Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2022 calend	dar year, or tax year beginning	, 2022 , and end	ling		, 20	
В	Check if	applicable:	C Name of organization Lake Tra	vis Youth Association		D Emp	loyer identification number	
	Address	change	Doing business as				74-1992172	
	Name ch	ange	Number and street (or P.O. box it	f mail is not delivered to street address)	Room/suite	E Telep	phone number	
	Initial retu	urn	2101 Lakeway Blvd		115		(512)261-1900	
	Final retu	rn/terminated	City or town, state or province, c					
	Amended	d return	Austin, TX, 78734			G Gros	s receipts \$ 3,592,182	
	Application	on pending	F Name and address of principal of	ficer: Shiloh Newman	H(a) Is this	s a group return	for subordinates? Yes X No	
			2101 Lakeway Blvd Austin TX 7	78734	H(b) Are	all subordina	ates included? Yes No	
ı	Tax-exen	npt status:	X 501(c)(3) 501(c) () (insert no.)	If "N	lo," attach a	list. See instructions.	
J	Website:	: www.ltya	a.org		H(c) Gro	up exemptio	n number	
K	Form of o	rganization:	Corporation Trust Associa	ation Other L Year of for	mation: 1978	M State	e of legal domicile: Texas	
Р	art l	Summa	ry	•		•		
	1	Briefly des	cribe the organization's miss	sion or most significant activities:				
Se	L.	TYA is a you	th sports association that offers	baseball, basketball, cheer, football, golf, so	occer, softball,	tennis, and	volleyball to participants.	
Activities & Governance								
Jerr	2	Check this	box if the organization of	liscontinued its operations or disposed	of more that	n 25% of i	ts net assets.	
Š	3	Number of	voting members of the gove	erning body (Part VI, line 1a)		. 3	15	
ૹ	4	Number of	independent voting membe	rs of the governing body (Part VI, line 1	b)	. 4	15	
ies	5	Total numb	per of individuals employed i	n calendar year 2022 (Part V, line 2a)		. 5	7	
ΞΞ	6	Total numb	per of volunteers (estimate if	necessary)		. 6	1,000	
Ac	7a	Total unrel	ated business revenue from	Part VIII, column (C), line 12		. 7a	0	
	b	Net unrelat	ted business taxable income	from Form 990-T, Part I, line 11		. 7b	0	
					Prior	Year	Current Year	
Revenue	8	Contributio	ons and grants (Part VIII, line	1h)		170,002	167,444	
	1		ervice revenue (Part VIII, line			2,694,407	3,421,660	
eve	1	_	-	A), lines 3, 4, and 7d)		1,761	3,078	
ď	1		-	es 5, 6d, 8c, 9c, 10c, and 11e)		C	0	
	1			must equal Part VIII, column (A), line 12)		2,866,170	3,592,182	
	+	•		IX, column (A), lines 1-3)		C	0	
			aid to or for members (Part I)		C	0		
s				benefits (Part IX, column (A), lines 5–10)		410,619	560,448	
Expenses	1			column (A), line 11e)		C	0	
per	1		raising expenses (Part IX, col					
ŭ	1		enses (Part IX, column (A), lin			2,068,672	2,784,156	
	1			equal Part IX, column (A), line 25) .		2,479,291	3,344,604	
				18 from line 12		386,879	247,578	
o ses		•	•		Beginning of	Current Year	End of Year	
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)			3,138,331		
Ass	21	Total liabili	ties (Part X, line 26)			791,868	1,540,957	
ξĒ	22		or fund balances. Subtract I	line 21 from line 20		2,346,463	2,593,541	
Pa	art II	Signatu	re Block		•			
Un	der penal	ties of perjury	, I declare that I have examined this	return, including accompanying schedules and si	tatements, and t	o the best of	my knowledge and belief, it is	
tru	e, correct	, and complete	e. Declaration of preparer (other than	officer) is based on all information of which prep	arer has any kno	wledge.		
Sig	gn	Signature of	officer			Date		
He	ere	Shilol	h Newman President					
			name and title					
D-	id	Print/Type	preparer's name	Preparer's signature	Date	Check	☐ if PTIN	
Pa		Arturo Mo	ontemayor III			self-em	_	
	epare	r 	, AAANITEAANYOD DDITTY	ON BENDER PC	F	irm's EIN	74-2902112	
US	e Onl	Firm's add		e B 102 Austin TX 78747		hone no.	(512)442-0380	
1/12	v tha ID			shown above? See instructions	'		X Ves No	

