Form	990
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(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

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

Open to Public

OMB No. 1545-0047

2019

Depa Inter	artment of th nal Revenue	e Treasury Service	,	► Do no ► Go to w	t enter social secu ww.irs.gov/Form9	irity numbers o 190 for instru	on this form as i ctions and th	it may be ma ne latest i	ade public. nformatior	1.		Inspection	
Α	For the 2	2019 calend	dar year, or ta	x year be	ginning		, 2019,	and endi	ng		,		
В	Check if ap	plicable:	C	-					-	D Employ	er identif	fication number	
	Addres	s change	NW IOWA S	SOCCER	ALLIANCE					42-	14742	253	
	Name				IOWA SOCCE	ER CLUB				E Telepho			
	Initial I	-	PO BOX 93							712	-262-	-3117	
	H	urn/terminated	SPENCER,	IA 51	301-0932						101	0117	
		led return								G Gross r	eceints \$	5 234	,708.
		ation pending	F Name and add	dress of prin	cipal officer:				H(a) Is this	a group retur		= = =	37
	, the second	ation ponding	SAME AS (H(b) Are all	subordinates ' attach a list	included		No
ī	Tax-exen	npt status:	X 501(c)(3)	501(c)		nsert no.)	4947(a)(1) or	527	If "No,"	' attach a list	. (see inst	tructions)	
<u>,</u>	Websit			301(0)			4347 (a)(1) 01	JL/		exemption nu	umber 🕨		
ĸ		organization:	X Corporation	Trust	Association	Other ►		ear of forma				egal domicile: IA	
Pa		Summar		must	Association	Other -		rear of forma	uon: 199			gai domicile: 1P	<u>.</u>
Га		efly descri	y De the organiz	ation's m	ission or most	significant a	ctivities TO	DDOVIT		₣₮₸₸₼₦	<u>אד א</u> ו	ערויים	
	DI				GANIZED SC								
Governance					<u>ANIZED 30</u>	CCER IO	111111 100			101 101	<u>.</u>		
nar													
ver	2 Ch	eck this bo	x ►if the	organiza	ation discontinu	ed its opera	tions or disp	osed of m	ore than 2	5% of its	net ass		
g	3 Nu				overning body (3		10
°ð					pers of the gove						4		10
ties	5 To	tal number	of individuals	employe	d in calendar ye	ear 2019 (Pa	art V, line 2a)			5		1
Activities &	6 To	tal number	of volunteers	(estimate	e if necessary).						6		0
Ac	7a To	tal unrelate	ed business re	venue fro	m Part VIII, co	lumn (C), lin	ne 12				7a		0.
	b Ne	t unrelated	business taxa	able incor	ne from Form 9	990-T, line 3	9				7b		0.
									P	rior Year		Current Y	ear
đ					ine 1h)					111,0			,182.
Revenue	9 Pro	ogram serv	ice revenue (F	Part VIII,	line 2g)					175,4	50.	188	,324.
					n (A), lines 3, 4						22.		16.
č					, lines 5, 6d, 8d						532.		,344.
				-	11 (must equa					295,0	031.	229	,866.
	13 Gra	ants and si	milar amounts	s paid (Pa	art IX, column (A), lines 1-3	8)						
	14 Be	nefits paid	to or for mem	ibers (Pai	rt IX, column (A	A), line 4)							
ŝ	15 Sa	laries, othe	er compensatio	on, emplo	yee benefits (F	Part IX, colur	mn (A), lines	5-10)		26,3	323.	36	,420.
Expenses	16a Pro	ofessional	fundraising fee	es (Part I)	X, column (A),	line 11e)							
pen	b To ¹	tal fundrais	ing expenses	(Part IX	column (D), lin	e 25) ►		7,518.					
Ă	17 Ot				, lines 11a-11d				-	207,3	0.4	262	121
		•	•	. ,	ist equal Part I								<u>,431.</u>
										233,7			<u>,851.</u>
		venue less	expenses. Su		e 18 from line	12				61,3			<u>,985.</u>
Net Assets or Fund Balances	20 To	tal accata (Dart V lina 16	5)						ng of Curren		End of Ye	
Bala	20 Tot 21 Tot									860,4			<u>,762.</u>
et A	21 10		-						-	235,4			,766.
				s. Subtrac	ct line 21 from I	line 20				624,9	981.	554	,996.
		Signatur											
Unde	er penalties	of perjury, I de	clare that I have ex	xamined this	return, including ac	companying sch	edules and stater	nents, and to	the best of m	ny knowledge	and belie	ef, it is true, correct	i, and
				001710 54000				ago.					
•		Signatu	re of officer						Da	ito			
Siç	jn												
He	re		<u>I JO SMIT</u>						CO-TI	REASURI	£R		
			print name and titl	c	Deser			Data			1 1-		
			reparer's name		Preparer's sign	nature		Date		Check		PTIN	
Pa		LOIS J								self-employ	ed]	P00087315	
Pre	eparer	Firm's name			TAVE & CO.								
Us	e Only	Firm's addre			H ST., P.C		75			Firm's EIN		-1173624	
					A 51301-01					Phone no.		262-3117	
May	y the IRS	discuss th	is return with	the prepa	irer shown abov	ve? (see inst	tructions)					X Yes	No

