) of conservation easements held by the organization		·	
•	Preservation of land for public use (e.g., recreation or edu		orically im	nortant land area
	Protection of natural habitat	Preservation of a cert	•	•
	Preservation of open space			no stractare
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	nf a conse	nyation easement on the last
_	day of the tax year	d conservation contribution in the form	or a corrise	Held at the End of the Tax Yea
_	Total number of conservation easements			la
_	Total acreage restricted by conservation easements			tb
b	Number of conservation easements on a certified historic struc	ture included in (a)		ec .
ر د	Number of conservation easements included in (c) acquired aft	• •		::-
đ		er 7/25/06, and not on a historic structu	I	ed
2	listed in the National Register	and extensionable or terminated by the		<del></del>
3	Number of conservation easements modified, transferred, release year	isea, extinguished, or terminated by the	organizati	ion during the tax
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the perio			
	violations, and enforcement of the conservation easements it h			Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cons	ervation e	asements during the year
	<b>&gt;</b>			•
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservat	ion easem	nents during the year
	▶\$			5 ,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170()	n)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	, , ,		Yes N
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	statement	, and balance sheet, and
_	include, if applicable, the text of the footnote to the organization			
	conservation easements			<b>-</b>
Pa	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, or Otl	her Sim	ilar Assets.
_	Complete if the organization answered "Yes" on Form 9			
12	If the organization elected, as permitted under SFAS 116 (ASC		ent and b	alance sheet works of art
	historical treasures, or other similar assets held for public exhib			and the second s
	the text of the footnote to its financial statements that describe		.co o, pab	me convice, provide, my dividing
<b>h</b>	If the organization elected, as permitted under SFAS 116 (ASC		and halan	ce sheet works of art, historical
Ь	treasures, or other similar assets held for public exhibition, edu-	-		
		oation, or research in furtherance of pub	381 1106	, provide the following amount
	relating to these items			<b>▶</b> ¢
	(i) Revenue included on Form 990, Part VIII, line 1			> \$ > \$
2	(ii) Assets included in Form 990, Part X	uras, or other similar sanets for financial	G210 5701	
2	If the organization received or held works of art, historical treas	·	gani, prov	viue.
	the following amounts required to be reported under SFAS 116	(ASC 938) relating to these items		• ¢
a	Revenue included on Form 990, Part VIII, line 1		,	э <u> </u>

		OUTH FOOTB							39551	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	t are a sigr	uficant c	ise of its c	ollection it	ems
	(check all that apply)									
а	Public exhibition	d	╵╟	Loan or exc	hange progra	ams				
b	Scholarly research	е		Other					····	
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	on's exemp	ot purpo	se in Part	XIII	
5	During the year, did the organization solicit of	r receive donations o	of art, his	storical treas	sures, or othe	er sımılar a	ssets		_	
	to be sold to raise funds rather than to be ma								Yes	No
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered '	"Yes" on F	orm 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for	contribution:	s or other as:	sets not in	cluded	_	_	_
	on Form 990, Part X?							L_	_) Yes	L No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	table						
							<b> </b>		Amount	
С	Beginning balance						1c			
ď	Additions during the year						1d	<u></u>		
е	Distributions during the year						1e			
f	Ending balance						1f		<del>1</del>	
	Did the organization include an amount on Fe					-	יין	L-	Yes	<u></u> ₩•
	If "Yes," explain the arrangement in Part XIII									<u> </u>
Par	t V Endowment Funds. Complete									<del></del>
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (	d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance				<del> </del>					
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships	<u> </u>			<del> </del>					
е	Other expenditures for facilities									
_	and programs				<del> </del>				ļ	
f	Administrative expenses	<b></b>	-							
g	End of year balance	L			<u> </u>		<del></del>	<del></del>	L	
2	Provide the estimated percentage of the curr	rent year end balance	1	g, column (a)	)) held as					
a	Board designated or quasi-endowment		_%							
Ь	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho	•				1.6.41				
За	Are there endowment funds not in the posse	ssion of the organiza	ition tha	it are neid ar	na aaministei	rea tor the	organiza	ation	[v	<u>,                                    </u>
	by									es No
	(i) unrelated organizations								3a(ı)	<del></del>
	(ii) related organizations			ebodulo D2					3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza	•							_3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		willent	unus						
	Complete if the organization answere		Dart IV	/ line 11a S	See Form 990	Part Y Iu	ne 10			
				1			cumulate	-d	(d) Book	
	Description of property	(a) Cost or o basis (investr		1 '''	or other (other)		eciation		(d) Book	value
	Lond	24313 (111453111			0,000.	ССР		<del></del>	250	,000.
	Land	<del></del>			3,629.		56,3	99		,230.
	Buildings Leasehold improvements				6,343.		85,9			,371.
	'	<del> </del>			2,541.		82,5			0.
	Equipment Other	<del></del>		"	-,		<u> ,</u>	<del>:</del>  -		
	. Add lines 1a through 1e (Column (d) must e	aval Form 200 Part	Y colu-	an /R) //an 1:	Oc.)				507	,601.
_ vtal	. ,	uuai FUIII 330. FäN	A. LUIUII		VV./					<del></del>

