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Form **990-EZ**Department of the Treasury
Internal Revenue Service**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 private foundation)

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 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.

OMB No 1545-1150

2009**Open to Public
Inspection****A** For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions.**C** Name of organization**IOWA SCHOOL COUNSELOR ASSOCIATION**

Number and street (or P.O. box, if mail is not delivered to street address)

5619 NW 86TH

Room/suite

600

City or town, state or country, and ZIP + 4

JOHNSTON**IA 50131****D** Employer identification number**32-0261719****E** Telephone number**515-273-5313****F** Group ExemptionNumber **▶**

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☒ Cash ☐ Accrual
Other (specify) **▶**

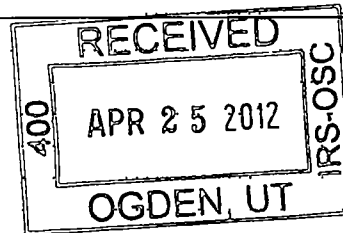
I Website: **▶ WWW.IOWASCHOOLCOUNSELORS.ORG****J** Tax-exempt status (check only one) — ☒ 501(c) (**6**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if 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.

L 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 **▶ \$ 34,930****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	2,200
	2	Program service revenue including government fees and contracts	2	18,805
	3	Membership dues and assessments	3	13,925
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b	Less direct expenses other than fundraising expenses	6b	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	34,930
	Expenses	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	985
16		Other expenses (describe ▶ See Statement 2)	16	35,176
17		Total expenses. Add lines 10 through 16 ▶	17	36,161
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,231
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	17,164
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	15,933

**Part II 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
22 Cash, savings, and investments	17,164	15,933
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	17,164	15,933
26 Total liabilities (describe ▶)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	17,164	15,933

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

See Statement 3

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)**28** FOSTER THE DEVELOPMENT OF SCHOOL COUNSELORS BY PROVIDING APPROPRIATE SCIENTIFIC, EDUCATIONAL, AND PROFESSIONAL RESOURCES.(Grants \$) If this amount includes foreign grants, check here ☐**28a****29**(Grants \$) If this amount includes foreign grants, check here ☐**29a****30**(Grants \$) If this amount includes foreign grants, check here ☐**30a****31** Other program services (attach schedule)(Grants \$) If this amount includes foreign grants, check here ☐**31a****32** Total program service expenses (add lines 28a through 31a)**32****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
TERESA KEEFE O'MEARA	JOHNSTON	PRESIDENT			
5619 NW 86TH, #600	IA 50131		0	0	0
STEVE IRVIN	JOHNSTON	PAST PRESIDENT			
5619 NW 86TH, #600	IA 50131		0	0	0
SUSAN LANGAN	JOHNSTON	PRESIDENT ELECT			
5619 NW 86TH, #600	IA 50131		0	0	0
PAT STAEBELL	JOHNSTON	VP ELEMENTARY			
5619 NW 86TH, #600	IA 50131		0	0	0
BETH STEPHAS	JOHNSTON	VP MIDDLE SCHOOL			
5619 NW 86TH, #600	IA 50131		0	0	0
CASEY MCMURRAY	JOHNSTON	VP SEC. 7-1-10			
5619 NW 86TH, #600	IA 50131		0	0	0
CAREYANNE WOOD	JOHNSTON	VP K-12			
5619 NW 86TH, #600	IA 50131		0	0	0
TIM LAMBERTSEN	JOHNSTON	VP SECONDARY			
5619 NW 86TH, #600	IA 50131		0	0	0
CAROL SMITH	JOHNSTON	COUNSELOR EDUC.			
5619 NW 86TH, #600	IA 50131		0	0	0
J HAM	JOHNSTON	GOVERNMENT REL.			
5619 NW 86TH, #600	IA 50131		0	0	0
JAN KUHLE	JOHNSTON	AD HOC			
5619 NW 86TH, #600	IA 50131		0	0	0
DAVE BERNS	JOHNSTON	SECRETARY			
5619 NW 86TH, #600	IA 50131		0	0	0
DEBBIE HABERKORN	JOHNSTON	TREASURER			
5619 NW 86TH, #600	IA 50131		0	0	0
SUE FARRAN	JOHNSTON	AWARDS CHAIR			
5619 NW 86TH, #600	IA 50131		0	0	0
KAREN WOODARD	JOHNSTON	MEMBERSHIP CHAIR			
5619 NW 86TH, #600	IA 50131		0	0	0
JILL HELM	JOHNSTON	NEWSLETTER CHAIR			
5619 NW 86TH, #600	IA 50131		0	0	0
ERICK DANIELSON	JOHNSTON	AD HOC			
5619 NW 86TH, #600	IA 50131		0	0	0
ALDA HELVEY	JOHNSTON	CONFERENCE MGMT			
5619 NW 86TH, #600	IA 50131		0	0	0

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
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		
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		
e 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		X
41 List the states with which a copy of this return is filed None		
42a The organization's books are in care of DYNAMIC RESOURCES Telephone no 515-273-5313 5619 NW 86TH, #600 Located at JOHNSTON, IA ZIP + 4 50131		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.		X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

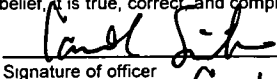
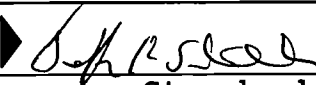
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date 4-12-2012	
Paid Preparer's Use Only	Type or print name and title Carol Smith President			
	Preparer's signature 	Date 01/04/12	Check if self-employed ☐	Preparer's Identifying Number (See instr.) P00034782
	Firm's name (or yours if self-employed), Strawhacker & Associates, L.L.C.			EIN ▶
	address, and ZIP + 4 4601 Westown Pkwy Ste 220 West Des Moines, IA 50266-1071			Phone no 515-223-7370

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ 13,925
Total	\$ 13,925

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
Expenses	\$
Information Technology	30
Travel	4,152
Conferences/Meetings	27,183
LDI LEADERSHIP EXPENSE	2,891
CHARITABLE DONATION	345
MISCELLANEOUS EXPENSE	575
Total	\$ 35,176

Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description**

THE PURPOSE OF THE IOWA SCHOOL COUNSELOR ASSOCIATION IS TO FOSTER A CLOSER PERSONAL AND PROFESSIONAL RELATIONSHIP AMONG SCHOOL COUNSELORS; TO ADVANCE THE SCIENTIFIC DISCIPLINE OF GUIDANCE AND COUNSELING IN ORDER TO MAXIMIZE THE EDUCATIONAL, VOCATIONAL, AND PERSONAL GROWTH OF EACH STUDENT WITH COURSE OFFERINGS OF THE SCHOOL TAILORED TO EACH STUDENT'S PARTICULAR PATTERN OF APTITUDES, INTERESTS, ACHIEVEMENTS, AND MOTIVATIONS; TO IMPROVE THE STANDARDS OF COUNSELING AND THE RELATIONSHIPS WITH OTHER PUPIL PERSONNEL SERVICES FOR STUDENTS IN ELEMENTARY, MIDDLE, SENIOR, AND POST-HIGH SCHOOL SETTINGS; TO ASSUME AN ACTIVE ROLE IN HELPING PEOPLE TO UNDERSTAND AND IMPROVE SUCH SERVICES; TO PUBLISH SCIENTIFIC, EDUCATIONAL, AND PROFESSIONAL MATERIALS WITH THE PURPOSE OF RAISING THE STANDARDS OF ALL WHO WORK IN GUIDANCE AND COUNSELING.