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

Form	n 990	(2019)	NW 1	AWO	SOCC	CER A	ALLI	ANC	E										42	2-14	742	53	F	Page 2
Par	t III		ement																					
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2	Did t	he organ	ization i	Indorta	ko anv	cionifi	cont r	rogram	ncon	icos d	urina t	ho vo	ar whi	sh wa	ro not	licto	d on t	ho pri	or					
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3		the organ								ant cl	nandes	s in h	ow it (condu	ucts. a	anv r	orogra	ım se	rvices	;?	. П	Yes	X	No
-		es," desc							5		5				,		J						21	
4	Desc	ribe the	organiz	zation's	s proar	ram se	ervice	accor	nplisł	nment	s for e	each d	of its t	hree	larges	st pr	ogram	ı serv	ices,	as m	easur	ed by	exper	ses.
	Sect	ion 501(revenue	c)(3) ar	nd 501	(c)(4) (organi	zatior	ns are	requi	red to	repor	rt the	amou	nt of	grant	s an	d allo	catior	ns to o	other	s, the	total e	expens	ses,
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 Form 990 (2019)
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 Part IV
 Checklist of Required Schedules

42-1474253	Page 3
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-			Yes	No
I	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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 98-19? 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? <i>If 'Yes,' complete Schedule D, Part I</i> .	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	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 donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
Ł	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 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	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 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
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	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
t	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	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		Х
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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	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 domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		Х

Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.... 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х Schedule J..... 23 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 Schedule K. If 'No, 'go to line 25a.... Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c 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 d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 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..... Х 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I 25h Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part II*...... 26 Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these Х persons? If 'Yes,' complete Schedule L, Part III. 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х 'Yes,' complete Schedule L, Part IV..... 28a Х **b** A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV..... 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV. 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M...... 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I..... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part l*..... 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 34 Х and Part V, line 1..... 34 **35 a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?.... Х 35a **b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*..... 35b 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 36 Х 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 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Х Note: All Form 990 filers are required to complete Schedule O. 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V..... Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 1 a 9 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0

Form 990 (2019) NW IOWA SOCCER ALLIANCE

Part IV Checklist of Required Schedules (continued)

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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42-1474253

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Form 990 (2019) NW IOWA SOCCER ALLIANCE 42-14	14253		Ρ	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		•	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a	1			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	[4a		Х
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).				
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	· · · · · L	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	۱ 	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6 b		
7 Organizations that may receive deductible contributions under section 170(c).				
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?		7 a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring				
organization have excess business holdings at any time during the year?	L	8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	[9 b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12 10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b				
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders 11 a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).				
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	[1	2a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?	[1	3a		
Note: See the instructions for additional information the organization must report on Schedule O.				
 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 				
c Enter the amount of reserves on hand				37
14a Did the organization receive any payments for indoor tanning services during the tax year?		4a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	[1	4b		<u> </u>
15 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		Х
	<u> </u>	16		Х
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.		16		Λ

members of the governing body?	7 a		Х
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a		Х
b Each committee with authority to act on behalf of the governing body?	8 b		Х
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		Х
Section B. Policies (This Section B requests information about policies not required by the Internal R	evenı	le Co	ode.)
		Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10 a		Х
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?	10 b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was doneSEESCHEDULE . Q	12 c	Х	
13 Did the organization have a written whistleblower policy?	13	Х	
14 Did the organization have a written document retention and destruction policy?	14	Х	
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		Х
b Other officers or key employees of the organization	15b		Х
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
taxable entity during the year?	16 a		Х
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	101		
organization's exempt status with respect to such arrangements?	16 b		
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► NONE			
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.			
X Own website Another's website X Upon request X Other (explain on Schedule O)		SCH.	0
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year. SEE SCHEDULE O	able to		
20 State the name, address, and telephone number of the person who possesses the organization's books and records ►			
MARY JO SMITH 1316 W 18TH SPENCER IA 51301 712-262-3117			
BAA TEEA0106L 07/31/19	Form	990 ((2019)

Section A. Governing Body and Management

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6

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 on Schedule O.