Part I		ice Accomplishments s a response or note to any line in this Par	t III	x
1	Briefly describe the organization's m LTYA is a youth sports association that of	nission: ffers baseball, basketball, cheer, football, golf, soo	ccer, softball, tennis, and volley	ball to participants.
2		significant program services during the yea		the Yes X No
3		s on Schedule O. cting, or make significant changes in ho		
	If "Yes," describe these changes on	Schedule O.		
4	expenses. Section 501(c)(3) and 50	n service accomplishments for each of its tall (c)(4) organizations are required to report any, for each program service reported.		
	(Code:) (Expenses \$ Providing boys and girls soccer.	938,187 including grants of \$) (Revenue \$	1,434,816)
4h	(Code:) (Expenses \$	726,338 including grants of \$) (Revenue \$	544,299)
	oviding boys and girls baseball program.			
	(Code:) (Expenses \$ roviding boys and girls basketball program	453,962 including grants of \$) (Revenue \$	501,839)
4d	Other program services (Describe or (Expenses \$ 907,923 including)		940,706)	
4e	Total program service expenses	3,026,410	, 	

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	90 (2022)			Page
Part	IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	INC
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	2	×	×
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		×
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		×
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		×
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	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i>	11e		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States? 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14a		×
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		×
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		×
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		×
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		×

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

X

20a

20b

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	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		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		•
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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 persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a	×	
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV </i>	28b 28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		x
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		x
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
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		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 153			
b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
J	reportable gaming (gambling) winnings to prize winners?	1c		

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 Statements, filed for the calendar year ending with or within the year covered by this return 2a						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×			
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).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×			
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	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		×			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
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?	7a		×			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
a	required to file Form 8282?	7c		×			
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×			
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×			
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h					
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?							
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources						
40-	against amounts due or received from them.)	4.0					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a					
b 13	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.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
u	Note: See the instructions for additional information the organization must report on Schedule O.	100					
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						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b					
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					
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16					
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
.,	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17					
	If "Yes," complete Form 6069.						

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Part VI

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response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 15 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . ¥ 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 X Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X X 8b 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 on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c 13 13 X Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. **✗** Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Scott Cronk 2101 Lakeway Blvd Ste 115, Austin, TX, 78734

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization				atic	n c	ompe	nsa	ted any current	officer, director,	or trustee.
(A)	(B)	(do not check more than one				one	(D)	(E)	(F)	
Name and title	Average hours per week	box,	box, unless person is both an officer and a director/trustee)		Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation			
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Shiloh Newman	15									
President		×		×				0	0	0
(2) Duncan Clowe	15									
Vice President		×		×				0	0	0
(3) Jennifer Buck	15									
Secretary		×		×				0	0	0
(4) Melanie Lockhart	15									
Treasurer		×		×				0	0	0
(5) Josh Sanders	10									
Baseball Commissioner		×						0	0	0
(6) Spike McBride	10									
Football Commissioner		×						0	0	0
(7) Wes Jones	10									
Soccer Commissioner		×						0	0	0
(8) Rebecca Marks	10									
Softball Commissioner		×						0	0	0
(9) Jacqueline Ortega-Reed	10									
Volleyball Commissioner		×						0	0	0
(10) Hunter Northcutt	10									
Basketball Commissioner		×						0	0	0
(11) Mike Warner	10									
Boys Lacrosse Commissioner		×						0	0	0
(12) Bonnie Mackey	10									
Girls Lacrosse Commissioner		×						0	0	0
(13) Leif Dove	10									
Board Member		×						0	0	0
(14) Dale Rodriguez	10									
Board Member		×						0	0	0

