## Form **990**

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

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	MESS STATE	100		863

<u>A</u>	For th	e 2016 calen	dar year, or tax	k year beg	inning Jul	. 1	, 20	16, an	d ending	Jun	30		, 2017		
В	B Check if applicable: C Name of organization CHILD ABUSE PREVENTION SERVICES, INC.						D Employer identification number								
	Ad	ddress change Doing business as							42-1234033						
	Na	me change	Number and st	reet (or P.O.	box if mail is not d	elivered to stre	et address)		Room/su	ite	E Telephone number				
	-	Initial return 811 E MAIN								1					
	1	al return/terminated			ce, country, and Zi	IP or foreign p	stal code				104	1) /	52-1730		
	H	nended return	i '	•	,			n -	0150				^ ^ ~ ~		
	Н		MARSHALLT  F Name and add					A 5	0158	V-1 1- 11-1-			\$ 999,7		
	LJ <sup>Ap</sup>	plication pending	!						1		a group retu			Yes X No	
			JANA ENFIE				HALLTOWN		0158	If 'No,'	subordinate attach a list.	s included (see instr	i? ructions)	Yes No	
<u></u>		exempt status	X 501(c)(3)	501(c)	( )◀	(insert no.)	4947(a)(1	) ог	527				·		
<u>J</u>	Web	osite: > N/				<del></del>			H	(c) Group	exemption r	umber 🕨	-		
K		of organization:	X Corporation	Trust	Association	Other >		L Year	of formation	: 1981	1 M	State of le	egal domicile:	IA	
Pa		Summar													
	1	Briefly describ	e the organizat	i <u>on's missi</u>	ion or most sig	gnificant ac	tivities:	PREV	ENTIO	N OF	CHILD	ABUS	E		
ė															
Governance					· 										
en	_														
Š	2	Check this bo	x ► ∐ if the	organizati	on discontinue	ed its opera	tions or disp	osed of	f more tha	an 25% c	of its net a	issets.			
~ જ		Number of vo	ting members o	tine gove	rning body (Pa	art VI, line	1a)		• • • •		• • • •	3		13	
es	5	Total number	lependent votin of individuals e	g member malayad ir	s of the gover	ning body 2016 (Da	Paπ VI, line	10)				4		13	
Activities &	6	Total number	of volunteers (e	inployed if	i calelidai yes	11 20 10 (Pa	it v, line za)		• • • • •		• • • •	5		22	
ç	7a	Total uprelate	d business reve	nue from	Part VIII colu	mn (C) lin						_	· · · · · · · · · · · · · · · · · · ·	0	
_	h	Net unrelated	business taxab	le income	from Form 90	M-T line 3	1		• • • •		• • • •	7a		0.	
		THOI GINGIALOG	Duomicoo taxab	ic income	HOILT OILT 33	70°1, IIITE 3	** * * * * * *					7b		0.	
	8	Contributions	and grants (Par	t VIII line	1h)					<u> </u>	rior Year		Curren		
Revenue										<u> </u>	138,			36,460.	
Ver	10	5						771,		85	59,098.				
æ	11 Other revenue (Part VIII, column (A), lines 5, 4d, 8c, 9c, 10c, and 11e)					<u> </u>	۷,	170.		4,150.					
			<ul><li>add lines 8 t</li></ul>							<u> </u>	912,	477	- 0	700	
			milar amounts p								912,	± / / •	93	99,708.	
			paid to or for members (Part IX, column (A), line 4)												
es	46-									ļ					
Expenses	10 a		undraising fees				• • • • • •		• • •	ERON CONTRACTOR	de tration de la como	Specific Control of Control		27-2-2-2	
Ϋ́	b b		ing expenses (F			•			099.	626					
	17	Other expense	es (Part IX, colu	ımn (A), lir	nes 11a-11d, <sup>-</sup>	11f-24e)					853,	422.	98	31,946.	
			ses. Add lines 13-17 (must equal Part IX, column (A), line 25)							853,422.				981,946.	
	19	Revenue less	expenses. Sub	tract line 1	8 from line 12	2					······································	055.		L7,762.	
ზ წ										Beginnir	ng of Curre		End of		
et el	20	Total assets (	Part X, line 16)								429,			66,055.	
¥ ä	21	Total liabilities	(Part X, line 26	3)								474.		8,773.	
Net Assets Fund Balanc	22	Net assets or	fund balances.	Subtract li	ne 21 from lin	e 20					389,				
		Signatur								·	309,	320.1	4.0	07,282.	
3000000				nined this reti	m including acen	mnanyina sch	dules and states	ante on	d to the best	of my know	uladaa aad b	attad to ta	4		
com	olete. De	claration of prepar	lare that I have examer (other than officer)	is based on	all information of v	which preparer	has any knowled	ge.	u to nie best	OI IIIY KIIOW	væoge and c	eller, it is	true, correct, and	J	
			ana o	h. J. w	11					T	10/	1,-			
Sig	ın	Signatu	re of Officer	0			<del></del>			Da		<i>) [ ]</i>			
He	re	TAN	A FRANCISCO	Enfié	1 d					MGR					
		Type or	print name and title	-11771		••••				MOK				<del></del>	
		Print/Type p	reparer's name		Preparer's si	gnature		l Da	ate		Cheek	X if	PTIN		
Pa	id	EDWIN	DIELEMAN			_	א אז	- 1		7				0.1	
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N.4	. 41 1-	) 	GRINN				<u>IA 50</u>	112-	0107		Phone no.	(64)			
ivia	y the It	to discuss thi	s return with the	preparer	snown above	? (see insti	ructions)						. X Yes	No	

	m 990 (2016) CHILD ABUSE PREVE	NTION SERVICES, IN	c.	42-1234033	Page 2
Par	it III Statement of Program Serv	vice Accomplishments			
	Check if Schedule O contains a resp	oonse or note to any line in this	Part III		📋
1	- non, account the organizations intosion.				
	PREVENTION OF CHILD ABUSE				
2		ant program services during the	year which were not listed on the p	orior	
	Form 990 or 990-EZ?			Yes	X No
	If 'Yes,' describe these new services on Sch				_
3	Did the organization cease conducting, or n	nake significant changes in hov	it conducts, any program services?	? Yes	X No
	If 'Yes,' describe these changes on Schedu	le O.		L	L
4		accomplishments for each of	ts three largest program services, a	as measured by expenses	<b>3</b> .
	Section 501(c)(3) and 501(c)(4) organization and revenue, if any, for each program servi-	ns are required to report the an ce reported.	nount of grants and allocations to ot	thers, the total expenses,	
	,,,,, p.og.a				
4 2	a (Code: ) (Expenses \$	981,946. including grant	s of \$ 0.)(R		
74	CRISIS CHILD CARE PROVIDIN	·	501 3 <u>0.</u> )(R	evenue \$	0.)
			T ADDOD		
	FOR CHILDREN WHO ARE AT R	ISK OF ABUSE, SEXUE	T ABUSE		
	PREVENTION TRAINING				
				· 	
4 b	<b>b</b> (Code:) (Expenses \$	including grant	s of \$)(R	evenue \$	)
<u> </u>					
4 c	c (Code: ) (Expenses \$	including gran	s of \$ ) (R	evenue \$	)
			7,00	· · · · · · · · · · · · · · · · · · ·	
	d Other program equippe (Describe in Calant	wie O )			
4 0	d Other program services (Describe in Sched				
4 -	(Expenses \$ e Total program service expenses ▶	including grants of \$	) (Revenue \$		)
46	T TOTAL PROGRAM SELVICE EXPENSES	481 4/16			

Part IVa Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	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? If 'Yes,' complete Schedule D, Part 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? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
ā	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	X	
ı	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
(	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
	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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	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 8	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	
	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		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1	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? If 'Yes,' complete Schedule F, Parts II and IV	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		X
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

Form 990 (2016) CHILD ABUSE PREVENTION SERVICES, INC.

Partity Checklist of Required Schedules (continued)

			Yes	No
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? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
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	24a		X
t	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	25a		X
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ł	olf '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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38		Х

## Form 990 (2016) CHILD ABUSE PREVENTION SERVICES, INC. Partial 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
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 22			
b	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	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?	3 a	\$4.32000.5%	X
	o If 'Yes,' has It filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a	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)?	4 a		х
b	olf 'Yes,' enter the name of the foreign country: ►	756		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
C	s If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	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?	6a		Х
b	olf '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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		Х
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	I If 'Yes,' indicate the number of Forms 8282 filed during the year			
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	Х	
h	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h	х	
8	The state of the spondoring	-7.4 <b>4</b>		
	organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		Х
	o Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		X
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ŧ	a Is the organization licensed to issue qualified health plans in more than one state?	13a	roen	
	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		e a	
	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
1	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

Form 990 (2016) CHILD ABUSE PREVENTION SERVICES, INC. 42-123403	3	F	age 6
PartVIS Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	s in		
Section A. Governing Body and Management			
		Yes	No
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	.3		
	.3		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	. 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	. 3		x
4 Did the organization make any significant changes to its governing documents	-	<del></del>	
since the prior Form 990 was filed?	. 4		x
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		$\vdash$	X
6 Did the organization have members or stockholders?		<del>                                     </del>	X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more		<b>†</b>	
members of the governing body?	. 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	. 7b		Х
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	. 8a	X	CONTRACTOR OF THE PARTY OF THE
b Each committee with authority to act on behalf of the governing body?		X	_
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? If 'Yes,' provide the names and addresses in Schedule O	. 9		х
Section B. Policies (This Section B requests information about policies not required by the Internal Rev		ode )	1
	<u> </u>	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	. 10 a		X
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?		<b></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?			
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	. IIa		
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13			
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	124	<del>  ^</del>	-
to conflicts?	. 12b	X	ļ
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	120	X	
13 Did the organization have a written whistleblower policy?	. 13	X	
14 Did the organization have a written document retention and destruction policy?		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent	100		
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	1		X
b Other officers or key employees of the organization			X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	100	15.24	

## organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

16 a

20 State the name, address, and telephone number of the person who possesses the organization's books and records:

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 

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

JANA ENFIELD 811 E MAIN ST. MARSHALLTOWN 50158 (641) 752-1730 BAA TEEA0106 11/16/16 Form 990 (2016)