Did the organization make any significant changes to its governing documents

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 on Schedule O. See instructions.

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

1 a Enter the number of voting members of the governing body at the end of the tax year.....

b Enter the number of voting members included on line 1a, above, who are independent....

officer, director, trustee, or key employee?.....

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more

Did the organization delegate control over management duties customarily performed by or under the direct supervision

of officers, directors, trustees, or key employees to a management company or other person?.....

since the prior Form 990 was filed?.....

5 Did the organization become aware during the year of a significant diversion of the organization's assets?.....

Did the organization have members or stockholders?.....

Form 990 (2019) NW IOWA SOCCER ALLIANCE

Yes

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1 a

1 b

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6

Х

No

Х

Х

Х

Х

Х

Form 990 (2019) NW IOWA SOCCER ALLIANCE	42-1474253	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	t Compensated Employe	es, and
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 Compensa	ated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	with or within the	
 List all of the organization's current officers, directors, trustees (whether individuals or organizat compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. 	tions), regardless of amount of	

• 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

			(C)								
	(A) Name and title	(B) Average hours	Pos thar is	s both a	an of	fficer truste	ee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)	ABBEY MILLER	_ 20 _									
	DIRECTOR	0	Х						32,840.	0.	0.
(2)	CHAD_ATHERTON	2									
	MARKETING DIR	0	Х						0.	0.	0.
_(3)	BEN_HOBEN	2									
	VICE PRESIDENT	0	Х		Х				0.	0.	0.
_(4)	MARY JO SMITH	2							0	0	0
(5)	CO-TREASURER	0	Х		Х				0.	0.	0.
(5)	JEN_SMALL	2							0	0	0
(6)	CO-TREASURER	0	Х	·	Х				0.	0.	0.
(0)	HEATH RICHTER SECRETARY	<u>2</u>	Х						0.	0.	0.
(7)	TRACY SMALL	5	Λ						0.	0.	0.
(/)	PRESIDENT		Х		Х				0.	0.	0.
(8)	BEN MACRAE	1	_ A		Λ				0.	0.	0.
(0)	DIRECTOR		Х						0.	0.	0.
(9)	MATT STANZEL	1	Λ						0.	0.	0.
	WEB COORDINATOR		Х						0.	0.	0.
(10)	TERESA OHNESORGE	2									
<u>`_'</u> _	REGISTRAR	0	Х						0.	0.	0.
(11)											
40			<u> </u>	\vdash							
(12)											
(13)											
(14)				$\left \right $							
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Par	t VII Section A. Officers, Directors, Tru	Istees, I	ney	En		oye C)	es,	and	a Hignest Corr	ipensated Empl	oyees	(contin	iued)
	(A) Name and title	Average hours per week	box	, unle	Po: check	sition more erson direct	e than is bot or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	Estima	(F) ated amo	ount
		(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comper the or and	nsation fr rganizatio d related anizations	ion I
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
	Subtotal								32,840.	0.			0.
	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c).							•	0. 32,840.	0.			0.
2	Total number of individuals (including but not limited							ved	more than \$100,00		ensatior	1	
	from the organization 0											Yes	No
3	Did the organization list any former officer, direc on line 1a? If 'Yes,' complete Schedule J for suc	tor, truste <i>h individu</i>	e, ke al	ey e	mpl	oyee	e, or	higł	nest compensated	employee	3		Х
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	20?	<i>lf</i> ')	Yes,	' con	nple	te Schedule J for		4		Х
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e compen	isatio	n fr	om	any	unre	late	ed organization or	individual			Х
	ion B. Independent Contractors									\$100.000			
1	Complete this table for your five highest compen- compensation from the organization. Report compen	sated inde sation for	epen the c	den aler	t co Idar	ntra year	ctors endi	tha ng v	it received more the vith or within the or	nan \$100,000 of ganization's tax year			
	(A) Name and business add	ress							(B) Description of	of services	((Compe	;) nsatioi	n
2	Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	o the	ose	listeo	d abo	ve)	who received more	than			

