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## 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)

OMB No 1545-0047 2009 Open to Public

No

Form **990** (2009).

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection 07/01/09 06/30/10 For the 2009 calendar year, or tax year beginning and ending Please Check if applicable C Name of organization Employer identification number use IRS Address change IOWA ACADEMY OF SCIENCE label or 42-0865989 Doing Business As print or Name change type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return 319-273-2021 175 BAKER HALL UNI Specific Termination 232,002 City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc-50614-0508 CEDAR FALLS Amended return tions F Name and address of principal officer H(a) Is this a group return for Application pending CRAIG JOHNSON affiliates? Yes 175 BAKER HALL UNI CEDAR FALLS IA 50614-0508 If "No," attach a list (see instructions) **X** 501(c) ◀ (insert no) 4947(a)(1) or iascience@uni.edu Website: ▶ H(c) Group exemption number ▶ Type of organization X Corporation Trust Other > Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities SCIENCE EDUCATION Activities & Governance 2 Check this box ▶ | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 5 5 Total number of employees (Part V, line 2a) 250 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 132,847 142,504 Contributions and grants (Part VIII, line 1h) RECEIVED 64,287 60,946 Program service revenue (Part VIII, line 2g) SSO -26,97018,081 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5 88, 86, 96, 100, land 12011 5,813 6,779 175,977 228,310 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 02 45,539 13 Grants and similar amounts paid (Part IX, column (A), ines 1 3 43,671 14 Benefits paid to or for members (Part IX, column. 117,718 121,218 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 98,746 102,864 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 262,003 267,753 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -33,693 -91,776 19 Revenue less expenses Subtract line 18 from line 12 End of Year Beginning of Current Year 439,520 454,136 20 Total assets (Part X, line 16) -31,061-50,147 21 Total liabilities (Part X, line 26) 470,581 t assets or fund balances. Subtract line 21 from line 20 **504** Signature Block Sign Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge kef, it is true, corre and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge - 10 - 2011 Here Signature of officer EXECUTIVE DIRECTOR CRAIG A Type or print name and title Preparer's identifying number Date Check if Paid signature 01/21/11 P00325739 Judith J Schindel employed Preparer's Grant & Schindel CPAs, Inc. 20-8526157 EIN Firm's name (or yours Use Only 3641 Kimball Avenue Phone if self-employed), address, and ZIP + 4 ▶ 319-233-4000 Waterloo, IA 50702-5757 May the IRS discuss this return with the preparer shown above? (see instructions) Yes

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

4d	Other program services	(Describe in Sche	dule O)			
	(Expenses \$	99,964	including grants of \$	40,000 ) (Revenue \$	104,741	
46	Total program service	expenses >	191,309			

Form 990 (2009) IOWA ACADEMY OF SCIENCE
Part IV Checklist of Required Schedules

	le the appropriate advantage of the FOM/SVO) or AOAT/SVA) (although a provide foundation) O.M. W. a. P.			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			37	
	complete Schedule A		1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	A	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				x
	candidates for public office? If "Yes," complete Schedule C, Part I		_3_		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				x
5	Schedule C, Part II		4		
3	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		_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		5		Α.
Ů	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		X
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,"				
Ů	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				
-	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, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable		11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII				
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		12		X
124	Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No	14		
,,,,	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				
	grganization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				7.7
	If "Yes," complete Schedule G, Part III		19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20	. 990	/2009\

Form 990 (2009) IOWA ACADEMY OF SCIENCE 42-0865989 Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines X 24b through 24d and complete Schedule K If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or X 25b 990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? X 27 If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) X 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X 34 III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related X 36 organization? If "Yes," complete Schedule R, Part V, line 2

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,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

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X

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				
			1	/es	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			ļ	
	U.S. Information Returns. Enter -0- if not applicable	1a			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		İ	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able	_		
	gaming (gambling) winnings to prize winners?	, <u>L</u>	c _		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ľ	
	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 returns?	1	b _	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			l	
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	j –			
	this return?		a	$\dashv$	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u> </u>	b _		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				v
	account)?	<u> </u>	a		X
b	If "Yes," enter the name of the foreign country			1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ban and Financial Accounts	K		- 1	
50		-;	 ia		X
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	<del> </del>	ib	$\dashv$	$\frac{x}{x}$
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding		-		
٠	Prohibited Tax Shelter Transaction?	-	ic	1	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
••	organization solicit any contributions that were not tax deductible?	6	ia	İ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	<u> </u>		一	
	gifts were not tax deductible?		b		
7	Organizations that may receive deductible contributions under section 170(c).	Г			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds	_		
	and services provided to the payor?		'a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7	b _		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	<u>L</u> i	'c		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 personal transfer of the organization.				
	benefit contract?		<u>'е</u>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<u>'f</u>		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	I	<u>'9</u>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		.	1	
	required?	<del>  - </del>	<u>'h</u>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	organization, have excess business holdings at any time during the year?		8		X
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	_		<u> </u>
a	Did the organization make any taxable distributions under section 4966?		- 9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	<del> </del>	ь		X
10	Section 501(c)(7) organizations. Enter		<u> </u>		
a	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		ļ	
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 10	41? 1	2a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

## 'Form 990 (2009) IOWA ACADEMY OF SCIENCE

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schodulo O. Son instructions

	Schedule O. See instructions.			
Sec	tion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body	[	Yes	No
b	Enter the number of voting members that are independent  1b 9	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
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
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	X	L
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	ļ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			4,5
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code )		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	162	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		<del></del>
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
• •	form?	11	х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
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		X
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14	ļ	X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		:	
а	The organization's CEO, Executive Director, or top management official	15a	X	<del> </del>
b	Other officers or key employees of the organization	15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-	1	x
	with a taxable entity during the year?	16a		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	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	•	İ
Sec	tion C. Disclosure	1.05		
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 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 X Upon request			
19	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 ▶ Craig Johnson 175 BAKER HALL UNI		• -	
CI	EDAR FALLS IA 50614-0508 31	9-27	<u>3-2</u>	021

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Form 990 (2009)

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

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

- 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

(A) Name and Title	(B) Average	Pos	ition (		C) k all t	hat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	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
MARCY SEAVEY							-			
IAS PROG DIR	40.00				X	X		40,134	0	(
CRAIG JOHNSON	15 00							05 500	0	(
IAS EXEC DIR	15.00	ļ		<u> </u>	X	H		25,500		
JAMES WALTERS	2 00	\ <b>.</b> ,						o	o	C
BOARD MEMBER	2.00	X			├—	$\vdash$		U	<u> </u>	
PETER VAN DER LIN		<b>.</b>						ام	o	C
BOARD MEMBER LYN COUNTRYMAN	2.00	X			_			0		
	2.50	$ \mathbf{x} $		ļ				o	o	C
PAST PRESIDENT ANDREW BRITTINGHA		<u>  ^ </u>		_	-			0	0	··
BOARD MEMBER	2.00	x						ol	0	(
KAREN COUCH-BREIT		1			-			<u></u>		
BOARD MEMBER	2.00	x						l ol	0	C
CAROL SCHUTTE	2.00	+**			$\vdash$				-	
BOARD MEMBER	2.00	x			İ			ol	0	(
JAMES COLBERT		1								
PRESIDENT	3.00	X		x				l ol	0	(
THOMAS ROSBURG										
PRESIDENT-ELECT	2.50	X		X				l ol	0	(
KATHY MCGIVERN		Π							<u>.</u>	
ISTS CHAIR	2.00	x						0	0	(
						_				

420856989 01/21/2011 6 37 PM Form 990 (2009) IOWA ACADEMY OF SCIENCE 42-0865989 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (F) Position (check all that apply) Name and Title Average Reportable Reportable Estimated hours per compensation compensation amount of Officer Institutional trustee week Key employee from from related ndıvıdual trustee ır director other compensation from the the organizations (W-2/1099-MISC) organization (W-2/1099-MISC) organization and related organizations 65,634  $\blacktriangleright$ Total Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in 0 reportable compensation from the organization Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated 3 employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (B) Description of services (C) Compensation (A) Name and business address Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Pa	ırt V	III Statement of Reve	nue					
	`				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues	1b	24,089	ļ			
s, g	c	Fundraising events	1c					
gift	d	Related organizations	1d				ĺ	
is, E		Government grants (contributions)	1e	***************************************				
tior	f	All other contributions, gifts, grants,						
ള	1	and similar amounts not included above	1f	118,415				
E E	g	Noncash contributions included in lines 1a-	 1f \$					_
<u>ة</u> ح	h	Total. Add lines 1a-1f		<b>▶</b>	142,504			
ne			_	Busn. Code				
Program Service Revenue	2a	REGISTRATION FEES			40,925			40,925
e R	b	EXHIBITOR FEES			10,990	·		10,990
S.	С	SPONSORS			3,950			3,950
S	d	MEAL TICKETS		<u> </u>	2,083		<u> </u>	2,083
ram	е	OTHER INCOME			1,083			1,083
rog		All other program service rever	iue		1,915			1,915
<u>a</u>		Total. Add lines 2a-2f		<u> </u>	60,946			
	3	Investment income (including d	ividends	s, interest, and				10.504
		other similar amounts)			10,594		ļ <u>.</u>	10,594
	4	Income from investment of tax-	exempt	bond proceeds	201			201
	5	Royalties		(v) Demond	291	** '		291
		Gross Rents (i) Real		(II) Personal				,
	Ι.							
	b	Less rental exps  Rental inc or (loss)						
	d	Net rental income or (loss)						
		Gross amount from (i) Securities	, ]	(II) Other				
		sales of assets other than inventory		7,487	1			
	ь	Less cost or other				•		
		basis & sales exps						'
	С	Gain or (loss)		7,487				
	d	Net gain or (loss)		<b>&gt;</b>	7,487			7,487
	8a	Gross income from fundraising ever	nts					
enue		(not including \$						
eve.	İ	of contributions reported on line 1c)						
Other Revenu	ļ	See Part IV, line 18	a				1	
Ţ,	b	Less direct expenses	ьĹ					
0		Net income or (loss) from fundr		vents				<u> </u>
	9a	Gross income from gaming activities	3					
		See Part IV, line 19	a					
		Less. direct expenses	рГ					
		Net income or (loss) from gami	ng activ	ities	-			<del>                                     </del>
	10a	Gross sales of inventory, less		10.100				
	١.	returns and allowances	a	10,180				
		Less cost of goods sold	b	3,692	6 400			6 400
	<del>                                     </del>	Net income or (loss) from sales  Miscellaneous Revenue		Busn. Code	6,488	****		6,488
i	11a	MISCEIRIEGUS KEVENUE		Busil. Code				
	b							-
	C							
	d	All other revenue						
	l	Total. Add lines 11a-11d		<b></b>		*		
	12	Total Revenue. See instruction	าร	<b>_</b>	228,310	0		0 85,806

Form 990 (2009)

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).

	All other organizations must				<u> </u>
	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	40,000	40,000		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	5,539	<u>5,539</u>		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				İ
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	65,634	40,254	25,380	
6	Compensation not included above, to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		ĺ		
7	Other salanes and wages	32,649	12,649	20,000	
8	Pension plan contributions (include section 401(k)			= = 7,000	
•	and section 403(b) employer contributions)				
9	Other employee benefits	13,070	9,690	3,380	
10	Payroll taxes	6,365	2,994	3,380	
11	Fees for services (non-employees)	3,303		3,371	
a b	Management	2.7		<del></del>	<del></del>
	Legal	2,078	<del></del>	2,078	
۲ C	Accounting	2,078		2,078	
d	Lobbying Professional fundrational converse. See Bort IV. June 17.				
θ	Professional fundraising services. See Part IV, line 17	4 020	404	4,428	
f	Investment management fees	4,832	404	3,969	· · · · · · · · · · · · · · · · · · ·
9	Other	3,969 288	288	3,909	
12	Advertising and promotion			E 540	<del></del>
13	Office expenses	19,160	13,618	5,542	
14	Information technology	3,344	3,344		
15	Royalties		<del></del>	<del></del>	<del></del>
16	Occupancy	4 000		<del></del>	
17	Travel	4,220	4,220		<del></del>
18	Payments of travel or entertainment expenses	ı			
	for any federal, state, or local public officials	20 606	30 430	206	
19	Conferences, conventions, and meetings	30,636	30,430	∠06	
20	Interest	<del></del>			
21	Payments to affiliates			4 50	
22	Depreciation, depletion, and amortization	172		172	<u> </u>
23	Insurance	1,559		1,559	
			1		
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)				
а	PRINTING	13,694	13,694		
b	HONORARIUMS	8,085	8,085		
С	REIMBURSEMENTS	4,862	4,862		
d	BANK CHARGES	1,124	630	494	
0	DUES & AFFILIATIONS	493	493		
f	All other expenses	230	115	115	
25	Total functional expenses.Add lines 1 through 24f	262,003	191,309	70,694	
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				
DAA					Form 990 (2009)

