		L
	000 E7	L
_	MMIEF/	L
-orm		L

T

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,

and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. · ... · 



Department of the Treasury Internal Revenue Service

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.						
A For the 2010 calend	lar year, or tax year beginning	, 2010, and ending	. 20			
B Check if applicable:	C Name of organization		D Employer identification number			
Address change	USATF Iowa Association		42-1524669			

	Address c	Idress change USATF Iowa Association				42	2-1524669	
	Name cha	ame change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite			E Telep	E Telephone number		
	Initial retu	4200 Quali Coult				515	5-225-3814	
F	Terminate	ed City or town, state or country, and ZIP + 4				up Exen	notion	
-		west Des Moines, Iowa 50265				nber 🕨	•	
		ting Method: ✓ Cash					the organization is <b>no</b>	
	Websit						ich Schedule B	
			1) or	527	•		-EZ, or 990-PF).	
			-			-	. ,	
ĸ		If the organization is not a section 509(a)(3) supporting organization and its a boot and its a boot a section 500(a) supporting organization and its a boot a section 500 and the section and a boot a section 500 and a boot	-	•				
T		s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore or	if total as	sets (Part II			
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				► \$	39,957.28	
-	Part I	Revenue, Expenses, and Changes in Net Assets or Fund Bal					for Part I)	
		Check if the organization used Schedule O to respond to any quest	ion in	this Pa	tl		· · · · <u> </u>	
	1	Contributions, gifts, grants, and similar amounts received				1	5.00	
	2	Program service revenue including government fees and contracts .				2	0.00	
	3	Membership dues and assessments				3	39,952.28	
	4	Investment income				4	0.00	
	5a	Gross amount from sale of assets other than inventory	5a		0.00			
Revenue	b	Less: cost or other basis and sales expenses	5b		0.00			
	с 6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b frog Gaming and fundraising events	om line	e 5a) .		5c	0.00	
	a	Gross income from gaming (attach Schedule G if greater than	6a		0.00			
	b	Gross income from fundraising events (not including \$	of c	ontribut	ions 0.00			
	с		6c		0.00			
	d			6h and				
	u	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)					0.00	
	70	,	 7a			6d	0.00	
	7a		7a 7b		0.00			
	b					7.	0.00	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a	,			7c	0.00	
	8	Other revenue (describe in Schedule O)				8	00.0	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	39,957.28	
Expenses	10	Grants and similar amounts paid (list in Schedule O)				10	0.00	
	11	Benefits paid to or for members				11	0.00	
	3 12	Salaries, other compensation, and employee benefits				12	0.00	
	2 13	Professional fees and other payments to independent contractors				13	7,800.00	
	<u>د ا</u>	Occupancy, rent, utilities, and maintenance				14	0.00	
		Printing, publications, postage, and shipping				15	2,221.36	
	16	Other expenses (describe in Schedule O)				16	32,733.93	
	17	Total expenses.         Add lines 10 through 16         .				17	42,755.29	
ų	2 18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	-2,798.01	
a v	5 <b>19</b>	Net assets or fund balances at beginning of year (from line 27, column						
Net Assets	2	end-of-year figure reported on prior year's return)				19	3,753.14	
	20	Other changes in net assets or fund balances (explain in Schedule O) .				20	0.00	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20			🕨	21	955.13	

Form Pa	990-EZ (2010) <b>t II Balance Sheets.</b> (see the instructions	s for Part II.)				Page 2
	Check if the organization used Schedul		stion in this Par	tll		🗆
			(A)	Beginning of year		(B) End of year
22	Cash, savings, and investments			3,753.14	22	955.13
23	Land and buildings			0.00		0.00
24	Other assets (describe in Schedule O)			0.00	24	0.00
25	Total assets			3,753.14		955.13
26	<b>Total liabilities</b> (describe in Schedule O)			0.00	-	0.00
27	Net assets or fund balances (line 27 of colum	n (B) <b>must</b> agree with line 2	I)	3,753,14	-	955.13
Part III         Statement of Program Service Accomplishments (see the instructions for Part III.) Check if the organization used Schedule O to respond to any question in this Part III         Image: Check if the organization is primary exempt purpose?						Expenses juired for section c)(3) and 501(c)(4) inizations and section
the s	ibe what was achieved in carrying out the organizatio ervices provided, the number of persons benefited, and				494	7(a)(1) trusts; optional thers.)
28	(Grants \$ ) If this amour	t includes foreign grants, ch	eck here		28a	
29	(Grants \$) If this amour	t includes foreign grants, ch	eck here		29a	
30	(Grants \$ ) If this amour	t includes foreign grants, ch	eck here	► 🗆	30a	
31	Other program services (describe in Schedule O)					
		t includes foreign grants, ch	eck here	🕨 🗌	31a	
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	
Par					nstru	ctions for Part IV.)
	Check if the organization used Schedul					<u>· · · · □</u>
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	n (d) Contribution employee benefit deferred comper	plans &	