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Part VIII Statement of Revenue

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	Check if Schedule O contains a response or note to any	(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from under sectior 512-514
1	a Federated campaigns 1a				
ľ	b Membership dues 1b				
1	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e 2,007.				
	f All other contributions, gifts, grants, and similar amounts not included above 1 f 34, 175.				
	q Noncash contributions included in				
	lines 1a-1f 1g				
	h Total. Add lines 1a-1f	36,182.			
2		106 540	100 542		
2	a REGISTRATIONS	106,542.	106,542.		
	b TOURNAMENT REGISTRATIONS	65,032. 16,750.	<u>65,032.</u> 16,750.		
	c FIELD USAGE	10,750.	10,750.		
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	188,324.			
3		100,021.			
	other similar amounts)	16.	16.		
4	Income from investment of tax-exempt bond proceeds >				
5					
	(i) Real (ii) Personal				
6	a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)				
7	a Gross amount from sales of assets				
	other than inventory 7a				
	b Less: cost or other basis and sales expenses 7b				
	c Gain or (loss) 7c				
	d Net gain or (loss)				
8	a Gross income from fundraising events (not including \$				
	of contributions reported on line 1c).				
	See Part IV, line 18 8a				
	b Less: direct expenses 8b				
	c Net income or (loss) from fundraising events►				
9	a Gross income from gaming activities.				
	See Part IV, line 19				
	b Less: direct expenses 9b				
	c Net income or (loss) from gaming activities ►				
10	a Gross sales of inventory, less returns and allowances 10a 10.186.				
	b Less: cost of goods sold10b4,842.c Net income or (loss) from sales of inventory	5,344.			5,34
-	Business Code	5,344.			5,34
11					
[b				
1	c				
11	d All other revenue				
1	e Total. Add lines 11a-11d				
-	Total revenue. See instructions►	229,866.	188,340.	0.	5,34

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	ion 501(c)(3) and 501(c)(4) organizations must com		er organizations must co	mplete column (A).	
	Check if Schedule O contains a re				
Do n 6b, 7	ot include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
-	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				
	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	32,840.	0.	32,840.	
Ū	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	
	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	3,580.		3,580.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	7,593. 1,300.		75. 1,300.	7,51
	Office expenses	1,300.		1,300.	
	Information technology				
	Royalties Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,296.	36,296.		
23		4,663.		4,663.	
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	LEAGUE EXPENSES	93,519.	93,519.		
	TOURNAMENT EXPENSE	57,485.	57,485.		
	FIELD_MAINTENANCE	55,818.	55,818.		
	OFFICE EXPENSE	6,757.	,	6,757.	
	All other expenses.			• , • • • •	
	Total functional expenses. Add lines 1 through 24e	299,851.	243,118.	49,215.	7,51
26	Joint costs. Complete this line only if the organization reported in column (B)				·

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► _____ if following SOP 98-2 (ASC 958-720).....

7,518.

0.

0. ____

7,518.

Form 990 (2019) NW IOWA SOCCER ALLIANCE

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	176,730.	1	123,086
2	Savings and temporary cash investments.	,	2	,
З	Pledges and grants receivable, net		3	
4	Accounts receivable, net	20,916.	4	40,146
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7			7	
-			8	
810000 10000 10000 10000			9	
10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,091,269.		<u> </u>	
	b Less: accumulated depreciation 10b 497,739.	629,826.	10 c	593,530
11	· · · · · · · · · · · · · · · · · · ·	025,020.	11	333,330
12			12	
13	Final Action of the second		13	
14			14	
15		33,000.	15	33,000
16	Total assets. Add lines 1 through 15 (must equal line 33)	860,472.	16	789,762
17			17	
18			18	
19		34,569.	19	33,430
20			20	
21			21	
21 21 22 22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
- 23	Secured mortgages and notes payable to unrelated third parties	200,000.	23	199,541
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 Schedule D.	922.	25	1,795
26	Total liabilities. Add lines 17 through 25	235,491.	26	234,766
	Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
27			27	
			28	
	Organizations that do not follow FASB ASC 958, check here ► X		20	
2	and complete lines 29 through 33.			
5 29	Capital stock or trust principal, or current funds		29	
2 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
S 31		624,981.	31	554,996
Net Assets of 30 31 32 32 33		624,981.	32	554,996
ž 33	Total liabilities and net assets/fund balances	860,472.	33	789,762