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Part	VII Section A. Officers, Directors,	Trustees,	Key I	Emį	ploy	yee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
					•	C)					
	(A)	(B)	(do n	ot oh		ition	e than	ono	(D)	(E)	(F)
	Name and title	Average hours	,				is both		Reportable	Reportable	Estimated amount
			officer and a director/trust			tee)	compensation from the	compensation from related	of other compensation		
		per week (list any	or c	Ins	Officer	₹ €	Hig	For	organization (W-2/	organizations (W-2/	l '
		hours for	direc	litut	cer	Key employee	hes	Former	1099-MISC/	1099-MISC/	organization and
		related organizations	ot a t	ione		old	8 CO	,	1099-NEC)	1099-NEC)	related organizations
		below	Individual trustee or director	1		yee	npe				
		dotted line)	lee	Institutional trustee			Highest compensated employee				
				W			ted				
(15) J	amal Alsaffar	10									
Board	Member		×						0	0	0
(16) S	cott Cronk	40									
	tive Director				×				138,867	0	0
(17)											
(18)											
(19)			-								
(0.0)											
(20)			-								
(0.1)											
(21)			_								
(0.0)											
(22)			-								
(00)											
(23)			-								
(0.4)											
(24)			-								
(OF)											
(25)			-								
	Cubtotal								120.067	0	0
1b	Subtotal	 VII Costio	 A	•	•			•	138,867	0	0
c d	Total (add lines 1b and 1c)				•			•	138,867	0	0
	Total (add lines 1b and 1c)									-	
_	reportable compensation from the organ		<i>1</i> 10 ti	1030	, iiot	.cu	above	<i>5)</i> vv	no received mor	ε ιπαπ φτου,ους	7 01
											Yes No
3	Did the organization list any former	officer dire	ector	tru	stee	ا د	(ev e	mnl	lovee or highes	st compensated	
•	employee on line 1a? If "Yes," complete							•			3 ×
4	For any individual listed on line 1a, is the							n a	nd other compe	nsation from the	
-	organization and related organizations										
	individual										4 ×
5	Did any person listed on line 1a receive of	or accrue co	eamo	nsat	tion	fro	m anv	/ un	related organiza	tion or individua	
	for services rendered to the organization										5 ×
Secti	on B. Independent Contractors										
1	Complete this table for your five high	nest comp	ensate	ed	inde	epei	ndent	CC	ntractors that r	received more	than \$100,000 of
	compensation from the organization. Rep	ort compen	satio	n for	r the	ca	lenda	r ye	ar ending with or	within the organ	nization's tax year.
	(A)								(B)		(C)
	Name and business add	Iress							Description of serv	vices	Compensation
2	Total number of independent contractor						ed to	th	ose listed abov	re) who	
	received more than \$100,000 of compens	ation from	the or	gan	izat	ion					

Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to an	y line in this Pa	ırt VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
is, s	1a	Federated campaigns	la				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	lb				
င်္ခ ဧ	С	•	Ic				
rs,	d	Related organizations	ld				
<u>a</u> g	е	_	le				
ns,	f	All other contributions, gifts, grants,					
育		and similar amounts not included above	1f 167,444				
ᅙᇎ	g	Noncash contributions included in					
늘		lines 1a–1f	lg \$				
ු පු	h	Total. Add lines 1a–1f		167,444			
			Business Code				
e c	2a	Registration Fees	561499	3,249,333	3,249,333	0	0
اه ≧َ	b	Fee Income	561499	172,327	172,327	0	0
Program Service Revenue	С						
E S	d						
20 8	е						
P.	f	All other program service revenue .					
_	g	Total. Add lines 2a-2f		3,421,660			
	3	Investment income (including divide					
		other similar amounts)		3,078	0	0	3,078
	4	Income from investment of tax-exempt	bond proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c	0 0				
	d	Net rental income or (loss)		0			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ē	b	Less: cost or other basis					
Revenue		and sales expenses . 7b					
ě	С	Gain or (loss) 7c	0 0				
_	d	Net gain or (loss)		0			
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		· ·	Ba				
	b		3b				
	С	Net income or (loss) from fundraising	events	0			
	9a	Gross income from gaming					
		-)a				
		•	9b				
		Net income or (loss) from gaming activ	vities	0			
	10a	Gross sales of inventory, less					
			0a				
			0b				
	С	Net income or (loss) from sales of inve		0			
Sn			Business Code				
ne eo	11a						
Miscellaneous Revenue	b						
₹ Se	C	All II					
Ajs T	d	All other revenue					
_		Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions		3 592 182	3 421 660	0	3 078

Form 990 (2022) Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	Check if Schedule O contains a response	or note to any line	in this Part IX .		X
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9b	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	138,867	97,207	34,717	6,943
6	Compensation not included above to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$.				
7 8	Other salaries and wages	395,720	277,004	98,930	19,786
9	Other employee benefits				
10	Payroll taxes	25,861	18,103	6,465	1,293
11	Fees for services (nonemployees):				
а	Management				
b	Legal	60	42	15	3
С	Accounting	19,300	0	19,300	0
d	Lobbying	,			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25, column				
3	(A), amount, list line 11g expenses on Schedule O.) .	928,357	928,357	0	0
12	Advertising and promotion	67,857	47,500	16,964	3,393
			89,292		
13	Office expenses	127,565	,	31,893	6,380
14	Information technology	10,901	7,631	2,725	545
15	Royalties				
16	Occupancy	699,464	671,137	23,605	4,722
17	Travel	8,382	5,867	2,096	419
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	20,346	14,242	5,087	1,017
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	0			
23	Insurance	83,323	68,325	14,998	0
24	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	Uniforms	395,166	395,166	0	0
b	Sports Equipment	99,210	99,210	0	0
C	Tournament	124,651	124,651	0	0
d	Credit Card Discounts	113,757	113,757	0	0
e	All other expenses	85,817	68,919	14,082	2,816
25	Total functional expenses. Add lines 1 through 24e	3,344,604	3,026,410	270,877	47,317
26	Joint costs. Complete this line only if the	3,344,004	3,020,410	210,011	41,011
	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)				
					Form 990 (2022)

Part X Balance Sheet

		Check if Schedule O contains a response or note to a	ny line in this Par	tX		📙
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1,332,800	1	1,177,651
	2	Savings and temporary cash investments	_		2	
	3	Pledges and grants receivable, net	-		3	
	4	Accounts receivable, net	-	36,668	4	34,667
	5	Loans and other receivables from any current or former				
		trustee, key employee, creator or founder, substantial con-				
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified pers	ons (as defined			
		under section 4958(f)(1)), and persons described in section	1 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		29,225	9	
	10a	Land, buildings, and equipment: cost or other	Ī			
		basis. Complete Part VI of Schedule D 10a	3,085,428			
	b	Less: accumulated depreciation 10b	170,787	1,735,552	10c	2,914,641
	11	Investments—publicly traded securities			11	
	12	Investments – other securities. See Part IV, line 11			12	
	13	Investments – program-related. See Part IV, line 11	[13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		4,086	15	7,539
	16	Total assets. Add lines 1 through 15 (must equal line 33)		3,138,331	16	4,134,498
	17	Accounts payable and accrued expenses	[17	3,814
	18	Grants payable	_		18	
	19	Deferred revenue	791,868	19	943,888	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of S			21	
es	22	Loans and other payables to any current or former of				
≝		trustee, key employee, creator or founder, substantial con				
Liabilities		controlled entity or family member of any of these persons			22	
_	23	Secured mortgages and notes payable to unrelated third p	-		23	593,255
	24	Unsecured notes and loans payable to unrelated third part			24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17–24). Of Schedule D	·			
					25	
	26	Total liabilities. Add lines 17 through 25		791,868	26	1,540,957
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.				
<u>a</u>	27	Net assets without donor restrictions		2,346,463	27	2,593,541
Ва	28	Net assets with donor restrictions	-	2,040,400	28	2,000,041
pu		Organizations that do not follow FASB ASC 958, check				
Ξ		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipment f			30	
188	31	Retained earnings, endowment, accumulated income, or o	-		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	_	2,346,463		2,593,541
ž	33	Total liabilities and net assets/fund balances		3,138,331		4,134,498

Form 990 (2022) Page **12**

Part	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)			3,59	2,182			
2	Total expenses (must equal Part IX, column (A), line 25)		3,344,604					
3	Revenue less expenses. Subtract line 2 from line 1			24	7,578			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		2,346,463					
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities							
7	Investment expenses							
8	Prior period adjustments				-500			
9	Other changes in net assets or fund balances (explain on Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))			2,59	3,541			
Part 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: ☐ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. [2a		×			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both:							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?	. [2b		×			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited a separate basis, consolidated basis, or both:	on a						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl	nt of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		×			
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2022)

Lake Travis Youth Association 74-1992172

$Statement - Part \ III - 4d - Other \ program \ services \ (Describe \ on \ Schedule \ O.)$

Description	Activity code	Expense	Grants	Revenue
Providing boys and girls golf,		907,923		940,706
tennis, and volleyball, football,				
cheer, and rugby.				
Total:		907,923		940,706

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization **Employer identification number** Lake Travis Youth Association 74-1992172 Reason for Public Charity Status (All organizations must complete this part.) See instructions

Fell		<u> </u>					JIIS.
The o	organization is not a private founda						
1	A church, convention of church					0(b)(1)(A)(i).	
2	A school described in section				-		
3	A hospital or a cooperative hos						
4	A medical research organization hospital's name, city, and state	e:					
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned c	or operate	ed by a government	al unit described in
6	☐ A federal, state, or local govern						
7	An organization that normally described in section 170(b)(1)			port from	n a gover	nmental unit or fron	n the general public
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organi or university or a non-land-grauuniversity:						
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt full income and uni	nctions, subject to ce related business taxa	rtain exc ble incon	eptions; a ne (less s	and (2) no more than ection 511 tax) from	ı 33¹/₃% of its
11	☐ An organization organized and	operated exclus	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
12	An organization organized and one or more publicly supported the box on lines 12a through 12	I organizations d	escribed in section 5	09(a)(1) c	r section	509(a)(2). See sect	ion 509(a)(3). Check
_	Type I. A supporting organ		• • • • • • • • • • • • • • • • • • • •			•	
а	the supported organization supporting organization. Ye	(s) the power to	regularly appoint or e	lect a ma	ajority of t	• • • • • • • • • • • • • • • • • • • •	,, , , , , ,
b	☐ Type II. A supporting organ control or management of to organization(s). You must of the control of the control organization organization organization. ☐ Type II. A supporting organization organization organization organization. ☐ Type II. A supporting organization organization organization. ☐ Type II. A supporting organization organization organization. ☐ Type II. A supporting organization organization. ☐ Type II. A supporting organization organization. ☐ Type II. A supporting organization. ☐ Type II. A s	the supporting o	rganization vested in	the same			
С	Type III functionally integrits supported organization(rated. A suppor	ting organization ope	rated in c			ally integrated with,
d	☐ Type III non-functionally i that is not functionally integ requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
е	☐ Check this box if the organ functionally integrated, or T						e II, Type III
f	Enter the number of supported of	organizations .					
g	Provide the following information	about the supp	orted organization(s)	•			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Tota						0	0

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(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 Calendar year (or fiscal year beginning in) **(b)** 2019 (a) 2018 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 **Total.** Add lines 1 through 3 . . . 0 0 4 0 0 0 0 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) **Public support.** Subtract line 5 from line 4 0 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 0 7 0 0 0 Amounts from line 4 0 0 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 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 0 **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 0 % Public support percentage from 2021 Schedule A, Part II, line 14 15 % 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2022 Page **3**

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.)