Part 2	0 (2009) IOWA ACADEMY OF SCIENC  K Balance Sheet	<u>.                                    </u>		0865989		Page 11
,		-		(A)		(B)
		_ <del>_</del>		Beginning of year		End of year
1	Cash—non-interest bearing		<u> </u> _	13,473	1	22,073
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			9,268	4	4,613
5	Receivables from current and former officers, directors, to	rustees, key		j		
	employees, and highest compensated employees Comp	lete Part II of				
1	Schedule L				5	
6	Receivables from other disqualified persons (as defined	under section				
	4958(f)(1)) and persons described in section 4958(c)(3)(	3) Complete				
	Part II of Schedule L				6	
3 7	Notes and loans receivable, net		_		7	
7 8 8 C	Inventories for sale or use		_	8,459	8	8,519
<sup>L</sup> 9	Prepaid expenses and deferred charges		<u> </u>		9	
10a	Land, buildings, and equipment cost or					
1	other basis Complete Part VI of Schedule D	10a	1,795			
b	Less accumulated depreciation	10b	1,795	172	10c	
11	Investments—publicly traded securities		_	422,764	11	404,315
12	Investments—other securities See Part IV, line 11		L		12	
13	Investments—program-related See Part IV, line 11		L		13	
14	Intangible assets		<u> </u> _		14	·* ·
15	Other assets See Part IV, line 11		-		15	400 504
16	Total assets. Add lines 1 through 15 (must equal line 34	)		454,136		439,520
17	Accounts payable and accrued expenses		407	17		
18	Grants payable		Ļ	<u> </u>	18	22 222
19	Deferred revenue		-	-52,803	19	-33,333
20	Tax-exempt bond liabilities		-		20	
g   21	Escrow or custodial account liability Complete Part IV of		-		21	
22	•					
22 22 22 24 27 27	employees, highest compensated employees, and disqu	alified	-			
ן נ	persons Complete Part II of Schedule L		-		22	
23	, ,		-		23	*****
24	Unsecured notes and loans payable to unrelated third pa	rties	-	2 240	24	2 272
25	Other liabilities Complete Part X of Schedule D		-	2,249 -50,147		2, <u>272</u> -31,061
26	Total liabilities. Add lines 17 through 25	<del></del> .		-50,147	26	-31,061
3	Organizations that follow SFAS 117, check here ▶	_ and				
27 28	complete lines 27 through 29, and lines 33 and 34.					
27	Unrestricted net assets		}-		27	
28	Temporarily restricted net assets		-		28	
29		<b>v</b>	-		29	
29	Organizations that do not follow SFAS 117, check he	re P 🔼				
5	and complete lines 30 through 34.		-		30	
30	· · ·	fi mad	-	<del></del>	30	
31	Paid-in or capital surplus, or land, building, or equipment		-	504,283		470,581
32	•	omer funds	-	504,283		470,581
30 31 32 33 34	Total net assets or fund balances			454,136		439,520
<b>2</b> 34	Total liabilities and net assets/fund balances			434,130	34	Form 990 (2009

Form **990** (2009)

orm	990 (2009) IOWA ACADEMY OF SCIENCE	42-0865989_		Pa	ge <b>12</b>
Pa	rt XI Financial Statements and Reporting				
	`	-		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual	Other			
	If the organization changed its method of accounting from a prior year or checked "Other	er," explain in			1
	Schedule O				!
2a	Were the organization's financial statements compiled or reviewed by an independent a	ccountant?	2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes respons	ibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independ	dent accountant?	2c		
	If the organization changed either its oversight process or selection process during the	tax year, explain in			
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements	for the year were			
	issued on a consolidated basis, separate basis, or both			-	
	Separate basis Consolidated basis Both consolidated and separate	basis			<u> </u>
3a	As a result of a federal award, was the organization required to undergo an audit or aud	lits as set forth in			<u> </u>
	the Single Audit Act and OMB Circular A-133?		3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization di	d not undergo the	ĺ		
	required audit or audits, explain why in Schedule O and describe any steps taken to unit	dergo such audits	3b	<u> </u>	
			Fon	m <b>990</b>	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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 se

► See separate instructions.

2009

Open to Public Inspection

Employer identification number

42-0865989

IOWA ACADEMY OF SCIENCE

Pa	rt I	Reaso	on for Public Charity S	Status (All organizations	must co	omplete	this p	art.) S	<u>ee ins</u>	tructio	ns.		
he c	rgar	nization is not a	private foundation because	it is (For lines 1 through 11, che	ck only or	ne box )							
1	$\cap$	A church, con	ivention of churches, or asso	ciation of churches described in	section 1	70(b)(1)( <i>/</i>	A)(i).						
2	П	A school desc	cribed in section 170(b)(1)(A	)(ii). (Attach Schedule E )									
3	Ħ			organization described in section	on 170(b)	(1)(A)(iii)	_						
4	H	•	•	in conjunction with a hospital des				(A)(iii)	Enter th	e hospit	al's name		
•	ш	city, and state	•	in conjunction with a mospital co.	301.300		(=)( .)	(,,,,,,,,,,		ooop			
5	П	•		a college or university owned or	operated	by a gove	mments	d unit de	ecubed	ın			
3	Ш	•	•	- · ·	operated	by a gove	eri ii i i Ci i i c	ii uiiii ue	SCHEU	""			
_		•	b)(1)(A)(iv). (Complete Part I	•	Ain	-\/4\/A\/.							
6	H	•		vernmental unit described in sec	-			. 41		L (			
7	Ш	•	•	ubstantial part of its support from	i a govern	mentai un	iit or fron	i the ger	ierai pu	DIIC			
	$\overline{}$		section 170(b)(1)(A)(vi). (Co										
8		-		0(b)(1)(A)(vi). (Complete Part II									
9	X			more than 33 1/3 % of its suppo									
				t functions—subject to certain ex						its			
			_	unrelated business taxable inco			11 tax) fr	om busii	nesses				
				, 1975 See section 509(a)(2). (0									
10			•	clusively to test for public safety		-							
11				cclusively for the benefit of, to pe									
				d organizations described in sec						tion			
		509(a)(3). Ch	eck the box that describes the	e type of supporting organization	and com	plete lines	11e thr	ough 11	ח				
	_	a Type		c Type III–Functiona			d		e III–Otl	ner			
0				nization is not controlled directly									
		persons other	r than foundation managers a	nd other than one or more public	cly suppor	ted organ	izations	describe	d in sec	tion			
		, , , ,	ection 509(a)(2)										
f		If the organiza	ation received a written deteri	mination from the IRS that it is a	Type I, Ty	pe II, or 1	Type III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from a	ny of the							
		following per	sons?										
		(i) A persor	who directly or indirectly cor	ntrols, either alone or together wi	th persons	s describe	ed in (ii)					Yes	No
		and (III) b	below, the governing body of	the supported organization?							11g(i)		
		(ii) A family	member of a person describe	ed in (i) above?							11g(ii)		
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iii)	)	<u> </u>
h		Provide the f	ollowing information about the	e supported organization(s)									
	Name	e of supported	(II) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did y	ou notify	(V)	s the	(vii) Am	ount of	
	org	anization		(described on lines 1-9		sted in your		nization in	organizat	on in col zed in the	supp	ort	
				above or IRC section (see instructions))	governing	document?		of your cort?		5 ?			
				(See instructions) /	Yes	No	Yes	No	Yes	No			
								l					_
			-										
						1	1						
			<u> </u>		1	1		1					
						<u>L_</u>	L						
								<u> </u>	<u> </u>				_
						]							
ota 🏻	1		1		1	1	1		l	i l			

cne	dule A (Rom 990 or 990-EZ) 2009 IOM	A ACADEMI	OF SCIEN	CE	42	-000090	, 9	Page 2
Pa	Support Schedule for Or				I)(A)(iv) and 17	'0(b)(1)(A)(	vi)	
	(Complete only if you che	ecked the box c	on line 5, 7, or	g of Part I.)				
	tion A. Public Support		# 1 aaaa   T				<del></del>	
Cal	endar 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")							
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 through 3					•		<del>-</del> -
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	_						
ec.	tion B. Total Support							
Ca	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carned on							. <u>.                                   </u>
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							. <u> </u>
1	Total support. Add lines 7 through 10				<u> </u>		$\dashv$	
2	Gross receipts from related activities, etc. (	•				L	12	
3	First five years. If the Form 990 is for the o	organization's first, s	second, third, fourth	n, or fifth tax year a	is a section 501(c)(	3)		
	organization, check this box and stop here	_						<u> </u>
Sec	tion C. Computation of Public Su	pport Percenta	ge		····	-		<del></del> -
4	Public support percentage for 2009 (line 6,	column (f) divided b	y line 11, column (	f))		-	14	%
5	Public support percentage from 2008 Sche	dule A, Part II, line 1	14			L,	15	<u></u> %
6a	33 1/3 % support test—2009. If the organi	zation did not check	the box on line 13	, and line 14 is 33	1/3 % or more, che	ck this box		
	and stop here. The organization qualifies a	is a publicly support	ted organization					
b	33 1/3 % support test—2008. If the organi	zation did not check	k a box on line 13 o	r 16a, and line 15	is 33 1/3 % or more	e, check this		. –
	box and stop here. The organization qualif							<b>•</b> [
7a	10%-facts-and-circumstances test—200	<ol><li>If the organization</li></ol>	n did not check a be	ox on line 13, 16a,	or 16b, and line 14	ıs 10% or		
	more, and if the organization meets the "fac	cts-and-circumstand	es" test, check this	box and stop her	re. Explain in Part l'	V how the		_
	organization meets the "facts-and-circumst	ances" test. The org	ganization qualifies	as a publicly supp	orted organization			▶ [_
b	10%-facts-and-circumstances test—200	<ol><li>If the organization</li></ol>	n did not check a be	ox on line 13, 16a,	16b, or 17a, and lii	ne 15 is 10% d	ır	
	more, and if the organization meets the "fac		•	•	•	V how the		
	organization meets the "facts-and-circumst				=			₹  -
8	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see in	nstructions		

Schedule A (Form 990 or 990-EZ) 2009 IOWA ACADEMY OF SCIENCE 42-0865989 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box 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") 206,531 153.184 164.140 132,847 142.504 799,206 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 60,664 62,099 59,112 64,287 60.946 307,108 organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 70,963 70,963 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 Total. Add lines 1 through 5 271,630 215,296 227,804 200,134 277,413 1,192,277 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 55.664 59,287 226,162 57.099 54.112 Add lines 7a and 7b 57,099 54,112 55,664 59,287 226,162 Public support (Subtract line 7c from line 6) 966,115 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total <u>227,</u>804 1,192,277 215,296 277,413 Amounts from line 6 271,630 200,134 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 25.815 18,512 17,080 13,918 10,885 86,210 sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 25,815 18,512 17,080 13,918 10,885 86,210 C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried 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, 1,278,487 and 12) 297,445 233,808 244,884 288,298 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 15 75.57% Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2008 Schedule A, Part III, line 15 16 66.49% Section D. Computation of Investment Income Percentage 17 7% 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 9% 33 1/3 % support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and

line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 IOWA ACADEMY OF SCIENCE

<u>4</u>2-0865989

Page 4

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 2009

> Open to Public Inspection

**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. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) 2 3 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 can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b Total acreage restricted by conservation easements b 2c c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 2d 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, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 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. 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 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

che	dule D (Form 990) 2009 IOWA ACADE	MY (	OF SCIENC	<u> </u>		42-08	<u>65989</u>		Page 2
Pa	art III Organizations Maintaining C	Collec	tions of Art, H	istorical Treas	ures, o	r Other Si	milar Assets	(continue	
3	'Using the organization's acquisition, accession, collection items (check all that apply)	and oth	er records, check	any of the following	that are a	significant i	use of its	_	
а	Public exhibition		d Loan o	r exchange progran	ns				
b	Scholarly research		e Other						
С	Preservation for future generations		—						
4	Provide a description of the organization's collect Part XIV	ctions a	nd explain how the	y further the organi	zation's e	xempt purpo	se in		
5	Dunng the year, did the organization solicit or re assets to be sold to raise funds rather than to be					nlar		Yes	No
Pa	art IV Escrow and Custodial Arran					swered "	Ves" to Form 9		
	IV, line 9, or reported an amo				ation ai	iowcica	103 10 1 01111 1	,,, , ait	
12	Is the organization an agent, trustee, custodian				r accete n	ot .			
	included on Form 990, Part X?	or ourier	intermediary for co		1 033513 11	101		Yes	No
	·	ا ــــا	ata tha fallaaa ta	hia				1 es	NO
D	If "Yes," explain the arrangement in Part XIV and	a compi	ete the following ta	bie				Amount	
							<b>-</b>	Amount	
	Beginning balance						1c		
	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Form	1990, P	art X, line 21?					Yes	No No
	If "Yes," explain the arrangement in Part XIV		<del> </del>						
Pa	art V Endowment Funds. Comple	te if o	<u>rganization an</u>	<u>swered "Yes" t</u>	<u>o Form</u>	990, Part	IV, line 10.		
		(a)	Current year	(b) Prior year	(c) Two	years back	(d) Three years bac	k (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains,								1
	and losses				ì				*
d	Grants or scholarships				1				
	Other expenditures for facilities			····					
_	and programs	ļ			ļ				l l
f	Administrative expenses				1				<del> </del>
	End of year balance	<del></del>			<u> </u>			<del></del>	
g		ــــــــــــــــــــــــــــــــــــــ	es bold so	<u> </u>					
2	Provide the estimated percentage of the year er	iu baiai							
d	Board designated or quasi-endowment		_%						
D	Permanent endowment %								
	Term endowment ▶ %								
за	Are there endowment funds not in the possession	on of the	e organization that	are neid and admin	iisterea to	r the		Γ.	<del> </del>
	organization by							<del></del>	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(iı)	
b	If "Yes" to 3a(II), are the related organizations lis							3b	
4	Describe in Part XIV the intended uses of the or								•
Pa	art VI Investments—Land, Buildin	gs, an	<u>id Equipment.</u>	See Form 990	<u>0, Part 2</u>	X, line 10	·		
	Description of investment	(a)	Cost or other basis (investment)	(b) Cost or of basis (othe			eumulated eciation	(d) Book v	ralue
1a	Land								
b	Buildings								
С	Leasehold improvements								
	Equipment								
	Other			1	.,795				1,795
	I. Add lines 1a through 1e (Column (d) must equa	al Form	990, Part X, colum				▶		1,795
_				<u> </u>			******		

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 IOWA ACADEMY OF SCIENC	<b>E</b>	42-0865989	Page 3
Part VII Investments—Other Securities. See Form 990,	Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of v	aluation
(including name of security)		Cost or end-of-year	market value
Financial derivatives			
Closely-held equity interests			
Other			
		· · · · · · · · · · · · · · · · · · ·	
- <b>-</b>			
		<del></del>	
		· · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 990		·	
(a) Description of investment type	(b) Book value	(c) Method of v	
		Cost or end-of-year	market value
	···-		<del></del>
		· · · · · · · · · · · · · · · · · · ·	
	- <del></del> -	<del> </del>	
· · · · · · · · · · · · · · · · · · ·			···
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, line 15.		<del></del>	
(a) Description	·····		(b) Book value
	· · · · · · · · · · · · · · · · · · ·		
		<u></u>	
			<u> </u>
	·		
	<del></del>		
			<del></del>
			· <u>-</u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	<del></del>	<u> </u>	
Part X Other Liabilities. See Form 990, Part X, line 25	(h) A	······	
1 (a) Description of liability	(b) Amount		3
Federal Income taxes PAYROLL LIABILITIES	2,272		
PAIROLL LIABILITIES	2,212		
	·		
· · · · · · · · · · · · · · · · · · ·			i
T-1-1 (0-1 (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) (1-) -	2 272		:
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,272		

2. FIN 48 Footnote 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

Sche	dule D (Form 990) 2009 IOWA ACADEMY OF SCIENCE		42-086598		Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to A	\udit	ed Financial Statem	ents	
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 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		· •	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	ts W	ith Revenue per Ret	urn_	
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		1		
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recovenes of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
0	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1	,	ſ	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIV)	4b_			
C	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per R	eturn	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c		↓	
d	Other (Describe in Part XIV)	2d	<u> </u>		
θ	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	1	ſ	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a_		-	
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	<del></del>
	rt XIV Supplemental Information		·		···
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines				
and 2	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	2d and	d 4b. Also complete		
this p	art to provide any additional information				
			. <i>-</i>		
			<del></del>		
			<del>-</del>		
				- <b>-</b>	

Sch	edul	le D	(Fo	rm 9	90)	2009	9	I	<b>DW</b> 2	A I	AC:	ADI	EMS	7 (	F	SC	:IE	INC	Œ							4	2-	08	65	98	39						Pag	ge <b>5</b>
P	art	XI	VΤ	Su	laa	em	ent	al I	nfo	rm	atio	on i	EM3 (cor	ntin	ued	1)																						—
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Parti

Grants and Other Assistance to Organizations,

|--|

**≗** □

X Yes Employer identification number 42-0865989 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States ▶ Attach to Form 990. General Information on Grants and Assistance IOWA ACADEMY OF SCIENCE

	illioniilg the use of	glain luids	III the Onlied States	Chatas Can	are odt ti etele	gao acitoriae	0 "00 V" postori	ı
Far ii Grants and Other Assistance to Governments and Organizations in the Office States. Complete it the Organization answered it es to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	ecipient that r ) if additional	eceived r space is	nore than \$5,000 needed	Check this box it	piete ii uie org i no one recipi	janization and	nore than \$5,000. Use	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	1 1
ISU 1220 Beardshear Hall AMES IA 50011			21,341					
								1
								I
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								ı .
2 Enter total number of section 501(c)(3) and government organizations	organizations						•	1 1

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 IOWA ACADEMY OF SCIENCE	r of science	4:	42-0865989		Page 2
Part III Grants and Other Assistance to Individuals in the	to Individuals in th		nplete if the organiza	United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	orm 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(Form 990) if additi	onal space is needed	7.		•
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Program Support	2	100			
Student Support	ო	2,250			
Teacher Support	7	1,400			
Research Support	19	1,789			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	complete this part to	provide the informati	on required in Part I,	line 2, and any other add	itional information.

SCHEDULÈ O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

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

ISF Grant program in the area of Science and Science Education. Aprox. 12.

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990
990 RETURN PRESENTED TO MEMBERS AT BOARD MEETING FOR DISCUSSION AND REVIEW.

Form 990, Part VI, Line 15b - Compensation Process for Officers

COMPENSATION IS DISCUSSED AND DETERMINED AT THE ANNUAL BOARD MEETING.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation DOCUMENTS ARE AVAILABLE UPON REQUEST AT ORGANIZATIONS OFFICE.

Form 4562

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

tachment 67

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 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 6 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 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 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 instr.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 172 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 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 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (business/investment use (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property placed in period only-see instructions) service 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property 25 yrs S/L 25-year property S/L 27 5 yrs MM Residential rental property S/L MM 27 5 yrs MM Nonresidential real S/L 39 vrs property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L 12-year S/L MM 40 yrs 40-year Summary (See instructions.) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 172 22 and on the appropriate lines of your return. Partnerships and S corporations---see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs