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420856989 05/17/2010 10 16	ΑM
Form 990 .	
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 black lung benefit trust or private foundation)

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

OMB No 1545-0047 2008 Open to Public Inspection

Δ .	For the 2000	calengtier, year, or tax year beginning 7/01/08, and ending 6/30	1/09	<u> </u>	1		
	heck if applicable			D Empl	oyer identification number		
	Address change	IOWA ACADEMY OF SCIENCE		-,			
\equiv	•	label or print or Doing Business As		42-	-0865989		
\equiv	Name change	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite		hone number		
	nıtıal retum	See 175 BAKER HALL UNI		319	9-273-2021		
Ţ	Termination	Specific Instruc- City or town, state or country, and ZIP + 4		G Gross rec	eipts\$ 180,565		
	Amended return	tions. CEDAR FALLS IA 50614-050	08				
	Application pending	F Name and address of principal officer		H(a) Is this	a group return for		
				affiliat H(b) Are at			
				includ	ed? Yes No		
				If "No	," attach a list (see instructions)		
	Tax-exempt sta						
		iascience@uni.edu	T	H(C) Group	exemption number		
	Type of organization		L Year of formation		M State of legal domicile		
		Summary			· · · · · · · · · · · · · · · · · · ·		
		describe the organization's mission or most significant activities					
ဦ	501	ENCE EDUCATION					
Activities & Governance							
Š	2 Check	this box if the organization discontinued its operations or disposed of more	e than 25% of its as	sets			
ŏ		r of voting members of the governing body (Part VI, line 1a)	, man 20 /0 0. 1.0 a.	3	9		
SS		r of independent voting members of the governing body (Part VI, line 1b)		4	9		
iğ		umber of employees (Part V, line 2a)		5	3		
Ċţ		umber of volunteers (estimate if necessary)		6	250		
•		ross unrelated business revenue from Part VIII, line 12, column (C)		7a			
	_	related business taxable income from Form 990-T, line 34		7b	0		
	-		Year	Current Year			
<u>ə</u>		utions and grants (Part VIII, line 1h)	37,345	132,847			
en l	_	m service revenue (Part VIII, line 2g)	60,664	64,287			
Revenue		nent income (Part VIII, column (A), lines 3, 4, and 7d)	36,632	-26,970 5,013			
		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,838	5,813			
-		evenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		38,479	175,977		
		and similar amounts paid (Part IX, column (A), lines 1-3)	40,399	43,671			
		s paid to or for members (Part IX, column (A), line 4)	06,675	121,218			
enses		s, other compensation, employee benefits (Part IX, column (A), lines 5–10) sional fundraising fees (Part IX, column (A), line 11e)		00,013	121,210		
ğ		indraising expenses (Part IX, column (A), line 25) ►					
EX D	17 Other	expenses (Part IX, column (A), lines 11a-11d, 1f-24f) RECEIVED	1	14,556	102,864		
⊇ [18 Total e	xpenses Add lines 13-17 (must equal Part IX, column (A), line 25)		61,630	267,753		
M 0.7		ue less expenses Subtract line 18 from line 12		23,151	-91,776		
150 G	10 1000	NAY 2 1 2010 9		ng of Year	End of Year		
sets ⊨	20 Total a	ssets (Part X, line 16)	5	89,674	454,136		
d As		abilities (Fait A, line 20)		<u>-6,365</u>	-50,147		
		sets or fund balances Subtract line 21 from line 20 OGDEN, UT	5	<u>96,039</u>	504,283		
PANNES IG	art II	Signature Block					
<u>#</u>	ا ا	Inder penalties of perjuin. Neclate that I have examined this return, including accompanying sch nd tellet, it is true, confect, and complete Declaration of preparer (other than officer) is based on	edules and statement	s, and to the be	est of my knowledge		
Ž.			an information of wind	on proparei na	17-10		
≪Sig	ın	Mary a thousen					
ோHei	re	Signature of officer	edimine e	Date			
			ECUTIVE D	IRECTO	<u> </u>		
		Type or print name and title	<u> </u>		Preparer's identifying number		
Pai		Preparer's Date	solf		(see instructions) P00325739		
Signature / Judith J Schindel							
		irm's name (or yours Grant & Schindel CPAs, Inc.		EIN	▶ 20-8526157		
	, j	self-employed), 3641 Kimball Avenue		Phone	210 222 4000		
-		ddress, and ZIP +4 Waterloo, IA 50702-5757		_no ▶			
		uss this return with the preparer shown above? (see instructions)			Yes No Form 990 (2008)		
DAA	. For Privac	y Act and Paperwork Reduction Act Notice, see the separate instructions.			rom 330 (2008)		