Secti	on A. Public Support			-	-		
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	142,649	119,897	91,544	170,002	167,444	691,536
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	2,018,415	2,327,057	1,475,186	2,694,407	3,421,660	11,936,725
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	2,161,064	2,446,954	1,566,730	2,864,409	3,589,104	12,628,261
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .				7.004	2.054	40.000
	·				7,631	3,251	10,882
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						0
С	Add lines 7a and 7b	0	0	0	7,631	3,251	10,882
8	Public support. (Subtract line 7c from						
	line 6.)						12,617,379
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	2,161,064	2,446,954	1,566,730	2,864,409	3,589,104	12,628,261
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.	335	541	1,677	1,762	3,078	7,393
b	Unrelated business taxable income (less	333	341	1,077	1,702	3,070	7,555
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	335	541	1,677	1,762	3,078	7,393
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						0
.0	and 12.)	2,161,399	2,447,495	1,568,407	2,866,171	3,592,182	12,635,654
14	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8		•	13, column (f))		15	100 %
16	Public support percentage from 2021 Sch					16	100 %
	on D. Computation of Investment In			u line 40 '	(f/)	47	0.00.07
17 10	Investment income percentage for 2022 (-		17	0.06 %
18 19a	Investment income percentage from 2021 331/3% support tests—2022. If the organ					18 ore than 331/39/	0.06 %
134	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ /3% support tests—2021. If the organiz	_	=	-		-	_
~	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di	_	=	•	-	-	_

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

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

Se

JCCL	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	Ito
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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 amendment to the organizing document).	5a		
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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> 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	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on 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 line 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

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No 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 on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 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 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). 2 By reason of the relationship described on line 2, above, 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 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. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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. 2a b Did the activities described on line 2a, above, 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. 2b Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI. 3a

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.

3b

Schedule A (Form 990) 2022 Page **6**

				. ugo -
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Control of the Control of	gan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A-Adjusted Net Income	IIZai	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4	0	0
5	Depreciation and depletion	5	0	
6	Portion of operating expenses paid or incurred for production or collection	-		
Ü	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	0	(D) Current Veer
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	0	0
е	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	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6	Multiply line 5 by 0.035.	6	0	0
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	0	0
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2	Enter 0.85 of line 1.	2		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4	Enter greater of line 2 or line 3.	4		0
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		0
7	☐ Check here if the current year is the organization's first as a non-functional (see instructions).	ally	integrated Type III supporting	ng organization
	•			

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 0 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 0 3 0 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 0 5 0 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 0 6 7 Total annual distributions. Add lines 1 through 6. 7 0 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 0 Distributable amount for 2022 from Section C, line 6 9 0 9 10 10 Line 8 amount divided by line 9 amount 0 (ii) (iii) Section E-Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 0 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See 0 instructions. Excess distributions carryover, if any, to 2022 **a** From 2017 0 From 2018 0 0 From 2019 0 **d** From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years 0 Applied to 2022 distributable amount 0 Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 0 Distributions for 2022 from 4 Section D, line 7: Applied to underdistributions of prior years 0 Applied to 2022 distributable amount 0 Remainder. Subtract lines 4a and 4b from line 4. 0 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 0 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 0 Excess distributions carryover to 2023. Add lines 3j and 4c. 0 Breakdown of line 7: Excess from 2018 . . . 0 0 Excess from 2019 . . . Excess from 2020 . . . 0 0 Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Part VI 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.)