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Form 990 (2019)

Forn	1 990 (2019) NW IOWA SOCCER ALLIANCE 42-	1474253	F	age 12
Pa	t 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	229,	866.
2	Total expenses (must equal Part IX, column (A), line 25).	2		851.
3	Revenue less expenses. Subtract line 2 from line 1	3		985.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4		981.
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 on Schedule O).	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	554,	996.
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			🔲
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a		
			0.1	х
I	b Were the organization's financial statements audited by an independent accountant?		2 b	Λ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ite		
	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	Х
	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	
BAA	TEEA0112L 01/21/20		Form 990	(2019)

SCHEDULE A	
(Form 990 or 990-EZ)	

Т

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.

2019

OMB No. 1545-0047

	► Attach to Form 990 or Form 990-EZ.								
Depart	nent	of the Treasury enue Service	► (orm990 for instructions			nformation.	Open to Public Inspection
				-				Employer identifica	ation number
		- 1		CCER ALLIANCE EST IOWA SOCCE	ER CLUB			42-147425	
Par	·I				rganizations must of	comple	te this		
					For lines 1 through 12,				
1	Ň	A church, conv	vention of church	es, or association of cl	hurches described in sec	tion 1 70(b)(1)(A)	(i).	
2					Schedule E (Form 990 or			.,	
3		A hospital or	a cooperative h	ospital service organ	ization described in sec	ction 170	0(b)(1)(A	\)(iii) .	
4		A medical res	search organiza	tion operated in conju	unction with a hospital of	describe	d in sec	ction 170(b)(1)(A)(iii). E	nter the hospital's
		name, city, a	nd state:						
5		An organizati section 170(b	on operated for b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ege or university owned	or operation	ated by	a governmental unit de	escribed in
6		A federal, sta	ite, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).	
7	Х	An organization in section 17	on that normally r 0(b)(1)(A)(vi). (eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	blic described
8		A community	trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)			
9	9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:								
10									
11		An organizati	on organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	n 509(a)(4).	
12		An organizati or more publi lines 12a thro	on organized and cly supported o ough 12d that de	nd operated exclusive rganizations describe escribes the type of s	ely for the benefit of, to ad in section 509(a)(1) of upporting organization	perform or sectio and com	the fur n 509(a plete li	nctions of, or to carry of)(2). See section 509(a nes 12e, 12f, and 12g.	ut the purposes of one)(3). Check the box in
а		organization(s	orting organization the power to re t IV, Sections A	gularly appoint or elect	d, or controlled by its sup t a majority of the directo	oported o rs or trus	rganizat stees of t	ion(s), typically by giving the supporting organizati	the supported on. You must
b		management	oporting organiz of the supporting te Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You
С					tion operated in connectio plete Part IV, Sections	n with, ar A, D, an e	nd functi d E.	onally integrated with, its	supported
d		functionally in	ntegrated. The c	organization generally	anization operated in cor must satisfy a distribu Is A and D, and Part V.	tion requ	with its s uiremen	supported organization(s) t and an attentiveness) that is not requirement (see
е		Check this bo	x_if the organiz	ation received a writt	en determination from	the IRS	that it is	s а Туре I, Туре II, Тур	e III functionally
f	Fn			organizations	supporting organization				
				n about the supported					
		me of supported of		(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed overning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									

Total

Schedule A (Form 990 or 990-EZ) 2019 NW IOWA SOCCER ALLIANCE

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.)

Section A. Public Support

	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	235,045.	340,276.	235,432.	286,477.	224,505.	1,321,735.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	235,045.	340,276.	235,432.	286,477.	224,505.	1,321,735.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						1,321,735.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	235,045.	340,276.	235,432.	286,477.	224,505.	1,321,735.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				22.	16.	38.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. Add lines 7 through 10						1,321,773.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						100.00%
15	Public support percentage from	2018 Schedule A,	Part II, line 14			15	100.00%
16a	33-1/3% support test-2019. If t and stop here. The organization	he organization di qualifies as a put	d not check the b plicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	3% or more, check	< this box ·····► X
b	33-1/3% support test-2018. If the and stop here. The organization	ne organization did qualifies as a pul	l not check a box blicly supported o	on line 13 or 16a rganization	, and line 15 is 3	3-1/3% or more, c	check this box ►
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test. check this	box and stop her	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ition qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization.	t VI how the
18	Private foundation. If the organized	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check th	is box and see ins	structions ►
BAA					Scl	hedule A (Form 90	90 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calenc	lar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions,						
	and membership fees received. (Do not include						
	any 'unusùal grants.')						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's						
~	tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or						
•	facilities furnished by a						
	governmental unit to the						
~	organization without charge						
	Total. Add lines 1 through 5	<u> </u>					
/a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons.						
b	Amounts included on lines 2						
	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	for the year.						
с	Add lines 7a and 7b						
8	Public support. (Subtract line						
	7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable						
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b.						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of						
	čapital assets (Explain in						
	Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
1/	First five years. If the Form 990	is for the organiz	l ation's first secon	l ad third fourth a	L or fifth tay year as	a section 501(c)(3	8) <u> </u>
14	organization, check this box and						
Sec	tion C. Computation of Pul	blic Support P	Percentage				
15	Public support percentage for 20	19 (line 8, colum	n (f), divided by li	ine 13, column (f)))	15	00
16	Public support percentage from 2	2018 Schedule A.	Part III, line 15.				010
-	tion D. Computation of Inv					1 1	-
17	Investment income percentage for		5		umn (f))		0/0
18	Investment income percentage fi	•		-			00
19a	33-1/3% support tests-2019. If t is not more than 33-1/3%, check						
h	33-1/3% support tests—2018. If t						
U	line 18 is not more than 33-1/3%	, check this box	and stop here. Th	le organization du	alifies as a public	ly supported ordar	nization ►
20	Private foundation. If the organize		-				
				,,,,			

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 À 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.)

Section A. All Supporting Organizations

- No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI how the supported organizations are designated. If designated by 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 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. 3a **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination. 3b c 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. Δh **c** 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) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes.' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 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 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI. 9a **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI.* 9b c 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 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below. 10a
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b

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Page 4

i artiv Toupporting organizations (continued)		_	-
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	11a		
b A family member of a person described in (a) above?	l1b		
c 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		
Section B Type I Supporting Organizations			

ection B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If No, describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

		Yes	No
the organization's directors or trustees during the tax year also a majority of the directors or trustees anization's supported organization(s)? If 'No.' describe in Part VI how control or management of the			
ization's supported organization(s): If No, describe in Part vi now control of management of the ization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - The organization is the parent of each of its supported organizations. Complete line 3 below. h
 - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С

2 Activities Test. Answer (a) and (b) below.

- a 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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a 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.
- **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.

Yes

2a

2b

3a

3h

No

Yes

1

2

No

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Schedule A (Form 990 or 990-EZ) 2019 NW IOWA SOCCER ALLIANCE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization	ons mus	complete Sections A	
ec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ec	tion 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):	t		
а	Average monthly value of securities	1a		
Ł	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	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		
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		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ec	tion 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		
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		
6	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-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2019

	Type III Non-Functionally Integrated 509(a)(3) Support Description of the second se	ipporting Organiza		O
	n D – Distributions			Current Year
	nounts paid to supported organizations to accomplish exempt pur			
in	nounts paid to perform activity that directly furthers exempt purposes of excess of income from activity		IS,	
	Iministrative expenses paid to accomplish exempt purposes of su	pported organizations		
4 Ar	nounts paid to acquire exempt-use assets			
	ualified set-aside amounts (prior IRS approval required)			
	her distributions (describe in Part VI). See instructions.			
	otal annual distributions. Add lines 1 through 6.			
	stributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provide	e details	
9 Di	stributable amount for 2019 from Section C, line 6			
10 Lir	ne 8 amount divided by line 9 amount			
Sectio	n E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Dis	stributable amount for 2019 from Section C, line 6			
	nderdistributions, if any, for years prior to 2019 (reasonable use required – explain in Part VI). See instructions.			
3 Ex	ccess distributions carryover, if any, to 2019			
a Fre	om 2014			
b Fre	om 2015			
c Fr	om 2016			
d Fre	om 2017			
e Fre	om 2018			
f To	otal of lines 3a through e			
g Ap	oplied to underdistributions of prior years			
h Ap	oplied to 2019 distributable amount			
i Ca	arryover from 2014 not applied (see instructions)			
j Re	emainder. Subtract lines 3g, 3h, and 3i from 3f.			
	stributions for 2019 from Section D, e 7: \$			
a Ap	oplied to underdistributions of prior years			
b Ap	oplied to 2019 distributable amount			
c Re	emainder. Subtract lines 4a and 4b from 4.			
Sı	emaining underdistributions for years prior to 2019, if any. Ibtract lines 3g and 4a from line 2. For result greater than ro, explain in Part VI. See instructions.			
fro	emaining underdistributions for 2019. Subtract lines 3h and 4b om line 1. For result greater than zero, explain in Part VI. See structions.			
7 Ex	ccess distributions carryover to 2020. Add lines 3j and 4c.			
8 Br	eakdown of line 7:			
a _{Ex}	ccess from 2015			
	xcess from 2016			
	ccess from 2017			
-	ccess from 2018			
e Ex	ccess from 2019			

BAA

Schedule A (Form 990 or 990-EZ) 2019

42-1474253 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part VI

SCHEDULE D	Form 990) ► 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.			OMB No. 1545-0047		
(Form 990)				2019		
Department of the Treasury Internal Revenue Service	► Go to www.irs	Attach to Form 990. .gov/Form990 for instructions and	the latest information.		Open to Inspect	o Public
Name of the organization				Employer i	dentification nu	ımber
DBA NORTH	SOCCER ALLIANCE HWEST IOWA SOCCER			42-147	4253	
Part I Organizat	tions Maintaining Donce if the organization ans	or Advised Funds or Other S wered 'Yes' on Form 990, Pa	imilar Funds or Acc art IV, line 6.	counts.		
		(a) Donor advised funds	5 (b) F	unds and	other accou	unts
1 Total number at e	end of year					
2 Aggregate value of col	ntributions to (during year)					
3 Aggregate value of gra	ants from (during year)					
4 Aggregate value	at end of year					
		nor advisors in writing that the asse organization's exclusive legal conti			Yes	No
6 Did the organizat	ion inform all grantees, dong	ors, and donor advisors in writing th	at grant funds can be us	ed only		
for charitable pur	poses and not for the benefi	t of the donor or donor advisor, or f	or any other purpose cor	nferring _	Yes	No
	ation Easements.					
	<u> </u>	wered 'Yes' on Form 990, Pa				
		y the organization (check all that a				
	of land for public use (for exam	ple, recreation or education)	Preservation of a histo			area
	natural habitat		Preservation of a certi	fied histori	ic structure	
	of open space					
2 Complete lines 2a last day of the ta		held a qualified conservation contribut				
-				leld at the	End of the	Tax Year
			-			
-	-	ments.				
		fied historic structure included in (a	·			
structure listed in	the National Register	n (c) acquired after 7/25/06, and no	2d			
3 Number of conserv tax year ►	vation easements modified, trai	nsferred, released, extinguished, or ter	minated by the organization	on during th	le	
	where property subject to conse					
		garding the periodic monitoring, ins		ations,	Yes	No
6 Staff and voluntee ►	r hours devoted to monitoring,	inspecting, handling of violations, and	enforcing conservation ea	sements di	uring the yea	ır
7 Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and enfo	orcing conservation easem	ents during	the year	
8 Does each conse and section 170(I	rvation easement reported o h)(4)(B)(ii)?	n line 2(d) above satisfy the require	ments of section 170(h)	(4)(B)(i)	Yes	No
9 In Part XIII, desc include, if applica conservation eas	able, the text of the footnote	ports conservation easements in its to the organization's financial state	revenue and expense st ments that describes the	atement a organizat	nd balance ion's accour	sheet, and nting for
Part III Organiza	tions Maintaining Colle	ections of Art, Historical Trea wered 'Yes' on Form 990, Pa	asures, or Other Sin art IV, line 8.	nilar Ass	sets.	
historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in it Id for public exhibition, education, o al statements that describes these i	or research in furtheranc	l balance s e of public	sheet works service, pr	of art, ovide in
following amount	s relating to these items:	r FASB ASC 958, to report in its re or public exhibition, education, or rese				art,
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		line 1				
2 If the organization amounts required	received or held works of art, I d to be reported under FASB	nistorical treasures, or other similar as ASC 958 relating to these items:	sets for financial gain, pro	vide the fol		
		. 1				
		- In structure for F orm 000				
BAA For Paperwork R	reauction Act Notice, see the	e Instructions for Form 990.	TEEA3301L 8/22/19	Sched	ule D (Forn	n 990) 2019

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 NW IC Part III Organizations Maintai			ical Treasures or	42-147 Other Similar Ass		Page 2
3 Using the organization's acquisition	•				•	
items (check all that apply):			-	and significant use of its t	Solicetion	
a Public exhibition			exchange program			
b Scholarly research c Preservation for future genera	ations	e Other				
4 Provide a description of the organiz		d explain how they f	urther the organization's	exempt purpose in		
Part XIII.						
5 During the year, did the organization be sold to raise funds rather the	tion solicit or receive an to be maintained	e donations of art, I as part of the org	historical treasures, or anization's collection?	other similar assets	Yes	No
Part IV Escrow and Custodia	Arrangements.	Complete if th	e organization ans		rm 990, Par	t IV,
line 9, or reported an a	amount on Form	990, Part X, Ii	ne 21.			
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian or ot	her intermediary fo	or contributions or othe	r assets not included	Yes	No
b If 'Yes,' explain the arrangement				· · · · · · · · · · · · · · · · · · ·	Tes	
2 ····································			5		Amount	
c Beginning balance				1c		
d Additions during the year						
e Distributions during the year						
f Ending balance2a Did the organization include an a					- Marco - L	
b If 'Yes,' explain the arrangement						No
					· · · · · · · · · · · L	
Part V Endowment Funds. C	omplete if the or	ganization ans	wered 'Yes' on For	rm 990, Part IV, Iir	ie 10.	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	s back
1 a Beginning of year balance					<u> </u>	
b Contributions					<u> </u>	
c Net investment earnings, gains, and losses						
d Grants or scholarships					1	
e Other expenditures for facilities						
and programs f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	e of the current year	end balance (line	1g, column (a)) held a	as:	.1	
a Board designated or quasi-endowme	ent 🕨	00				
b Permanent endowment	⁹⁰					
c Term endowment	<u> </u>	0.04				
The percentages on lines 2a, 2b, ar						
3a Are there endowment funds not in the organization by:	he possession of the	organization that are	e held and administered	for the	Yes	No
(i) Unrelated organizations					3a(i)	
(ii) Related organizations					3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ted organizations lis	sted as required or	Schedule R?		3b	
4 Describe in Part XIII the intended	-	ation's endowmen	t funds.			
Part VI Land, Buildings, and				11 0 5 00		10
Complete if the organi						
Description of property		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue
1 a Land			64,933.			,933.
b Buildings			498,517.	46,363.		<u>,154.</u>
c Leasehold improvements			361,450.	295,120.		<u>,330.</u>
d Equipment			84,848.	77,652.		<u>,196.</u>
Total. Add lines 1a through 1e. (Colum		rm 990 Part X cc	81,521.	78,604.		<u>,917.</u> ,530.
BAA					ule D (Form 990	

Schedule D (Form 990) 2019 NW IOWA SOCCER ALI	LIANCE	42-14	474253 Page 3
Part VII Investments – Other Securities. Complete if the organization answered	l 'Yes' on Form 99	N/A 0, Part IV, line 11b. See Form	990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(A) (B)			
(C)			
(D)			
(C) (D) (E)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	•		
Part VIII Investments – Program Related.		N/A	
Complete if the organization answered		0, Part IV, line 11c. See Form	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►	- +		
Part IX Other Assets.	N/A	<u> </u>	
Complete if the organization answered		0, Part IV, line 11d. See Form	
	scription		(b) Book value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (i	B) line 15.)		•
Part X Other Liabilities.	`		
Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.
	ription of liability		(b) Book value
(1) Federal income taxes			
(2) PAYROLL TAX LIABILITIES			1,795.
(3)			
(4)			
(5) (6)			
			1

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.....

Schedule D (Form 990) 2019 NW IOWA SOCCER ALLIANCE	42-1474253	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 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		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
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.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	•	
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:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
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; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization NW IOWA SOCCER ALLIANCE DBA NORTHWEST IOWA SOCCER CLUB Employer identification number 42–1474253

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

TREASURER REVIEWS THE FORM 990 BEFORE FILING THE RETURN

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

CONFLICT OF INTEREST IS REVIEWED AT BOARD MEETINGS

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION

DOCUMENTS AVAILABLE UPON REQUEST

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.