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

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 METRO YOUTH FOOTBALL ASSO	CIATION	23-7439551 Page
Part XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per I	Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a	
Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	7
c Recoveries of prior year grants	2c	7
d Other (Describe in Part XIII )	2d	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII )	4b	
A 4 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1-101	4c
		5
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Stater	nents With Expenses ne	
· · · · · · · · · · · · · · · · · · ·		riotarii.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	:d	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	l a- 1	
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	<b>⊣</b>
c Other losses	2c	
d Other (Describe in Part XIII )	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	<b>→</b>
b Other (Describe in Part XIII )	4b	<b>⊣</b> 1
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)	·	5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	dditional information	
PART V, LINE 4 - INTENDED USES OF ENDOWMENT NECESSARY MAINTENANCE AND IMPROVEMENTS FOR F		CHOLARSHIPS.
· · · · · · · · · · · · · · · · · · ·		

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Schedule D (Form 990) 2018

### 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.

Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

OMB No 1545-0047

Employer identification number Name of the organization METRO YOUTH FOOTBALL ASSOCIATION 23-7439551 FORM 990, PART VI, SECTION B, LINE 11B: NO REVIEW WAS CONDUCTED. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: PLAYER AWARDS: PROGRAM SERVICE EXPENSES 19,809. 0. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. 19,809. TOTAL EXPENSES UTILITIES: PROGRAM SERVICE EXPENSES 16,262. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 16,262. CREDIT CARD FEES: 11,733. PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 11,733. TOTAL EXPENSES

Schedule O (Form 990 or 990-EZ) (2018)  Name of the organization	Page 2 Employer identification number
METRO YOUTH FOOTBALL ASSOCIATION	23-7439551
EQUIPMENT PURCHASES:	
PROGRAM SERVICE EXPENSES	8,821.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,821.
FLAG SHIRTS:	
PROGRAM SERVICE EXPENSES	5,550.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,550.
OTHER OPERATING COSTS:	
PROGRAM SERVICE EXPENSES	5,501.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,501.
CAMP SHIRTS:	
PROGRAM SERVICE EXPENSES	4,790.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,790.
COACHING COSTS:	
PROGRAM SERVICE EXPENSES	4,775.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
832212 10-10-18	Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)  Name of the organization  METRO YOUTH FOOTBALL ASSOCIATION	Employer identification number 23-7439551
TOTAL EXPENSES	4,775.
SCHOLARSHIP EXPENSE:	
PROGRAM SERVICE EXPENSES	4,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,000.
PHOTOGRAPHY:	
PROGRAM SERVICE EXPENSES	3,134.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,134.
TRAINERS:	
PROGRAM SERVICE EXPENSES	3,081.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,081.
NET FIRE RECOVERY COSTS:	
PROGRAM SERVICE EXPENSES	-5,476.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	-5,476.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 81,980.
	<del></del>
<u>'</u>	