Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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.**

▶ ***The organization may have to use a copy of this return to satisfy state reporting requirements.***

OMB No. 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning January 1 **, 2012, and ending** December 31 **, 20**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
USATF Iowa Association

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
4208 Quail Court

City or town, state or country, and ZIP + 4
West Des Moines, IA 50265

D Employer identification number
42-1524669

E Telephone number
515-771-4246

F Group Exemption Number ▶ 5062

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ www.usatf-iowa.org

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☑ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ▶ ☑ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 30,708.30

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	545.00
	2	Program service revenue including government fees and contracts		2	0.00
	3	Membership dues and assessments		3	30,163.30
	4	Investment income		4	0.00
	5a	Gross amount from sale of assets other than inventory	5a 0.00		
	b	Less: cost or other basis and sales expenses	5b 0.00		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0.00
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 0.00		
	b	Gross income from fundraising events (not including $ 0.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b 0.00		
	c	Less: direct expenses from gaming and fundraising events	6c 0.00		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0.00
	7a	Gross sales of inventory, less returns and allowances	7a 0.00		
	b	Less: cost of goods sold	7b 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	0.00
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	30,708.30
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	0.00
	11	Benefits paid to or for members		11	982.50
	12	Salaries, other compensation, and employee benefits		12	0.00
	13	Professional fees and other payments to independent contractors		13	7,600.00
	14	Occupancy, rent, utilities, and maintenance		14	0.00
	15	Printing, publications, postage, and shipping		15	148.10
	16	Other expenses (describe in Schedule O)		16	17,199.71
	17	**Total expenses.** Add lines 10 through 16 ▶		17	25,930.31
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	4,777.99
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	13,892.85
	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	18,670.84

Part II **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	13,892.85	22	18,670.84
23	Land and buildings	0.00	23	0.00
24	Other assets (describe in Schedule O)	0.00	24	0.00
25	**Total assets**	13,892.85	25	18,670.84
26	**Total liabilities** (describe in Schedule O)	0.00	26	0.00
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	13,892.85	27	18,670.84

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 . . ☐

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	28a	
29	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	30a	
31	Other program services (describe in Schedule O) . . . . . (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) . . . . . ▶	32	

Part IV **List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation