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Form **990 EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(bx13) must file Form 990. All other organizations with gross receipts less than \$50,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

For the 2009 calendar year, or tax year beginning and ending Check if applicable D Employer identification number C Name of organization Please Address change use IRS label or Name change print or IOWA ENVIRONMENTAL COUNCIL 42-1436090 tvpe Initial E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Specific Termin-220 521 EAST LOCUST STREET (515)244-1194Instruc-Amended City or town, state or country, and ZIP + 4 F Group Exemption Application DES MOINES. IA 50309 Number > Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: Cash X Accrual Schedule A (Form 990 or 990-EZ). Other (specify) Website: WWW.IAENVIRONMENT.ORG H Check if the organization is not Tax-exempt status (check only one) - \times 501(c) (3) \triangleleft (insert no.) \square 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check Light the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ 494,190. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 373,506. Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 83,102. 3 Membership dues and assessments 3 Investment income Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special eyems and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not polyding \$ of contributions reported on line 1) 6a plless: Directleshenses ather than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a ess-cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe STATEMENT 8 37.487. 494,190. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 353,753. 53,133. Professional fees and other payments to independent contractors 38,750. Occupancy, rent, utilities, and maintenance 14 14 5,612. 15 Printing, publications, postage, and shipping 15 Other expenses (describe > ALL OTHER EXPENSES 61,897. 16 16 17 Total expenses. Add lines 10 through 16 17 513,145. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -18,955. Net assets or fund balances at beginning of year (from line 27, column (A)) 21,884. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 2.929 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 154,504. 120,391. Cash, savings, and investments 22 22 23 23 Land and buildings SEE STATEMENT 1) 36,198. 15,215. 24 Other assets (describe 24 156,589 169,719. 25 Total assets 134,705. 166,790. 26 SEE STATEMENT 2) 26 Total liabilities (describe 21,884. 2,929. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Form 990-EZ (2009) LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

1

	n 990-EZ (2009) IOWA ENVIRONMENTAL COUNCI	<u></u>		42-	-14360) 9 0 Page :
P	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III.)		1	xpenses
Wh	at is the organization's primary exempt purpose? SEE STATEMENT	· 7			1 '	or section 501(c)(3)
Des	scribe what was achieved in carrying out the organization's exempt pur	poses In a clear and cond	ise manner, descr	ıbe		4) organizations and 17(a)(1) trusts, optiona
	services provided, the number of persons benefited, and other relevan				for others)	
28	WATER QUALITY- TO PROTECT AND IMPRO	VE WATER QUAL	ITY OF			
	IOWA'S RIVERS, STREAMS AND LAKES				1	
	(Grants \$) If this amount includes foreign of	rants, check here	•		28a	168,729.
29	SEE STATEMENT 6	ranto, oriook rioro			100	2007,25
	BELL DISTRICT					
	(County ©			$\overline{}$		122 200
	(Grants \$) If this amount includes foreign g			Ш	29a	122,208.
30	AIR QUALITY- TO PROMOTE THE PROTECT	TON OF AIR QU	ALITY IN			
	IOWA					
	(Grants \$) If this amount includes foreign g		<u> </u>	لــــا	30a	35,360.
31	Other program services (attach schedule) SEE STATEMENT	8				
	(Grants \$) If this amount includes foreign g	rants, check here	▶		31a	71,686.
32	Total program service expenses (add lines 28a through 31a)				32	397,983.
Pi	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated	(See the	instructions	for Part IV)
				(d) Co	ontributions	
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation	to e	employee	(e) Expense
	(a) Name and address	position	(If not paid, enter -0)		fit plans & eferred	account and other allowances
		position	-0,	_	pensation	Other allowances
				-	p	
	SEE STATEMENT 5		65,166.	1	,955.	İ
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02-0	8-10				Form '	990-EZ (2009)

P	The Information (Note the statement requirements in the instructions for Part V.)		V	NI.				
22	Did the organization argans in any activity act provided to the IDCO If Was Fattach a detailed description of each activity.		Yes	No X				
33 34	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	33	-	X				
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	34						
33	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.							
2	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,							
u	and proxy tax requirements?	35a		X				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/					
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	1000						
	complete applicable parts of Sch. N	36		X				
37 a	7a Enter amount of political expenditures, direct or indirect, as described in the instructions.							
	Did the organization file Form 1120-POL for this year?	37ь		x				
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	-5.5						
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X				
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A							
39	Section 501(c)(7) organizations. Enter:	1						
а	Initiation fees and capital contributions included on line 9 39a N/A							
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A							
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:							
	section 4911 ▶							
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	'						
	year or is it 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	40b		X				
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers							
	or disqualified persons during the year under sections 4912, 4955, and 4958							
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the							
	organization D.							
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter							
	transaction? If "Yes," complete Form 8886-T	40e	لــــا	_ <u>X</u> _				
41	List the states with which a copy of this return is filed. NONE	4 1	104					
42 a	The organization's books are in care of ► MARIAN GELB Telephone no. ► 515-24							
	Located at ► 521 EAST LOCUST ST, SUITE 220, DES MOINES, IA ZIP+4 ► 5	030	<u> </u>					
D	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	ſ	Yes	No				
	account)?	42b	163	X				
	If "Yes," enter the name of the foreign country:	420						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		i					
ſ.	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X				
·	If "Yes," enter the name of the foreign country:	TEV						
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here							
••		N/A						
	10	,						
		ļ	Yes	No				
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of							
	Form 990-EZ	44		X				
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be							
	completed instead of Form 990-EZ	45		X				
		Form 9	90-EZ (2009)				

Part VI	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable				J . UI II	
As Did th	and 51. ne organization engage in direct or indirect political campaign activities	on hehalf of or in apposition to	candidates for public			Yes
		on behall of or ill opposition to t	candidates for public	Г	-	163
	7 If "Yes," complete Schedule C, Part I	codulo C. Dost II		}	46	Х
	ne organization engage in lobbying activities? If "Yes," complete Sch			-	47	
	organization a school as described in section 170(b)(1)(A)(ii)? If "Yei ne organization make any transfers to an exempt non-charitable related	· · · · · · · · · · · · · · · · · · ·	-	}-	48	
	·	organization?			49a	
	s," was the related organization a section 527 organization? olete this table for the organization's five highest compensated employe		trustana and kay ar	-	49b	nuod i
	\$100,000 of compensation from the organization. If there is none, ente	·	s, a usices and key ei	mpioyees/ wild ea	1611 1666	iveu i
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e)	Expe count allow
					1	_
51 Comp	number of other employees paid over \$100,000 blete this table for the organization's five highest compensated indepen lization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more		ved more than \$100,		tion fro	
51 Comp	elete this table for the organization's five highest compensated indepen dization. If there is none, enter "None." NONE					
51 Comp organ	elete this table for the organization's five highest compensated indepensization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more	than \$100,000				
51 Comp organ	number of other independent contractors each receiving over \$100,00	than \$100,000 0 companying schedules and statemen	(b) Type of ser	vice (c) Comp	ensat
d Total	number of other independent contractors each receiving over \$100,00 Under penalties of perjury, I declare that thave examined this return, including accorrect, and appears to the sum of penalties of officer.	than \$100,000 0 companying schedules and statemen	(b) Type of ser	vice (c) Comp	ensat
d Total Sign Here	number of other independent contractors each receiving over \$100,00 Under penalties of perjury, I declare that thave examined this return, including accorrect, and appears to the sum of penalties of officer.	than \$100,000 Companying schedules and statemen information of which preparer has any Date 7/12/2010 Che	(b) Type of ser	vice (c) Comp	ensat
d Total Sign Here	Delete this table for the organization's five highest compensated indepensization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more deach independent contractors each receiving over \$100,00 deach d	than \$100,000 Companying schedules and statemen information of which preparer has any Date 7/12/2010 Che	ts, and to the best of my knowledge	vice (c)) Comp	ensat
d Total Sign	number of other independent contractors each receiving over \$100,00 Under penalties of perjury, I declare that have examined this return, including a correct, and complete Declaration of proper (other than officer) Marian Rigas Galb, Exacuto Type or print name and title Preparer's signature DENMAN & COMPANY, LLP	than \$100,000 Companying schedules and statemen information of which preparer has any Date 7/12/2010 Che emp	ts, and to the best of my knowledge	vice (c)) Comp	ensat
d Total Sign Here	Delete this table for the organization's five highest compensated independization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more (a) Name and address of each independent contractor paid more number of other independent contractors each receiving over \$100,00 Under penalties of perjury, I declare that have examined this return, including accorrect, and complete Declaration of preparer (other than officer) is based on all signature of officer Marian Rigas Galb, Executor Type or print name and title of the preparer's signature of officer Preparer's signature Denman & COMPANY, LLP Firm's name (or yours of the print name and title of the property of the	than \$100,000 Cocompanying schedules and statemen information of which preparer has any Date 7/12/2010 Che emp	ts, and to the best of my knowledge	vice (c)	Comp	ensati
d Total Sign Here Paid Preparer's Jse Only	Delete this table for the organization's five highest compensated independization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more (a) Name and address of each independent contractor paid more number of other independent contractors each receiving over \$100,00 Under penalties of perjury, I declare that have examined this return, including accorrect, and complete Declaration of preparer (other than officer) is based on all signature of officer Marian Rigas Galb, Executor Type or print name and title of the preparer's signature of officer Preparer's signature Denman & COMPANY, LLP Firm's name (or yours of the print name and title of the property of the	than \$100,000 Companying schedules and statemen information of which preparer has any Date 7/12/2010 Che emp	ts, and to the best of my knowledge Ck If self- lloyed Prep.	vice (c)	Comp	ue,

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of	the organizat	tion						. [Employer	identificati	on numbe
		IOWA EN	VIRONMENTAL	COUNC	CIL				4:	2-1436	090
Part I	Reason	for Public Char	ity Status (All organı	zations mu	ust comple	te this pai	rt) See ins	tructions			
The organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one l	box.)				
1 📙	A church, co	onvention of churche	s, or association of chui	rches desc	cribed in se	ection 170	D(b)(1)(A)(i).			
2 📙			'0(b)(1)(A)(ii). (Attach So								
з 🖳			tal service organization								
4 📖			operated in conjunction	with a hos	spital desc	nbed in se	ection 170)(b)(1)(A)(iii). Enter t	he hospital'	s name,
	city, and sta										
5 📖			benefit of a college or u	iniversity o	wned or o	perated by	y a govern	mental ur	nt describe	ed in	
		(b)(1)(A)(iv). (Comple									
6			ent or governmental un								
7 X			eives a substantial part	of its supp	oort from a	governm	ental unit d	or from the	e general p	oublic descr	ribed in
. 🗀		(b)(1)(A)(vi). (Comple									
8 📙			ection 170(b)(1)(A)(vi).							_	
9 📖			eives: (1) more than 33								
			nctions - subject to cert	-		•				-	
			axable income (less sec	uon 511 ta	ax) irom bu	Isinesses	acquired b	y the org	anization a	iπer June 3	J, 1975.
10		509(a)(2). (Complete	erated exclusively to te	at for pub	lio cofoti.	200 na nati	F00(-V	4 \			
11			perated exclusively for the						n/ out the	DUPDOGGG G	f one or
· · ·			ations described in secti								
			organization and compl				2). Occ se (Juon 505	(a)(S). One	CK THE DOX	шас
	а П Туре			с П Тур	_		tegrated		ч	Type III - O)ther
е 🗔			t the organization is not				-	r more dis	aualified r		
			han one or more publicl								
f			ten determination from		_				(/ (/	`	. , ,
	supporting o	rganization, check th	nis box							_	. [
g	Since Augus	t 17, 2006, has the c	rganization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?	_	
	(i) A perso	n who directly or ind	irectly controls, either a	lone or tog	ether with	persons o	described	ın (ıi) and	(iii) below,	[Yes No
	the gov	erning body of the si	upported organization?							11g(i)	
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)	
	(iii) A 35%	controlled entity of a	person described in (i)	or (ii) abov	e?					11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).						
		1	(191) T								
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Did yo	u notify the	(vi) l organizati	s the	(vii) Ame	ount of
orga	ınızatıon	İ	(described on lines 1-9		sted in your document?			(i) organi U.S	zed in the	supp	ort
			above or IRC section (see instructions))			<u> </u>					
			(see insuredons))	Yes	No	Yes	No	Yes	No		
					1						
				 							
				·					+ +		
											
				T					+		
Total		L									
LHA For P	rivacy Act an	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for			Schedul	le A (Form	1 990 or 990	D-EZ) 200

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 IOWA ENVIRONMENTAL COUNCIL 42-1436090 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 314,914. 238,355. 502,383. 500,831. 456,608. 2013091. 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 238,355. 502,383. 4 Total. Add lines 1 through 3 314,914. 500,831. 456,608. 2013091. 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) 762,428. 6 Public support. Subtract line 5 from line 1250663. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 314,914 7 Amounts from line 4 238,355. 502,383 500,831 456,608. 2013091. 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 897. and income from similar sources 4,007. 11,388. 14,482 2,872. 33,646. Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 2046737. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 119,142. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 61.11 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization $\triangleright X$ b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. 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 IV how the

Schedule A (Form 990 or 990-EZ) 2009

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions -

Part III Support Schedule for	Organizations	Described in	Section 509(a	(Complete only	rf you checked the b	ox on line 9 of Part I.)
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
 Gifts, grants, contributions, and membership fees received (Do not 						
include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf			i			
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	1		-	-		
3 received from disqualified person: b Amounts included on lines 2 and 3 received	1					
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)				<u> </u>		<u> </u>
Section B. Total Support				T	.	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	s					
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	s					
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, and 12)				<u> </u>		<u> </u>
14 First five years. If the Form 990 is f	or the organization'	s first, second, thi	rd, tourth, or fifth t	ax year as a sectio	n 501(c)(3) organi	zation,
check this box and stop here Section C. Computation of Pul	alia Cunnant Da	roontoo				
•		_	1 (0)		[T	
15 Public support percentage for 2009		•	column (t))		15	<u>%</u>
16 Public support percentage from 200 Section D. Computation of Investment 16 Public support percentage from 200 Section D. Computation of Investment 16 Public support percentage from 200 Section D. Computation of Investment 16 Public support percentage from 200 Section D. Computation of Investment 16 Public support percentage from 200 Section D. Computation of Investment 16 Public support percentage from 200 Section D. Computation of Investment 16 Public support percentage from 200 Section D. Computation of Investment 16 Public support percentage from 200 Section D. Computation of Investment 16 Public support percentage from 200 Section D. Computation of Investment 16 Public support percentage from 200 Section D. Computation of Investment 16 Public support percentage from 200 Section D. Computation of Investment 16 Public support percentage from 200 Section D. Computation 16 Public support percentage from 200 Section D. Computation 16 Public support percentage from 200 Section D. Computation 16 Public support percentage from 200 Section D. Computation 16 Public support percentage from 200 Section 16 Public support percentage from 20 Section 16 Public support percentage from 20 Section 16 Public sup					16	<u>%</u>
					[a=	
17 Investment income percentage for	•	•	ne 13, column (I))		17	<u>%</u>
18 Investment income percentage from			on line 14, and line		18 3 1/3% and line :	17 is not
19a 33 1/3% support tests - 2009. If the	-				•	IT IS HOL
more than 33 1/3%, check this box b 33 1/3% support tests - 2008. If the						. ▶ لــا
line 18 is not more than 33 1/3%, cl	_					
20 Private foundation. If the organizat			•		•	
20 1 116dto louillediton, il tile organizat	GIG FIOT OF IGON A	. SON OFFICE 17, 13	a, or rob, or rook ti			00 or 990-EZ) 2009

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

Name of orga	501(c)(4), (5), or (6) organiza	tions: Complete Part III		1	Emplo	yer identification number
rianic or orge		VIRONMENTAL COUN	ICTI.		Lilipio	42-1436090
Part I-A		ganization is exempt und		or is a section 5	27 or	
1 Provide		zation's direct and indirect politic			·	<u> </u>
	expenditures		, .		▶\$	
3 Volunte	er hours				_	• •
Part I-B	Complete if the org	ganization is exempt und	ler section 501(c	:)(3).		
1 Enter th	e amount of any excise tax	incurred by the organization un-	der section 4955	•	▶\$_	
	•	incurred by organization manag		55	▶\$_	
	~	on 4955 tax, did it file Form 4720	for this year?		-	Yes No
	correction made?					└── Yes └── No
	describe in Part IV.	ganization is exempt und	lor soction 501/a	A execution	<u> </u>	1/31
Part I-C		· · · · · · · · · · · · · · · · · · ·				<u>)(3).</u>
	• •	d by the filing organization for se	•		▶\$_	
	• •	nization's funds contributed to of	ther organizations for	section 527	. .	
•	function activities		. I E		▶\$_	
	•	s. Add lines 1 and 2. Enter here a	and on Form 1120-PO)L,	•	
line 17b					~ \$_	
	filing organization file Form	•	INN of all pootion 507 s			Yes No
		nployer identification number (El the amount paid from the filing o	· ·	-		• •
	•	ivered to a separate political org	•		•	
		d, provide information in Part IV.		oparate eegregatea tar		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f	rom	(e) Amount of political
	(4)	(5). (55)	(0, 2	filing organization		contributions received and
				funds. If none, ente	er -0	promptly and directly
						delivered to a separate political organization.
						If none, enter -0
						•
		l	1			

932041 02-04-10

LHA

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009	TOWA	ENVTR	ONMENTAL CO	IINCTI.	42-1	436090	Page 2
Part II-A Complete if the org	janizati	on is exe	mpt under sectio	n 501(c)(3) and file	ed Form 5768	490090	1 age 2
		` ''	hotod areas				
A Check If the filing organiza		_	• .	waione onely			
Limi	ts on Lob	bying Expe	nd "limited control" pro nditures ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliate	
1a Total lobbying expenditures to infl	uence put	olic opinion (grass roots lobbying)		11,071.		
b Total lobbying expenditures to infl	•	•		·	38,611.		
c Total lobbying expenditures (add I		-	., (d oo: 1020)g,	• •	49,682.		
d Other exempt purpose expenditur		,		- [463,463.		
e Total exempt purpose expenditure		es 1c and 1c	N		513,145.		
f Lobbying nontaxable amount. Ent	•		•	h columns.	101,972.		
If the amount on line 1e, column (a) of			bying nontaxable ame				
Not over \$500,000	(2)	ŀ	the amount on line 1e.	11			
			0 plus 15% of the exc				
Over \$1,000,000 but not over \$1,5							
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000							
Over \$17,000,000 \$1,000,000.							
		· · · · · · · · · · · · · · · · · · ·					
g Grassroots nontaxable amount (er	nter 25% d	of line 1f)			25,493.		
h Subtract line 1g from line 1a. If zer		•			0.		
j Subtract line 1f from line 1c. If zero				Ī	0.		
j If there is an amount other than ze	ro on eith	er line 1h or	line 1, did the organiza	ation file Form 4720			
reporting section 4911 tax for this			,			Yes	☐ No
	*	4-Year Ave	raging Period Under	Section 501(h)			
•		at made a s	ection 501(h) election	n do not have to comp is 2a through 2f on pag			
	Lob	bying Exper	nditures During 4-Yea	r Averaging Period			
Calendar year (or fiscal year beginning in)	(a)	2006	(b) 2007	(c) 2008	(d) 2009	(e) To	otal
2a Lobbying nontaxable amount	~~~~		102,277.	105,656.	101,972.	309	,905.
b Lobbying ceiling amount (150% of line 2a, column(e))						464	,858.
c Total lobbying expenditures			17,000.	46,342.	49,682.	113	,024.
d Grassroots nontaxable amount			25,569.	26,414.	25,493.	77	,476.
e Grassroots ceiling amount						116	214

Schedule C (Form 990 or 990-EZ) 2009

11,071.

38,976.

16-47341

17,000.

f Grassroots lobbying expenditures

10,905.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?	Yes			o)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	103	No	Amo	ount
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				·
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	E01/a\	(E) or oo		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	30 I(C)	(ə), or se	cuon	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
			nswered	
"Yes."			nswered	
"Yes." 1 Dues, assessments and similar amounts from members		. 1	nswered	
"Yes." 1 Dues, assessments and similar amounts from members	·		nswered	
"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			nswered	
"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		. 1	nswered	
"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year		. 1 2a	nswered	
"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year		2a 2b	nswered	
"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total		2a 2b 2c	nswered	
"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	 s	2a 2b 2c	nswered	
"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excest does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	 s	2a 2b 2c	nswered	
"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excest does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expensions.	 s	2a 2b 2c 3	nswered	

FORM 990-EZ	OTHER ASSETS		STATEMENT	1
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
ACCOUNTS RECEIVABLE PREPAID EXPENSES OTHER DEPRECIABLE ASSETS		28,937. 3,229. 4,032.	12,50	0.
TOTAL TO FORM 990-EZ, LINE 24		36,198.	15,2	15.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEA	A R
PAYABLES AND ACCRUED EXPENSES DEFERRED GRANT REVENUE		15,705. 119,000.	10,79 156,00	
TOTAL TO FORM 990-EZ, LINE 26		134,705.	166,79	90.
FORM 990-EZ	OTHER REVENUE		STATEMENT	3
DESCRIPTION			AMOUNT	
MEETING REIMBURSEMENTS RENT INCOME MISCELLANEOUS			28,91 2,71 5,79	77.
FOTAL TO FORM 990-EZ, LINE 8			37,48	37.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATE	MENT	
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[] YES	[X]	NO
•	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [] YES	[X]	NO

FORM 990-EZ	PART IV	- LIST OF STEES AND	OFFICERS, DIR	ECTORS,	STATE	MENT 5
NAME AND ADDRESS			TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LINDA KINMAN 521 EAST LOCUST,			PRESTDENT			
LEIGH ADCOCK 521 EAST LOCUST,						
LAURA BELIN 521 EAST LOCUST,						
FRANKLIN CODEL 521 EAST LOCUST,						0.
MIKE BURKART 521 EAST LOCUST,						0.
JACOB ARNOLD 521 EAST LOCUST,			MEMBER		0.	0.
JENNIFER GARST 521 EAST LOCUST,	DES MOINES	IA 50309	MEMBER 2.00	0.	0.	0.
ADRIENNE BAUGHMAN 521 EAST LOCUST,	N DES MOINES	IA 50309	MEMBER 2.00	0.	0.	0.
JUDIE HOFFMAN 521 EAST LOCUST,					0.	0.
LYNNAE HENTZEN 521 EAST LOCUST,			MEMBER	0.	0.	0.
TRACY LEMAR 521 EAST LOCUST,	DES MOINES	IA 50309	MEMBER 2.00	0.	0.	0.
JONATHAN RAMSEY 521 EAST LOCUST,	DES MOINES	IA 50309	MEMBER 2.00	0.	0.	0.
JERRY PECKUMN 521 EAST LOCUST,	DES MOINES,	IA 50309	MEMBER 2.00	0.	0.	0.
BOB RILEY 521 EAST LOCUST,	DES MOINES	IA 50309	IMMEDIATE PAS	ST PRESIDENT	0.	0.

IOWA ENVIRONMENTAL COUNCIL		42-14	136090
DUANE SAND 521 EAST LOCUST, DES MOINES, IA 50309 2.00	0.	0.	0.
321 EAST DOCUST, DES MOINES, TA 30309 2.00	0.	0.	0.
ED WOOLSEY MEMBER			
521 EAST LOCUST, DES MOINES, IA 50309 2.00	0.	0.	0.
ROGER WOLF VICE PRESIDEN	JT .		
521 EAST LOCUST, DES MOINES, IA 50309 2.00	0.	0.	0.
MARTAN REGGG GRAD	T.C.T.O.D.		
MARIAN RIGGS GELB EXECUTIVE DIF 521 EAST LOCUST, DES MOINES, IA 50309 40.00		1 055	0.
521 EAST LOCUST, DES MOINES, TA 50509 40.00	05,100.	1,955.	0.
NANCY MCKLVEEN MEMBER			
521 EAST LOCUST, DES MOINES, IA 50309 2.00	0.	0.	0.
JANE CLARK MEMBER			
521 EAST LOCUST, DES MOINES, IA 50309 2.00	0.	0.	0.
		•	•
TOTALS INCLUDED ON FORM 990-EZ, PART IV	65,166.	1 055	0.
TOTALS INCLOSED ON FORM 330-EZ, PART IV	05,100.		<u> </u>

990-EZ PG 2

STATEMENT

6

ENERGY AND GLOBAL WARMING SOLUTIONS- TO PROMOTE POLICY IMPROVEMENTS ON RENEWABLE ENERGY, ENERGY EFFICIENCY, BUILDING CODES AND SUSTAINABLE PRACTICES TO HELP IMPROVE IOWA'S GREEHOUSE GAS EMISSIONS

990-EZ PG 2

STATEMENT

TO PROMOTE, SUPPORT AND ACHEIVE PROTECTION OF THE ENVIRONMENT AND CONSERVATION OF NATURAL RESOURCES, PRIMARILY IN IOWA, BOTH DIRECTLY AND THROUGH COORDINATION OF THE ENVIRONMENTAL COMMUNITY

FORM 990-EZ OTHER PROGRAM SER	VICES ST	PATEMENT 8
DESCRIPTION	GRANTS	EXPENSES
OTHER PROGRAMS TO PROTECT THE ENVIRIONMENT	0.	71,686.
TOTAL TO FORM 990-EZ, LINE 31		71,686.

Form **8868**

:- (Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Rever	nue Service	<u> </u>	File a separate application	tor each return.		<u> </u>	
			on, complete only Part I and	d check this box te only Part II (on page 2 of this	form).	$\triangleright X$	
•	-	· · ·	· · · · · · · · · · · · · · · · · · ·	onth extension on a previously fi		rm 8868.	
Part I	Automatic	3-Month Extension	of Time. Only submit or	iginal (no copies needed).			
•		Form 990-T and requesting	ng an automatic 6-month ex	tension - check this box and con	nplete	~ [
Part I only	•			•			
	orporations (includ ome tax returns.	ng 1120-C filers), partner	ships, REMICs, and trusts m	ust use Form 7004 to request ar	n exten	sion of time	
noted belo (not auton you must :	ow (6 months for a natic) 3-month ext submit the fully co	corporation required to file asion or (2) you file Forms	e Form 990-T). However, you 3 990-BL, 6069, or 8870, gro 2 (Part II) of Form 8868. For	ant a 3-month automatic extension of the cannot file Form 8868 electron up returns, or a composite or compose details on the electronic file.	ically if nsolida	(1) you want the additional ated Form 990-T. Instead,	
Type or print				Empl	Employer identification number		
1	IOWA ENV	RONMENTAL CO	UNCIL		42-1436090		
File by the due date for filing your return See	or Number, street, and room or suite no. If a P.O. box, see instructions. 521 EAST LOCUST STREET, NO. 220						
instructions							
Check typ	oe of return to be	iled (file a separate applic	eation for each return):				
Forn	n 990	Form 990-T	(corporation)	Form 4	720		
_	n 990-BL		(sec. 401(a) or 408(a) trust)	Form 52			
	n 990-EZ		(trust other than above)	Form 60	069		
	n 990-PF	Form 1041-	•	Form 88			
			·				
		MARIAN GE		.me 220 . Dec Moi		TA 50200	
				TE 220 - DES MOI	NES	, IA 30309	
-	one No. ▶ <u>515</u>			No 🏲			
	-	· ·	of business in the United St				
_		_		Number (GEN) If th			
box 🕨 L	If it is for part	of the group, check this b	oox 🕨 📖 and attach a lis	st with the names and EINs of all	memb	ers the extension will cover.	
	AUGUST 15	, to file	•	form 990-T) extension of time un urn for the organization named a		The extension	
	r the organization' ਹਵਾ						
	X calendar year						
▶∟	tax year begin	ing	, and endir	ng		_ '	
2 If thi	s tax year is for le	s than 12 months, check	reason: Initial return	Final return		Change in accounting perior	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, ke		e tentative tax, less any					
	refundable credits				3a	\$	
			nter any refundable credits a				
			payment allowed as a credit		3b	<u> \$ </u>	
			ude your payment with this				
		on or, if required, by using	EFTPS (Electronic Federal	Tax Payment System)		37 / 7	
See	instructions.			<u></u>	3c	s N/A	
Caution. If	f you are going to	nake an electronic fund w	rithdrawal with this Form 88	68, see Form 8453-EO and Form	8879-	EO for payment instructions	
_HA Fo	r Privacy Act and	Paperwork Reduction A	ct Notice, see Instructions			Form 8868 (Rev 4-200	