DAA

Form 990 (2008) IOWA ACADEMY OF SCIENCE	42-0865989	Page 2
Part III Statement of Program Service Accomplishments (see	instructions)	
1 Briefly describe the organization's mission:		
SCIENCE EDUCATION		
•		
2 Did the organization undertake any significant program services during the year wh	high were not listed on	
		es X No
the prior Form 990 or 990-EZ?	□ '	es El Mo
If "Yes," describe these new services on Schedule O.		
3 Did the organization cease conducting, or make significant changes in how it cond		· ·
services?	∐ ¥	es X No
If "Yes," describe these changes on Schedule O		
4 Describe the exempt purpose achievements for each of the organization's three lan	rgest program services by expenses	
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are rec	quired to report the amount of grants and	
allocations to others, the total expenses, and revenue, if any, for each program ser	rvice reported.	
	•	
4a (Code) (Expenses \$ 42,309 including grants of \$	3,000) (Revenue \$	
IAS-Iowa Academy of Science: Further scien		,
science education, public understanding of		
recognition of excellence in these endeavo		
journal and distribute to approx 1500 members	bers. Annual	
Meeting.		
4b (Code) (Expenses \$ 43,071 including grants of \$	448) (Revenue \$)
ISTS-Iowa Science Teachers Section: Advoc	cates for	
Excelence in Science Education by promoting	ng	
professionalism, influencing policy, and		
learning. Holds Fall Conference for appro	oximateľv 400	
Science teachers.		
belence teachers.		
	•	
4c (Code) (Expenses \$ 10,394 including grants of \$	2,204) (Revenue \$	
IJAS-Iowa Junior Academy of Science: Pro		,
of and participation in science by element	cary and	
secondary students and teachers		
	•	
•		
·		
•	•	
	•	
4d Other program services (Describe in Schedule O.)		
(Expenses \$ 101,384 including grants of \$ 38,	019) (Revenue \$	
(Expenses \$ 101,384 including grants of \$ 38,	019) (Revenue \$) Part IX, Line 25, column (B))	

Form 990 (2008) IOWA ACADEMY OF SCIENCE

Pa	art 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
•	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any accounts where 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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	┢╧┪		
٠	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	┝┷┤		
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization rold assets in term, permanent, or quasi-endowments? If Tes, complete Schedule D, Fait V	- '° -		
"		11	х	
42	Parts VI, VII, VIII, IX, or X as applicable Did the example to a completion the return	-'' -	-22	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	12		x
40	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		$\frac{\mathbf{x}}{\mathbf{x}}$
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	144	_	 -
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14b		x
4-	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	140		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	ا ء ا		x
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			v
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	-	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	77	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on 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, questions 3, 4, or 5? If "Yes," complete		.	
	Schedule J	23	_X_	
24a	· · · · · · · · · · · · · · · · · · ·			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			v
	24b–24d and complete Schedule K. If "No," go to question 25.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_X_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			v
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) 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
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u> </u>
		E	. aan	(2008)

Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			ĺ
	employee), or an indirect business relationship through ownership of more than 35% in another entity			ĺ
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			ĺ
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			1
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
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		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? 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, Parts II,	,		
	III, IV, and V, line 1	_34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
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		x
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		x

Pa	Trive Statements Regarding Other IRS Filings and Tax Compliance					т—
4	Estable 1. Superiodis Pario de 1990 A. 10			<u> </u>	Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns Enter -0- if not applicable	1a				
b c	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and re	1b				
·	gaming (gambling) winnings to prize winners?	sportab	16	1c	1	x
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				1	1
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by				
	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	ļ	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity	 		
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir	nancial				
	account)?			4a	ļ	X
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank				
	and Financial Accounts.					v
5a		ation?		5a 5b	+	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactiff "Yes," to question 52 or 55, did the organization file Form 8886 T. Disclosure by Tax Exampt Entity			30	+	<u> </u>
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	1		5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
_	gifts were not tax deductible?			6ь		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	e than				
	\$75?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as				
	required to file Form 8282?		1	7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	persona	al			
	benefit contract?			7e	 	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7 <u>f</u>	 	X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required'			.7 <u>9</u>	╁	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	C as		7.5		x
8	required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and se	ction		7 <u>h</u>		-
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spo		,			
	organization, have excess business holdings at any time during the year?		•	8	1	x
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a	İ	x
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter.					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	, .				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 1	12a	ļ	ļ
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			<u> </u>	<u> </u>

	990 (2008) IOWA ACADEMY OF SCIENCE 42-0865989			age 6
Pa	rt VI Governance, Management, and Disclosure (Sections A, B, and C request information about	policie	s not	
	required by the Internal Revenue Code.)			
<u>sec</u>	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		
	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 organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
5 6	Does the organization have members or stockholders?	6		<u>x</u>
	·			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7a		X
	of the governing body?	7b		$\frac{\mathbf{x}}{\mathbf{x}}$
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	10		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			_
	the year by the following		v	
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
0	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		<u> </u>
1	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	1		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		<u> </u>
<u>Sec</u>	tion B. Policies			
			Yes	No
2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
_	describe in Schedule O how this is done	12c		
3	Does the organization have a written whistleblower policy?	13		X
4	Does the organization have a written document retention and destruction policy?	14		X
5	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.			
а	The organization's CEO. Executive Director, or top management official?	15a		X
a b	Other officers or key employees of the organization?	15b		X
IJ	Describe the process in Schedule O (see instructions)	1.55		_
6-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
6a	with a taxable entity during the year?	16a		x
L	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100		
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
•		100		
	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed None Section 6404 requires an expenientian to make its Form 1033 (or 1034 if applicable), 990, and 990-T (501(c)(3)s only)			
8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► TONI ARENDS 175 BAKER HALL UNI			

IA 50614-0508 319-273-2021

CEDAR FALLS

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co	mpensate	any o	curr	ent	offi	cer, d	irec	tor, or trustee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (k all	that ap		Reportable	Reportable	Estimated
1	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Lyp Countryman	3	X						0	Ó	o
James Colbert President Elect	21/2	'X'						0	U	O
Cherin Lee Past President	21/2	X						0	0	
Gary Donnemeyer	2	X						0	<i>D</i>	
Dennis Schlicht	2	X	3					O	0	c
leter van der Linden Director	2	X						0	v	Ö
James Walters	7	X						Ò	ø	0
Andrew Britting ham	2	X						0	0	0
Carol Schutte	2	X						0	ò	D
									-	

Par	rt VII Section A	. Officers, Directors, Tru	stee	s, Ke	ву Еі	mplo	уее	s, aı	nd Highest Compensated	Employees (continued)					
	(A) Name and title	(B) Average	Average Position (check all that ap						1	(E) Reportable		(F) tima	ted		
	•	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations				
											_				
												_			
1b 2	Total number of ind	ividuals (including those in	1a)	who	rece	ived	l moi	e th	an \$100,000 in reportable	compensation from the	<u> </u>				
	organization ▶ 0		,												
3	Did the organization	n list any former officer, dir	ecto	r or t	ruste	e, k	ey e	mplo	oyee, or highest compensa	ited		\dashv	Yes	No	
4	For any individual list	a? If "Yes," complete Scheested on line 1a, is the sum	of re	port	able	com	pen	satic	on and other compensation	from		3	X		
_	ındıvıdual	_							es," complete Schedule J fo			•		X	
5	services rendered to	o the organization? If "Yes	,* co	mple	te S	chec	lule .	J for	ny unrelated organization for such person			5		x	
1	tion B. Independent Complete this table compensation from	for your five highest comp	ensa	ited	ınde	pend	dent (cont	ractors that received more	than \$100,000 of					
	omponedator nom	(A) Name and business address							Descrip	(B) otion of services		Co	(C) mpensa	tion	
2	Total number of ind compensation from		udin	tho	se ir	1) \	who	rece	eived more than \$100,000 i	n		0	000		
													agn	(200	

Form 990 (2008) IOWA ACADEMY OF SCIENCE

Part V	Statement of Rev		DCILITOR		42-0003303		rage 3
	·	- CITAGO		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ध्रुष्ट 1a	Federated campaigns	1a			levenue		012, 013, 01 014
E 2 'c	Membership dues	1b	27,355				
	Fundraising events	1c	2.,,555			1	
aria 4	Related organizations	1d					
	Government grants (contributions)	1e					
	All other contributions, gifts, grants,						
	and similar amounts not included above	1f	105,492				
	Noncash contributions included in lines		103,432				
Sal 5	Total. Add lines 1a-1f	1a-11 ⊅		132,847			
Program Service Revenue Contributions, gifts, grants and other similar amounts amount similar amounts amounts and other similar amounts amounts amount similar amounts amounts amounts amounts amounts amounts amount similar amounts amounts amounts amounts amounts amounts amounts	Total. Add lines Ta-II		Busn. Code	132,017			••••••••
E 2a	REGISTRATION FEES		Busii. Code	35,342			35,342
§ 6			 	13,425			13,425
<u> </u>				4,532	· · · · · · · · · · · · · · · · · · ·	-	4,532
Servi o				4,300		- "	4,300
ا ق				3,523		-	3,523
ᇣ				3,165			3,165
ğ '	All other program service rev	renue	•	64,287			3,103
_	Total. Add lines 2a–2f			04,207			
3	Investment income (including	g aiviaenas,	interest, and	13,918			13,918
	other similar amounts) Income from investment of ta	avammt h		13,310	 		13,710
4		ax-exempt b	ond proceeds	974			974
5	Royalties (i) Real		(II) Personal	213			7/3
	<u> </u>		(II) Personal				
6a				ĺ			
b	' · · · · · · · · · · · · · · · · · · ·						
C .	` ' \	1					
d 7a	Cross amount from		(u) Othor				
	sales of assets (1) Securit	les	(ii) Other				
	other than inventory		-40,888				
	Less cost or other						
	basis & sales exps		40.000				
1	Gain or (loss)		-40,888	40 000		1	40 000
	Net gain or (loss)		P	-40,888			-40,888
	Gross income from fundraising ev	ents	1				
ğ	(not including \$	_					
8	of contributions reported on line 1	· I					
Other Revenue	See Part IV, line 18	a					
를 B	Less direct expenses	b	ents				
• I	Net income or (loss) from fur		ents				
9a	Gross income from gaming activit	- 1					
_	See Part IV, line 19	a					
	Less. direct expenses	b	es Þ				
	Net income or (loss) from ga	·	es P				
lua	Gross sales of inventory, les	- 1	0 427		,		
١.	returns and allowances	a	9,427				
	Less cost of goods sold	b	4,588	4 020			4,839
<u>c</u>	Net income or (loss) from sa Miscellaneous Reven		Busn. Code	4,839			4,033
-		<u></u>	Busn. Code				
11a			 				
þ							
C.							
d			L				
θ.			▶				
12	Total Revenue. Add lines 1h	ı, 2g, 3, 4, 5	6d, 7d, 8c,	486 685			42 124
	9c, 10c, and 11e			175,977	0	0	43,130 Form 990 (2008)

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) but are not required to complete columns (B), (C), and (D).										
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising						
7b	, 8b, 9b, and 10b of Part VIII.		expenses _	general expenses	expenses						
1	Grants and other assistance to governments and										
	organizations in the U.S. See Part IV, line 21	35,854	35,854								
2	Grants and other assistance to individuals in										
	the U.S. See Part IV, line 22	7,817	7,817								
3	Grants and other assistance to governments,										
	organizations, and individuals outside the		ţ								
	U S See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	65,592	41,741	23,851							
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	Other salanes and wages	38,904	18,904	20,000							
8	Pension plan contributions (include section 401(k)										
	and section 403(b) employer contributions)										
9	Other employee benefits	10,360	7,252	3,108							
10	Payroll taxes	6,362	3,184	3,178							
11	Fees for services (non-employees)										
а	Management										
b	Legal	3,770		3,770							
С	Accounting	2,001		2,001							
d	Lobbying										
0	Professional fundraising services. See Part IV, line 17										
f	Investment management fees	5,239		5,239							
g	Other										
12	Advertising and promotion	110	110								
13	Office expenses	17,395	12,352	5,043							
14	Information technology	3,359	3,359	_							
15	Royalties										
16	Occupancy										
17	Travel	5,082	5,082								
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	40,828	39,862	966							
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	196		196							
23	Insurance	1,606		1,606							
24	Other expenses Itemize expenses not										
	covered above (Expenses grouped together										
	and labeled miscellaneous may not exceed										
	5% of total expenses shown on line 25 below)	14 000	14 000								
а	PRINTING	14,272	14,272								
b	HONORARIUMS	3,950	3,950	1 630							
С	BANK CHARGES	3,167	1,530	1,637							
d	EQUIP MAINT & REPAIR	1,586 303	1,586								
e	DUES & AFFILIATIONS	303	303								
f		267 752	107 150	70 505							
25		267,753	197,158	70,595							
26	Joint Costs. Check here ► if following SOP 98-2 Complete this line only if the		į								
	organization reported in column (B) joint costs										
	from a combined educational campaign and		j								
	fundraising solicitation				Farm 990 (2008)						

_P	art)	Balance Sheet								
				(A) Beginning of year		(B End of	-			
	T 4	Cash—non-interest bearing		21,697	1		13,	473		
	1 2	Savings and temporary cash investments		21,037	2		<u> </u>	1/3		
	3	Pledges and grants receivable, net	ŀ		3					
	4	Accounts receivable, net			9.1	268				
	5	Receivables from current and former officers, directors,	trustaes key	2,633	-			<u> </u>		
		employees, or other related parties Complete Part II of	5]						
	6	Receivables from other disqualified persons (as defined								
	ľ	4958(f)(1)) and persons described in section 4958(c)(3)(
		Part II of Schedule L	(a). Complete	•	6	Ī				
छ	7	Notes and loans receivable, net		7	 					
Assets	8	Inventories for sale or use	F	9,502			8,4	459		
Ąŝ	9	Prepaid expenses and deferred charges	F		9					
	10a		1,795							
	1	Less accumulated depreciation Complete								
	<u> </u>	Part VI of Schedule D	1,623	368	10c	ŀ		172		
	11	Investments—publicly traded securities		555,474		4	22,	764		
	12	Investments—other securities See Part IV, line 11	F		12					
	13	Investments—program-related See Part IV, line 11	Ī		13					
	14	Intangible assets		14						
	15	Other assets See Part IV, line 11		15						
	16	Total assets. Add lines 1 through 15 (must equal line 34	4)	589,674	16	4	54,:	136		
	17	Accounts payable and accrued expenses		500	17		- 4	407		
	18 Grants payable 18									
	19	Deferred revenue		-9,239	19	-	52,8	803		
Liabilities	20	Tax-exempt bond liabilities			20					
	21	Escrow account liability Complete Part IV of Schedule D			21					
	22 Payables to current and former officers, directors, trustees, key									
ab		employees, highest compensated employees, and disqu			1					
I		persons. Complete Part II of Schedule L			22	L				
	23	Secured mortgages and notes payable to unrelated third		23						
	24	Unsecured notes and loans payable		24						
	25	Other liabilities Complete Part X of Schedule D	L	2,374	25			2 4 9		
	26	Total liabilities. Add lines 17 through 25		-6,365	26	-	50,:	<u>147</u>		
nces		Organizations that follow SFAS 117, check here▶	_ and							
2	l	complete lines 27 through 29, and lines 33 and 34.								
a	27	Unrestricted net assets			27					
Fund Bala	28	Temporarily restricted net assets	_		_28					
Ē	29	Permanently restricted net assets	<u> </u>		29	ļ				
Ŧ		Organizations that do not follow SFAS 117, check he	re▶ 🗓							
ō		and complete lines 30 through 34.								
	30	Capital stock or trust principal, or current funds	<u> </u>		30	<u> </u>				
Net Assets	31	Paid-in or capital surplus, or land, building, or equipmen		506.000	31					
Ä	32	Retained earnings, endowment, accumulated income, or	r other funds	596,039			04,			
<u>et</u>	33	Total net assets or fund balances	-	596,039			04,			
	34	Total liabilities and net assets/fund balances		589,674	34	4	5 4 ,:	<u> 136</u>		
<u> </u>	art)	(f Financial Statements and Reporting	 				1 1			
						f	Yes	No		
1		• • • • • • • • • • • • • • • • • • • •	ash X Accrual Oth					v		
26		ere the organization's financial statements compiled or rev		ant?	•	2a	├─┤	X		
t		ere the organization's financial statements audited by an i		fan awarisht -f		_2b	├ ┈┤			
(Yes" to lines 2a or 2b, does the organization have a common and the second statements a								
_		e audit, review, or compilation of its financial statements a				_2c	┼─┤			
38		a result of a federal award, was the organization required	i to undergo an audit or audits as s	seciolatiii				ĺ		
		Single Audit Act and OMB Circular A-133?	uudute?			3a 3h	\vdash			
	וו נ	Yes," did the organization undergo the required audit or a	iuuito 1			3b				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate Instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Name of the org	anization	Employer identificatio
	IOWA ACADEMY OF SCIENCE	42-0865989
Part I	Reason for Public Charity Status (All organizations must complete this part.) (see	ee instructions)

The organization is not a private foundation because it is: (Please check only one organization)

1	Ш	A church, cor	nvention of churches, or ass	ociation of churches described	ın sectio	n 170(b)(1)(A)(i).						
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3		A hospital or	a cooperative hospital servi-	ce organization described in se	ction 170	(b)(1)(A)	iii). (Atta	ach Sch	edule H	l)			
4		A medical res	search organization operate	d in conjunction with a hospital	described	l ın sectio	n 170(b)(1)(A)(iii). Ente	er the h	ospital's nam	ie,	
	_	city, and state											
5	П	An organizat	ion operated for the benefit	of a college or university owned	or operat	ted by a g	overnm	ental un	ıt descr	nbed in			
	_	•	b)(1)(A)(iv). (Complete Part	•			,						
6	П	•		overnmental unit described in s	ection 17	70(b)(1)(A	.)(v).						
7	П			substantial part of its support from				from the	genera	al public	r.		
•	ш	•	section 170(b)(1)(A)(vi). (C	• • • • • • • • • • • • • • • • • • • •	om a gov		i dilik oi		gonore	a, pab.ic			
8	П			1 70(b)(1)(A)(vi) . (Complete Part	· II \								
9	x	•		1) more than 33 1/3 % of its sup	•	contribut	ione me	mharch	un fees	and ar	nee		
•				npt functions—subject to certain						_			
				nd unrelated business taxable in							•		
			-		•			k) iloiii i	Jusines	363			
40	П		=	0, 1975. See section 509(a)(2)	-			/000 10	atm.at.a	\			
10	Н	=	=	exclusively to test for public saf	-								
11	ш	•	-	exclusively for the benefit of, to	-				•		_		
		• •	, , ,,	ed organizations described in s				` ''	•	Section	11		
		<u> </u>		he type of supporting organization		•	1			.			
_	П	a Type	_ ··	c Type III-Function			d		e III–Ot				
е	Ш	-		anization is not controlled direct	•				•		_		
		•	•	and other than one or more pul	blicly sup	ported ort	garnzanc	nis desc	nibea ii	Section	rı		
			section 509(a)(2).		T	T	T						
f		_		ermination from the IRS that it is	a Type I,	туре п, с	or Type	ııı suppo	orting				
		-	check this box										Ш
g		_	·	tion accepted any gift or contrib	ution fron	n any of ti	ne						
		following per											
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with pers	ons desci	ibed in ((ii)				Yes	No
				f the supported organization?							11g(i)		ļ
			member of a person describ								11g(ii		
				described in (i) or (ii) above?							11g(ii	i)	
h		Provide the f	following information about t	he organizations the organization	on suppor	rts.							
(i) I	Name	of supported	(ii) EiN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	ls the	(vii) An	nount of	
	org	anızatıon		(described on lines 1–9	1 ''	sted in your	T	nization in	organizat			port	
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the S ?			
				,	Yes	No	Yes	No	Yes	No	1		
					<u> </u>								
_					 	 							
					1]	1				

	edule A (Form 990 or 990-EZ) 2008 _ 101					-0865989	Page 2
	Support Schedule for O (Complete only if you ch)(1)(A)(iv) and	l 170(b)(1)(A)(vi)
Sec	tion A. Public Support				<u>-</u>		 _
Ca	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support					·	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
1	Total support. Add lines 7 through 10		L			L	
2	Gross receipts from related activities, etc.						
3	First five years. If the Form 990 is for the	•	t, second, third, for	urth, or fifth tax yea	ir as a section 50°	I(c)(3)	, m
•	organization, check this box and stop her		4				<u> </u>
	tion C. Computation of Public Si						
4	Public support percentage for 2008 (line 6	,	•	ın (f))		14	%_
5	Public support percentage from 2007 Sch					15	<u>%</u>
6a	33 1/3 % support test—2008. If the organ				33 1/3 % or more,	check this box	, \Box
	and stop here. The organization qualifies		=		_		▶ ∐
b	33 1/3 % support test—2007. If the organ				15 is 33 1/3 % or i	more, check this	
_	box and stop here. The organization qual						▶ ∐
7a	10%-facts-and-circumstances test—200	=					
	more, and if the organization meets the "fa						. \Box
	organization meets the "facts-and-circums		-		- · · -	•	▶ ∐
b	10%-facts-and-circumstances test—200	_					
	more, and if the organization meets the "fa						. \Box
	organization meets the "facts-and-circums		-	•	· · · -		▶ ⊢
8	Private foundation. If the organization did	d not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	ck this box and se	ee instructions	▶ ∟

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	conca the box	011 11110 3 01 1 6	21 (1.)			
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	102,949	206,531	153,184	164,140	132,847	759,651
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	72,004	62,099	59,112	60,664	64,287	318,166
3	Gross receipts from activities that are not an unrelated trade or business under section 513			_			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	3,000	3,000	3,000	3,000	3,000	15,000
6	Total. Add lines 1-5	177,953	271,630	215,296	227,804	200,134	1,092,817
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000	67,004	57,099	54,112	55,664	59,287	293,166
-	Add lines 7a and 7b	67,004	57,099	54,112	55,664	59,287	293,166
8	Public support (Subtract line 7c from	110,949	214,531	161,184	172,140	140,847	
<u></u>	line 6)		1	I			799,651
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	177,953	271,630	215,296	227,804	200,134	1,092,817
9 10a	Gross income from interest, dividends,	177,933	2/1,630	213,296	227,804	200,134	1,032,617
	payments received on securities loans, rents, royalties and income from similar sources	34,497	25,815	18,512	17,080	13,918	109,822
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	34,497	25,815	18,512	17,080	13,918	109,822
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,	212,450	297,445	233,808	244,884	214,052	
	and 12.)						1,202,639
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	, second, third, fou	irth, or fifth tax yea	r as a section 501	(c)(3)	▶ 🗆
Sec	tion C. Computation of Public Su	pport Percent	tage				
15	Public support percentage for 2008 (line 8,	, column (f) divided	d by line 13, colum	n (f))		15	66.4914 %
16	Public support percentage from 2007 Sche					16	88.1756 %
<u>Sec</u>	tion D. Computation of Investme	<u>nt Income Per</u>	centage				
17	Investment income percentage for 2008 (In			, column (f))		17	9.1318 %
18	Investment income percentage from 2007					18	11.8244 %
19a	33 1/3 % support tests—2008. If the organization of the organizati	ox and stop here.	The organization	qualifies as a publi	cly supported orga	anızation	► X
b	33 1/3 % support tests—2007. If the orga line 18 is not more than 33 1/3 %, check the	nis box and stop h	ere. The organizat	ion qualifies as a į	publicly supported	organization	▶ □
20	Private foundation. If the organization did	i not check a box o	n line 14, 19a or 1	9b, check this box	and see instruction	ons	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that

OMB No 1545-0047 Open to Public

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. **Employer identification number** Name of the organization 42-0865989 IOWA ACADEMY OF SCIENCE Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. Part I (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Year 2a Total number of conservation easements. 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, 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.
 - (i) Revenues included in Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
- 2 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 SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1
- Assets included in Form 990, Part X

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Schedule D (Form 990) 2008

Sche	dule D (Form 990) 2008 IOWA ACAI	EMY OF	SCIENC	E		42-08	65989			Pag	e 2
Pa	art III Organizations Maintaining	Collection	ns of Art, I	Historical Trea	sures,	or Other	Similar A	ssets	(conti	nued)	
3	Using the organization's accession and othe items (check all that apply).	r records, che	ck any of the	following that are a	significa	int use of its	collection				
а	Public exhibition	c	I D Loan o	r exchange prograr	me						
b	Scholarly research		Other	r exchange program	113						
	Preservation for future generations	•	Other				·	-			
4	Provide a description of the organization's content of the organization of the organization's content of the organization of t	ollections and	explain how t	hey further the orga	anization	's exempt p	urpose in				
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to	be maintaine	ed as part of the	he organization's c	ollection	?			Yes	☐ No	<u>, </u>
Pa	Trust, Escrow and Custoo Part IV, line 9, or reported					on answe	red "Yes"	to For	m 990	,	
1a	Is the organization an agent, trustee, custod					ts not					
	included on Form 990, Part X?								Yes	□ No	,
b	If "Yes," explain the arrangement in Part XIV	and complete	the following	table				_			
_		and complete							Amour	it	_
_	Beginning balance						1c				_
٦	Additions during the year						1d				-
٠	Distributions during the year						1e				-
	Ending balance				•		1f				-
' 2a	Did the organization include an amount on F	orm 990 Part	Y line 212						Yes	No	_
	If "Yes," explain the arrangement in Part XIV		X, IIIIC 21:					ш	163		,
	ert V Endowment Funds. Comp		nization a	nswered "Yes"	to For	m 990 Pa	art IV. line	10.			
	Endownient unds. Comp	(a) Curre		(b) Prior year		years back	(d) Three year		(e) Fou	r years ba	
12	Beginning of year balance	(,	-	(-,	, , ,		, , , , , , , , , , , , , , , , , , , ,				
h	Contributions			***************************************		••••••	*****************	************	*************	***********	*****
6	Investment earnings or losses										
d				***************************************		*************	•••••	***************************************	*************		*****
	Other expenditures for facilities										
•	·										
	and programs										
	Administrative expenses						•••••	***************************************	***********	***************************************	*****
g	End of year balance				<u></u>						
2	Provide the estimated percentage of the year	r end balance	neid as:								
			70				-				
	Permanent endowment %										
	Term endowment %	:646				-1 f 1b					
зa	Are there endowment funds not in the posse	ssion of the of	ganization the	at are neid and adn	ninistere	a for the			1	V N	
	organization by:								2-45	Yes N	lo
	(i) unrelated organizations								3a(i)		—
	(ii) related organizations			44-00					3a(ii)	-	
_	If "Yes" to 3a(II), are the related organization								3b		
4	Describe in Part XIV the intended uses of the				O Dor	V line 1					—
Ра	rt VI Investments—Land, Build			1					(d) Book		
	Description of investment	1 ''	r other basis stment)	(b) Cost or other	1	(C) De	preciation		(d) Book	value	
1a	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other			1	,795	•	1,62	3		17	72
	. Add lines 1a-1e (Column (d) should equal	Form 990, Par	t X. column (I					$\overline{}$			72

Schedule D (Form 990) 2008

Part VII Investments—Other Securities. See Form 990, Part X, line 12. (a) Description Security or category (b) Book value Coat or end-of-year market value Coat or end-of-year market value Coat or end-of-year market value Cober Column (b) should squal Form 990, Part X, col. (b) Ine 12.) Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of avestment type (b) Book value (c) Securities Column (b) should squal Form 990, Part X, col. (b) Ine 13.) (c) Description of avestment type (b) Book value (c) Securities Column (b) should squal Form 990, Part X, col. (c) Ine 13.) Part VIII Investments—Program Related. See Form 990, Part X, line 13. (c) Description of avestment type (b) Book value (c) Description of avestment type (c) Book value (d) Securities Column (b) should squal Form 990, Part X, col. (d) Ine 13.) Part X Other Liabilities. See Form 990, Part X, line 15. Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes PAYROLL LIABILITIES 2, 249 Total. (Column (b) should equal Form 990, Part X, col. (6) Ine 25.) Part X Other Liabilities. See Form 990, Part X, col. (6) Ine 25.) A part X Other Liabilities See Form 990, Part X, col. (6) Ine 25. Part X Other Liabilities See Form 990, Part X, col. (6) Ine 25. Part X Other Liabilities See Form 990, Part X, col. (6) Ine 25. Part X Other Liabilities See Form 990, Part X, col. (6) Ine 25. Part X Other Liabilities See Form 990, Part X, col. (6) Ine 25. Part X Other Liabilities See Form 990, Part X, col. (6) Ine 25. Part X Other Liabilities See Form 990, Part X, col. (6) Ine 25. Part X Other Liabilities See Form 990, Part X, col. (6) Ine 25. Part X Other Liabilities See Form 990, Part X, col. (6) Ine 25. Part X Other Liabilities See Form 990, Part X, col. (6) Ine 25. Part X Other Liabilities See Form 990, Part X, col. (6) Ine 25. Part X Other Liabilities See Form 990, Part X, col. (6) Ine 25. Part X Other Liabilities See Form 990, Part X, col.	Schedule D (Form 990) 2008 IOWA ACADEMY OF SCIENC	CE	42-0865989	Page 3
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	PAYROLL LIABILITIES	2,249		
				
		ļ		
		2 240		
In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for				
uncertain tax positions under FIN 48		tements that reports the org	janization's liability for	

	dule D (Form 990) 2008 IOWA ACADEMY OF SCIENCE		<u>42-086598</u>	9	Page 4
Pé	Reconciliation of Change in Net Assets from Form 990 to	Fina	ncial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3_	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7_	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4-8			9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10	
Pa	At XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•			
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
8	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•	····	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		:	
b	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b	لـــــنـــ		4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)			5	 · "
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents \	With Expenses per	Retu	rn
1	Total expenses and losses per audited financial statements	<u> </u>		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			•
d	Other (Describe in Part XIV)	2d	=		•
	Add lines 2a through 2d			2е	
е 3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	[]		_ <u> </u>	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b	<u> </u>		4c	
5				5	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) ★ XIV Supplemental Information			<u> </u>	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	200 10	and 4: Part IV lines 1h		
ina a	b, Part V, line 4, Part X; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d	anu 40	•		
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

Open to Public Inspection 2008 No. 1545-0047

3 Enter total number of other organizations

Schedule I (Form 990) 2008

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Schedule I (For	Schedule I (Form 990) 2008 IOWA ACADEMY OF SCIENCE	OF SCIENCE	4.	42-0865989		Page 2
Part III	Grants and Other Assistance to Individuals in the United Subsequent (Form 990) if additional space is needed.	to Individuals in the if additional space is	e United States. Com needed.	nplete if the organiza	Inited States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. seded.	orm 990, Part IV, line 22.
(a)	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Program	Program Support	12	2,204			•
Student	Student Support	4	3,000			•
PROGRAM	PROGRAM SUPPORT	1	2,165			
AWARDS		6	448			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the informatic	on required in Part I,	line 2, and any other addit	ional information.

Schedule I (Form 990) 2008

SCHEDULE J .. > (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

Part I

IOWA ACADEMY OF SCIENCE

Questions Regarding Compensation

Employer identification number

42-0865989

	· · · · · · · · · · · · · · · · · · ·			$\overline{}$
			Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			ĺ
10	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			İ
	330, 1 art vii, 30000171, iiio ta 3011picto i art iii to provide arry relevant information regarding these items			ĺ
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ĺ
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
			ĺ	
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
	provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	·			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			i
	organization's CEO/Executive Director Check all that apply			İ
	Compensation committee Written employment contract			į
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
				į
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			i
а	Receive a severance payment or change of control payment?	4a		<u> </u>
b	Participate In, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of			:
а	The organization?	5a	ſ	X
	Any related organization?	5b		$\frac{\mathbf{x}}{\mathbf{x}}$
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8	İ	X

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

Schedule J (Form 990) 2008

42-0865989

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part Schedule J (Form 990) 2008 IOWA ACADEMY OF SCIENCE Part III Supplemental Information Supplemental Information

for any additional information

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Schedule J (Form 990) 2008

SCHEDULE O

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public

OMB No 1545-0047

Name of the organization

IOWA ACADEMY OF SCIENCE

Employer identification number

42-0865989

Form 990, Part III, Line 4d - All Other Achievements
GLOBE: Worldwide network of students, teachers, and
scientists working together to study and understand the
global environment. Data collection and workshops
WET: Water Education for Teachers-An interdisciplinary
water education program intended to supplement a school's
existing curiculum. Teaching aids and workshops
MAS:Make A Splash: Water education for students
development

ISF Grant program in the area of Science and Science Education. Aprox. 19.

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions.
▶ Attach to your tax return.

OMB No 1545-0172

Internal Revenue Service

Identifying number Name(s) shown on return 42-0865989 IOWA ACADEMY OF SCIENCE Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 11 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 196 MACRS deductions for assets placed in service in tax years beginning before 2008 17 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction year placed in period service only-see instructions) 19a 3-year property 5-year property 7-year property C d 10-year property 15-year property A 20-year property S/I g 25-year property 25 yrs Residential rental 27 5 yrs MM S/L property ММ S/L 27 5 yrs ММ Nonresidential real 39 yrs. S/L property ММ S/L Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L b 12-year S/L 40 yrs MM 40-year Part IV Summary (See instructions.) 21 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 22 196 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr 22 For assets shown above and placed in service during the current year, 23 enter the portion of the basis attributable to section 263A costs