Schedule B (Form 990)

Schedule of Contributors

Employer identification number

74-1992172

Department of the Treasury Internal Revenue Service Name of the organization

Lake Travis Youth Association

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

Lake Trav	vis Youth Association		74-1992172
Part I	Contributors (see instructions). Use duplicate co	opies of Part I if additional space is	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Benevity		Person 🗓
	611 Meredith Rd NE No 700	\$ 7,860	Noncash
	Calgary CA		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Dicks Sporting Goods		Person 🕱 Payroll
	345 Court Street	\$5,000	Noncash
	Coraopolis PA 15108		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

	Calgary CA		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Dicks Sporting Goods 345 Court Street Coraopolis PA 15108	\$\$, 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person

Name of organization
Lake Travis Youth Association

Employer identification number 74-1992172

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** Lake Travis Youth Association 74-1992172 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held fŕom Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

74-1992172 Lake Travis Youth Association Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

										_
	le D (Form 990) 2022	Dalla ations of	A.4 11:a	atawia at T		- · · O	hay Cinailay Aa			age 2
Pari 3	Organizations Maintaining Ousing the organization's acquisition, ac									
3	collection items (check all that apply):	cession, and on			•		_	agnincan	use	OI ILS
а	Public exhibition		d		or exchange	progr	am			
b	Scholarly research		е	Other						
С	☐ Preservation for future generations									
4	Provide a description of the organization XIII.	on's collections a	and exp	lain how tl	hey further t	the org	anization's exer	npt purp	ose in	Part
5	During the year, did the organization s assets to be sold to raise funds rather t								s [] No
Part	IV Escrow and Custodial Arrar	ngements.								
	Complete if the organization a 990, Part X, line 21.						•		Forr	n
1a	Is the organization an agent, trustee, included on Form 990, Part X?			-				ot 🗌 Ye	es 🗆] No
b	If "Yes," explain the arrangement in Par	t XIII and comple	ete the f	ollowing ta	able:					
		·		J			A	mount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				0
2a	Did the organization include an amount					stodia	account liability	? Y e	s	No
	If "Yes," explain the arrangement in Par						-]
Par									<u> </u>	
	Complete if the organization a	answered "Yes'	" on Fo	rm 990. F	Part IV. line	10.				
		(a) Current year		rior year	(c) Two years		(d) Three years back	(e) Four	vears l	back
1a	Beginning of year balance	(1)	(-)	, ,	(*)		(,,	(,, ,,	,	
b	Contributions									
C	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
e	Other expenditures for facilities and									
C	programs									
f	Administrative expenses									
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the	e current year en	d balan	ce (line 1g	, column (a)) held a	as:			
а	Board designated or quasi-endowment	·	%							
b	Permanent endowment	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	possession of th	e organ	ization tha	at are held a	and ad	ministered for th	ie		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related org	anizations listed	as requ	ired on So	chedule R?			3b		
4	Describe in Part XIII the intended uses									
Part										
	Complete if the organization a		" on Fo	rm 990. F	Part IV, line	11a.	See Form 990.	Part X.	line 1	0.
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Boo		
		(investme		1 ' '	ther)		epreciation	, 250		
1a	Land				332,131				332	2,131
b	Buildings				403,857					3,857
C	Leasehold improvements				.00,001					0
d	Equipment				2,349,440		170,787		2,178	
•		1		1			-, -		, ,	,

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

e Other

2,914,641

Schedule D (Form 990) 2022 Page **3**

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Form	m 990, Part IV, line	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	nod of valuation: of-year market value
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 12.)	0		
Part VIII	Investments – Program Related. Complete if the organization answered "Yes" on Form	m 990, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Meth	nod of valuation: of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.)	0		
Part IX	Other Assets.	-		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			(
	Complete if the organization answered "Yes" on Forline 25.	n 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			(
	r uncertain tax positions. In Part XIII, provide the text of the footnot		's financial stateme	
	s liability for uncertain tax positions under FASB ASC 740. Check			

Schedule D (Form 990) 2022 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990. Part VIII, line 12: 2 Net unrealized gains (losses) on investments Donated services and use of facilities h Recoveries of prior year grants 2e Subtract line **2e** from line **1** 3 0 3 Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b Add lines **4a** and **4b** 4c 0 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 0 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Prior year adjustments 2b 2c Add lines 2a through 2d 2e 0 3 Subtract line **2e** from line **1** 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 0 Add lines **4a** and **4b** Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). 0 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.

Schedule D (For	m 990) 2022	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE L (Form 990)

(10)

Transactions With Interested Persons
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the	e organization							1	Employ	yer ide	ntificat	ion nu	mber		
Lake Trav	ris Youth Association	า							74-1992172						
Part I			ns (section 501 answered "Ye											40b.	
1	(a) Name of disqualif	ied person	(b) Relationship be	etween d	isqualified	person and		(c) Des	scriptio	n of trai	nsactio	n		(d) Cor	rrected
				organiza	tion									Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)														<u> </u>	
	nter the amount on der section 4958		by the organi	ization 	manage	ers or disq	ualifie 	d persons	durii	ng the 	year	\$_			
3 E	nter the amount o	f tax, if any, or	ı line 2, above,	reimbu	ursed by	the organi	zation	١				\$_			
Part II	Complete if th	e organization	rested Person answered "Ye ount on Form 9	s" on F				: 38a or Fc	orm 99	90, Pa	ırt IV,	line 2	6; or i	f the	
organization re	nterested person (b) Relationship with organization (c) Purpose of loan from the organization		m the		(e) Original principal amount (f) Baland		ce due	(g) In default?		(h) Approved by board or committee?					
				То	From					Yes	No	Yes	No	Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															-
(9)															-
(10)															
Total Part III	Grants or Ass Complete if th	sistance Bene ne organization	fiting Interest answered "Ye	ed Per s" on F	sons. Form 99		ine 27		0						
(a) Nar	ne of interested persor		ship between inter and the organization			mount of stance	(d) Type of as	sistanc	e	(e)) Purpo	se of a	ıssistan	ce
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															

Schedule L (Form 990) 2022 Page **2**

(a) Name of interested person Scott Cronk	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues	
				Yes	No
cott Cronk	Executive Director		Retained Services		×
Supplemental Information					
Provide additional informati	on for responses to questions	on Schedule L (see	instructions).		

SCHEDULE O (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

Lake Travis Youth Associat	on 74-1992172	
Pt VI, Line 6:	Nominations to the Board of Directors must be voted upon by the Association Membership. A simple maj determines the winner-20 Association members are required to constitute a quorum.	jority
Pt VI, Line 7a:	Changes to the LTYA constitution presented by the LTYA BOD are subject to approval by 2/3 of the voting Association members-20 Association members are required to constitute a quorum. The President has the authority to call a meeting of the Association Membership, at which time Secretary notifies the Association membership of such a meeting with the LYTA Constitution changes to be presented at least 15 days in advance of such meeting.	ie
Pt VI, Line 11b:	No review by the organization's governing body will be conducted prior to the Form 990 filing.	
Pt VI, Line 12c:	All officers, staff and volunteers must disclose their conflict of interest or potential conflict of interest to the Board or Executive Committee.)
Pt VI, Line 15a:	Compensation of officers, directors, and top management officials is determined based on a research of identical positions within other non-profit organizations with similar budgets.	
Pt VI, Line 18:	Present in LTYA office and available for inspection upon request.	
Pt VI, Line 19:	Present in LTYA office and available for inspection upon request.	
Pt III, Line 4d:	Expenses: \$907,923 including grants of: \$0. Revenue: \$940,706. Description: Providing boys and girls g tennis, and volleyball, football, cheer and rugby.	 olf,

Schedule O (Form 990) 2022 Name of the organization Employer identification number Lake Travis Youth Association 74-1992172 Pt IX, Line 11g: Description: Coaches \$709,209. Referres and Umpires \$215,278. Athletic Trainer \$3,870.