

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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

Department of the Treasury

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

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	revenue (Part VIII)	- i . P i \/ P i i	1			503.	38,895.
		n (A), lines 3, 4, and	7 <b>4</b> )				
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alaries, other co	ompensation, empl	oyee benefits (Part IX	, column (A), line	es 5-10)	494,	177.	516,135.
rofessional fund	Iraising fees (Part	IX, column (A), line 1	e)				
otal fundraising	expenses (Part IX	. column (D), line 25)	<b>-</b>	101,728.			
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•		•	(,, 20)				-7,389.
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/29/09

Form **990** (2009

Form 990 (2009) IOWA FAMILY POLICY CENTER INC 42-1461169 Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Schedule A X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete X Schedule C. Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I Х 6 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х 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 Х 9 Schedule D. Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes, complete Schedule D, Part VХ 10 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or 11 Х X as applicable • 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 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 the organization's liability for uncertain tax positions under FIN 48? If Yes, complete Schedule D. Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х 12A Was the organization included in consolidated, independent audited financial statement for the tax Yes No X 12 A

year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States?

**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 l* . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II

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

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

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

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

X

X

X

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X

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14a

14b

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Form 990 (2009) IOWA FAMILY POLICY CENTER INC
Part IV | Checklist of Required Schedules (continued)

		_		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 8	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
ŀ	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 to defease any tax-exempt bonds?	24c		
C	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	i	Χ_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			v
•	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
١	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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
29		29		Х
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31		31		<del>  ^-</del>
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	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	38	Х	
RA4		Forn	n <b>990</b> i	(2009)

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Form 990 (2009) Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 11 Information Returns. Enter -0- if not applicable 1 a . . . 1 b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х 1 c (gambling) winnings to prize winners? .. ... . . 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 15 calendar year ending with or within the year covered by this return . . . . . . X 2b 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by Х За 3b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5Ь Х **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a X solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services Х 7 a provided to the payor? . 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Х 7 d d If 'Yes,' indicate the number of Forms 8282 filed during the year. ... e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 f X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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 8 holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 a 9Ь b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter. 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. 11 a a Gross income from other members or shareholders . . . . . b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ). 11b

BAA Form 990 (2009)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10417

b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

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Part VI 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 Schedule O. See instructions.

As Enter the number of voting members of the governing body be Enter the number of voting members that are independent  2. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, further, or tree, or key employee?  3. Did the organization delegate control over management distals sustainably performed by or under the direct supervision of the organization and elegate control over management distals sustainably performed by or under the direct supervision of the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  5. Did the organization become aware during the year of a material diversion of the organization's assets?  5. Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  5. Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  6. A. X.  7. Did be a any decisions of the governing body subject to approval by members, stockholders, or other persons?  7. Did be a comparation on collemporaneously document the meetings held or written actions undertaken during the year by the following.  8. Did the organization collemporaneously document the meetings held or written actions undertaken during the year by the following.  8. The governing body?  8. Each committee with authority to act on behalf of the governing body?  9. Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's making address? If Yes, provide the names and addresses in Schedule O required by the Internal Revenue Code.)  10. Section B. Policies (This Section B required the provide the admission about policies not required by the Internal Revenue Code.)  10. Section B. Policies (This Section B required to the organization?  10. If A continued the provide the provide the provide the provide the provide	Sec	ction A. Governing Body and Management	-		
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4	3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
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and branches to ensure their operations are consistent with those of the organization?  11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  11 ADescribe in Schedule 0 the process, if any, used by the organization to review this Form 990. SEE SCHEDULE 0  12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE 0  13 Does the organization have a written whistleblower policy?  14 Does the organization have a written document retention and destruction policy?  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?  a The organization's CEO, Executive Director, or top management official  b Other officers of key employees of the organization SEE SCHEDULE 0  If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)  16a Did 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?  Section C. Disclosures  17 List the states with which a copy of this Form 990 is required to be filed PNONE  Section C. Disclosures  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 Upon request  19 Describe in Schedule O whether (and if so, how) the organiz			10a		<u>X</u>
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12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13   b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O   13 Does the organization have a written whistleblower policy?   14 Does the organization have a written document retention and destruction policy?   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?   a The organization's CEO, Executive Director, or top management official   15a X     b Other officers of key employees of the organization   SEE SCHEDULE O   15b X   15b X     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 with a taxable entity during the year?   16a X     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	11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? .	11	X	
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	20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ganızatıc		

Form 990 (2009)

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

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

Check this box if the organization did no	compens	ate ar	ту сі	ırrei	nt o	fficer,	dıre	ctor, or trustee.		
(A)	(B)				<b>:</b> )			(D)	(E)	(F)
Name and Title	Average hours	_			_	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the
		ecto	uttor	면	empl	est c oyee	豆	,	, , , , , ,	organization and related
		֝ <b>֜</b> ֡׆ֱ	nal tr		oyee	dino				organizations
		itee	uste			ensa				
			L"			fe d				
HARRY AND NANCY ELDER										
BOARD MEMBER	2	X	Ш				<u> </u>	0.	0.	0.
ANDY AND SUE KAY	ļ									
BOARD MEMBER	2	X						0.	0.	0.
FRED AND BARB TAYLOR								_	_	_
BOARD MEMBER	2	Х	Ш			ļ		0.	0.	0.
DEAN AND JUDY LAUTERBACH	_	١								
BOARD MEMBER	2	X				<b> </b>	_	0.	0.	0.
BOB & CONNIE MILLER		١.,						_		•
BOARD MEMBER	2	<u> </u>	Н			-	-	0.	0.	0.
DWIGHT & BONNIE LAMMERS	} ,	٠,						_	0	0
BOARD MEMBER	2	X	Н			<del>                                     </del>		0.	0.	0.
DR TODD AND MARY TROLL BOARD MEMBER	2	X				}		0.	0.	0
CHUCK & KAY PUTBRESE		<u>  ^</u>	Н		-	-	<del> </del>	υ.	0.	0.
BOARD MEMBER	2	х	Н					0.	0.	0.
DANNY & JOY CARROLL	<del> </del>	<del>  ^</del>	-			<del>                                     </del>	$\vdash$	0.	0.1	<u></u>
CHAIRMAN	2	x	Ш	Х				0.	0.	0.
DENNIS & MARGARET GUTH		<del>                                     </del>	Н	**	_	<del>                                     </del>		·	0.	
BOARD MEMBER	2	X					1	0.	0.	0.
CHUCK HURLEY	<del></del>	<del></del>	П			<del>                                     </del>	_	Ţ.	<u>.</u>	
PRESIDENT	40			Х				74,331.	1,989.	0.
MIKE HARTWIG					Г			, , , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·
FMR VICE PRES	40		Н	Х	ĺ			74,001.	404.	0.
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	<u> </u>	<b> </b>	Ш		Щ	<u> </u>	<u> </u>			<del></del>
			Ш							

Fact VII Section A. Officers, Directors, Trus		∧ey I	E. I			ees	<u>, ar</u>				
(A) Name and Title	(B) Average	Posit	tion (	check		hat a	(vlaa	( <b>D</b> ) Reportable	<b>(E)</b> Reportable	,	F) nated
Name and the				_				compensation from	compensation from	amount	of other nsation
		direc	thutho	Officer	Key employee	Highest cor	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	from organ	n the Ization
		al tru	nal t		ploye	E COM	l	1			elated zations
	per week	stee	nstitutional trustee		ñ	mpensated					
			е			ê					
									-		
									<del>-</del>		-
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	<u> </u>										
								-	· · ·		
				-							
1 b Total							<b>&gt;</b>	148,332.	2,393.		0.
2 Total number of individuals (including but not limited from the organization ► 0	l to thos	e lis	ted	abo	ve)	who	rec	eived more than \$	100,000 in reportab	le comper	nsation
from the organization   0	•					-	•		·		es No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	e, k	еу є	empl	oye	e, o	r hig	ghest compensate	d employee	3	х
4 For any individual listed on line 1a, is the sum of rer	ortable	com	pen	ısatı	on a	and ·	othe	r compensation fr	om		-   ^
the organization and related organizations greater the individual	nan \$150	0,000	)? /i	f 'Ye	s' c	omp	olete	Schedule J for su	ıch	4	X
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sch	ompensa nedule J	ation for s	froi suct	m ai	ny u rsor	inrel	lated	d organization for	services	5	_ x
Section B. Independent Contractors									2100 000 /		
<ol> <li>Complete this table for your five highest compensation from the organization.</li> </ol>	ed indep	ena	ent	con	raci	iors	tnat	received more th	an \$100,000 of		
(A) Name and business addres	s							( <b>B</b> Description (	) of Services	(C) Compens	
								<del> </del>	<del></del>	· -	
2 Total number of independent contractors (including	but not !	imite	ed to	) the	220	lista	nd at	onve) who receive	t more than		***
\$100,000 in compensation from the organization			(				UIL		2		

Page 9

Pai	T VIII Statement of Revenue	(4)	(B)	(C)	(D)
		(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
20	1a Federated campaigns . 1a				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b Membership dues 1b				
S, G	c Fundraising events 1c				i i
AR	d Related organizations 1 d				
NS, (	e Government grants (contributions) 1e 549, 99	9.			
ER S	f All other contributions, gifts, grants, and similar amounts not included above 1 f 459, 49	_			
E E	similar amounts not included above 1f 459, 49	<del>1.</del>			
AND	g Noncash contribns included in lns 1a-1f. \$	1,009,490.			<b>‡</b>
<u> </u>	n Total. Add lines 1a-11 Business Code				
ENG	2a EVENT_INCOME	38,880.	38,880.		
Ē	b MISC MERCHANDISE INCOME	15.	15.		
/CE	с				
SER	d			-	
¥Κ	e				
85	f All other program service revenue				
-		<u>► 38,895.</u>			
	3 Investment income (including dividends, interest and other similar amounts)	•			
	4 Income from investment of tax-exempt bond proceeds	<b>•</b>			-
	5 Royalties	<b>•</b>			<del> </del>
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less. rental expenses				Ī
	c Rental income or (loss)	_	•		•
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other	<del>-</del>			l
	, and the second	<del>- </del>			
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	•			
4UE	8a Gross income from fundraising events (not including \$				
EVE	of contributions reported on line 1c)				
ER R	See Part IV, line 18 . a				
OTHER REVEN	<b>b</b> Less. direct expenses <b>b</b>				•
	c Net income or (loss) from fundraising events	•			
	9a Gross income from gaming activities. See Part IV, line 19		<b>‡</b>		
	b Less. direct expenses b	_	•	•	1
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	and allowances b				
	c Net income or (loss) from sales of inventory	<b>→</b>	İ		Ī
	Miscellaneous Revenue Business Code				
	11a MISCELLANEOUS INCOME	8,929.			8,929.
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	► 8,929. ► 1 057 314	20 005		0 000
	12 Total revenue. See instructions	<b>►</b> 1,057,314.	38,895.	0.	8,929.

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 com	, ,	<del>i</del>		(D)
	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	147,446.	91,730.	33,260.	22,456.
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	336,837.	233,223.	58,185.	45,429.
_	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9	Other employee benefits			<u> </u>	
10	Payroll taxes	31,852.	21,795.	5,772.	4,285.
11	Fees for services (non-employees)				
а	Management				
b	Legal			_	
С	Accounting .				
d	Lobbying				
	Prof fundraising svcs. See Part IV, In 17				<u> </u>
	Investment management fees .				
	Other				· · · · · · · · · · · · · · · · · · ·
_	Advertising and promotion	25,128.	23,253.	1,076.	799.
	Office expenses	4,049.	2,716.	765.	568.
	Information technology	-170150			
	Royalties .				
	Occupancy .	37,838.	28,678.	5,257.	3,903.
	Travel	37,535.	32,203.	3,060.	2,272.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,7333.	327203.	37000.	
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,656.	5,137.	1,446.	1,073.
23	Insurance .	42,941.	28,814.	8,108.	6,019.
	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	SUBCONTRACT - HEALTHY MARRIAGE	236,119.	236,119.		
b	SUPPLIES	36,606.	31,586.	2,881.	2,139.
С	EVENTS	26,469.	17,761.	4,998.	3,710.
d	PROFESSIONAL FEES	23,030.	17,427.	3,216.	2,387.
	MISCELLANEOUS-HEALTHY MARRIAGE	15,374.	15,374.		
f	All other expenses	55,823.	40,124.	9,011.	6,688.
25	Total functional expenses. Add lines 1 through 24f	1,064,703.	825,940.	137,035.	101,728.
	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.				
BAA		<del></del>			Form <b>990</b> (2009)

Form 990 (2009) IOWA FAM

Part	X	Balance Sheet					_
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			30,638.	1	27,472.
	2	Savings and temporary cash investments			· · · · · · · · · · · · · · · · · · ·	2	
	3	Pledges and grants receivable, net				3	
l	4	Accounts receivable, net				4	575.
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trustee: II of Sche	s, key employees, dule L		5	
	6	Receivables from other disqualified persons (as define	ed under s	section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Comp	lete Part	II of Schedule L.		6	
ŝ	7	Notes and loans receivable, net .		[		7	
A S S E T S	8	Inventories for sale or use .		, [		8	
š	9	Prepaid expenses and deferred charges				9	
1	10a	Land, buildings, and equipment, cost or other basis.	10 a	71,251.			
		Complete Part VI of Schedule D					
	Ь	Less. accumulated depreciation.	10 Ь	57,111.	21,796.	10 c	14,140.
1	11	Investments - publicly-traded securities				11	
1	12	Investments - other securities. See Part IV, line 11				12	, ,
1	13	Investments - program-related. See Part IV, line 11.				13	
1	14	Intangible assets				14	
1	15	Other assets. See Part IV, line 11			6,082.	15	8,167.
1	16	Total assets. Add lines 1 through 15 (must equal line	34)		58,516.	16	50,354.
1	17	Accounts payable and accrued expenses .			53,282.	17	52,509.
1	18	Grants payable				18	
1	19	Deferred revenue				19	
, ,	20	Tax-exempt bond liabilities .				20	
A A	21	Escrow or custodial account liability. Complete Part I'	V of Sche	dule D		21	
ļ 2	22	Payables to current and former officers, directors, trushighest compensated employees, and disqualified per	stees, key sons. Cor	r employees, mplete Part II			
<u>i</u>		of Schedule L				22	
Š 2	23	Secured mortgages and notes payable to unrelated th	-			23	
2	24	Unsecured notes and loans payable to unrelated third	parties .			24	
2	25	Other liabilities. Complete Part X of Schedule D	•	1		25	······································
	26	Total liabilities. Add lines 17 through 25			53,282.	26	52,509.
P F		Organizations that follow SFAS 117, check here ▶	X and	complete lines			
		27 through 29 and lines 33 and 34.					
S 2	27	Unrestricted net assets .			5,234.	27	-2,155.
E S	28	Temporarily restricted net assets.	• •			28	
	29	Permanently restricted net assets		_, ·		29	
R		Organizations that do not follow SFAS 117, check her	re ► [	and complete			
		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		·		30	
B 3	31	Paid-in or capital surplus, or land, building, and equip				31	
ķ   3	32	Retained earnings, endowment, accumulated income,	or other	funds	<del></del>	32	
Εļ	33	Total net assets or fund balances.			5,234.	33	<u>-2,155.</u>
s   ;	34	Total liabilities and net assets/fund balances.	<u> </u>		58,516.	34	50, 354.

BAA

Form 990 (2009)

Form 990 (2009) IOWA FAMILY POLICY CENTER INC	42-1461169		Pag	ge <b>12</b>
Part XI Financial Statements and Reporting				
		Y	es	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		T		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	<u>L 2</u>	a		Х
<b>b</b> Were the organization's financial statements audited by an independent accountant?	2	ь 2	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	ht of the audit,	c 7	x	
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 consolidated basis, separate basis, or both.	e issued on a			
X Separate basis Consolidated basis Both consolidated and separate basis		ł	- #	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth a Audit Act and OMB Circular A-133?	n the Single	a Z	х	
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ne required audit	ь :	x	

BAA

Form 990 (2009)

# SCHEDULE A (Form 990 or 990-EZ)

**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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name o	of the organization						Employer	identificati	ion number	
IOW	A FAMILY POLICY CENTER INC						42-14	461169	)	
Part	Reason for Public Charity Status (All organi	zations	must	compl	ete thi	s part.	) See	instruc	tions	
The o	organization is not a private foundation because it is. (For lines	s 1 throu	gh 11, cl	neck onl	y one b	ox.)				
1	A church, convention of churches or association of church	hes desc	ribed in	section	170(b)(1	)(A)(i).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Sch					., .,,				
3	A hospital or cooperative hospital service organization de		-	n 170(b)	(1)(A)(iii	).				
4	A medical research organization operated in conjunction						<b>ЬΥ1ΥΑ</b> Υ	(iii). Ente	er the hospi	ıtal's
•	name, city, and state.					,	-/(-/(//	(,. <u>_</u>		
5	An organization operated for the benefit of a college or u 170(b)(1)(A)(iv). (Complete Part II.)	_			-		mental	unit desc	ribed in se	ction
6 7	A federal, state, or local government or governmental un  An organization that normally receives a substantial part in section 170(b)(1)(A)(vi). (Complete Part II.)						or from t	the gene	ral public d	escribed
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10	An organization organized and operated exclusively to te			•			•			
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.									
	a Type I b Type II c Type III — Functionally integrated d Type III— Other									
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).									
f										
g	Since August 17, 2006, has the organization accepted an	y gift or	contribu	tion fron	n any of	the fol	lowing p	ersons?		· · · · · · · · · · · · · · · · · · ·
										Yes No
	<ul> <li>a person who directly or indirectly controls, either a below, the governing body of the supported organiz</li> </ul>	lone or to	ogether	with per	sons de	scribed	ın (ii) ar	nd (III)	11g (i)	
	(ii) a family member of a person described in (i) above		•						11 g (ii)	
	(iii) a 35% controlled entity of a person described in (i)		 ove?						11 g (iii)	
h				•					119(11)	
	(i) Name of Supported (ii) EIN (iii) Type of organization (described on ling above or IRC see instruction)	nization nes 1 9 section	(iv) l organizat (i) listed	l in your rning	(v) Did ye the organ col ( your su	ization in	organizat	s the ion in cal zed in the 5 ?	(vii) Amoun	t of Support
			Yes	No	Yes	No	Yes	No		
			<b> </b>							
Total BAA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions	for Form	990 or 990	EZ.			Schedul	e A (For	m 990 or 9	90-EZ) 2009

Part II 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 (b) 2006 (c) 2007 (a) 2005 (d) 2008 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') ,174,725. ,143,441 054,005 057,314 ,461,581 ,032,096 Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 0. 1,032,096. 1,174,725. 1,143,441. 1,054,005. 057, 314 461, 581. Total. Add lines 1-through 3 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 120,630. shown on line 11, column (f) Public support. Subtract line 5 5,340,951. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 174,725 054,005 057,314 5,461,581 032,096 143,441 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents. royalties and income form 0. similar sources Net income from unrelated business activities, whether or not the business is regularly 3,400 3,000 3,000 9,400. carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in 0. Part IV.) Total support. Add lines 7 5,470,981 through 10 12 0. 12 Gross receipts from related activities, etc. (see instructions) 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 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 97.6% 94.9% 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box **►** X and stop here. The organization qualifies as a publicly supported organization. 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 organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 IOWA FAMILY POLICY CENTER INC 42-1461169 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 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009(f) Total (a) 2005 Calendar year (or fiscal yr beginning in)▶ Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal yr 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 form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add ins 9, 10c, 11, and 12) 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 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17. %

19a 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 b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 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 20

Part IV	Suppleme	ntal Info	rmation. C	Complete t	his part to	provide 1	the explanat	ions require	d by Part II,	line 10;
	Part II, line	e 17a or	17b; and F	Part III, lin	e 12. Prov	ide any o	ther addition	ions require nal informati	on. See inst	ructions.
									<b></b>	
				<b>_</b>						
				. <b>-</b>						
		<b>_</b> _								
			<del>-</del>							
	- <b></b>									
		<b></b>						<del>_</del>	<del>_</del>	
_										

TEEA0404L 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Political Campaign and Lobbying Activities** 

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

► Complete if the organization is described below.

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

2009

Open to Public Inspection

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

	,,,,,	
<ul> <li>Section 501(c)(3) organization</li> </ul>	ns. complete Parts I-A and B. Do not complete Part I-0	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 5 (Proxy Tax), then

#### 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.

• 5	Section 501(c)(4), (5), or (6) or	ganizations. Complete Part III.			
	of organization	<del>- 10.</del>		Employer identifica	ation number
IOV	NA FAMILY POLICY CE	NTER INC		42-146116	
Pai	t I-A Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 527 organ	ization.
1	Provide a description of the o	organization's direct and indirect political ca	mpaign activities in P		
2	Political expenditures			<b>►</b> \$	
	Volunteer hours		,		
		rganization is exempt under secti		<del></del>	<del></del>
1		se tax incurred by the organization under s		<b>►</b> \$	0.
2		se tax incurred by organization managers i		▶\$	<del></del>
3	<u> </u>	section 4955 tax, did it file Form 4720 for t	his year?		Yes No
	a Was a correction made?	• •			∐Yes ∐No
	If 'Yes,' describe in Part IV.			1 1' 501/ \/0'	
		rganization is exempt under sect			
1	Enter the amount directly exp	pended by the filing organization for section	1 527 exempt function	activities > \$	
2	Enter the amount of the filing function activities	organization's funds contributed to other o	organizations for secti	on 527 exempt ► \$	
3	Total of exempt function expeline 17b	enditures. Add lines 1 and 2. Enter here an	d on Form 1120-POL,	<b>►</b> \$	1
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	made. For each organization contributions received that we	and employer identification number (EIN) o listed, enter the amount paid from the filin ere promptly and directly delivered to a sep e (PAC). If additional space is needed, pro	g organization's funds parate political organiz	s. Also enter the amoun zation, such as a separa	it of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter 0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter 0

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

Schedule C (Form 990 or 990-EZ) 2009

• •					
Schedule*C (Form 990 or 990-EZ) 2009	IOWA FAMILY	POLICY CENTER IN	NC	42-1461	
Part II-A Complete if	the organization	is exempt under se	ction 501(c)(3) an	d filed Form 5768 (el	lection under
section 501(		<del></del>	<del>-</del> · · ·		
<b>—</b>	• •	gs to an affiliated group.			
B Check ► If the filin	<del> </del>	sed box A and 'limited con	trol' provisions apply.	,	
(The term	Limits on Lobbying 'expenditures' mean	g Expenditures – is amounts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence pub	ic opinion (grass roots lob	bying)		
<b>b</b> Total lobbying expenditu	res to influence a le	gislative body (direct lobby	/ing)		
<b>c</b> Total lobbying expenditu	res (add lines 1a an	d 1b)	•	0.	0.
d Other exempt purpose e	xpenditures	1		1,064,703.	
e Total exempt purpose ex	kpenditures (add line	s 1c and 1d) .		1,064,703.	0.
f Lobbying nontaxable am both columns.	ount. Enter the amo	unt from the following tabl	e in	181,470.	
If the amount on line 1e, colu	mn (a) or (b) is. T	he lobbying nontaxable ar	nount is.		
Not over \$500,000		20% of the amount on line le			
Over \$500,000 but not over \$1,	000,000	\$100,000 plus 15% of the excess	over \$500,000.		
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 o	ver \$1,500,000.		
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable a	mount (enter 25% o	f line 1f) .		45,368.	0.
h Subtract line 1g from lin	e 1a. If zero or less,	enter -0-		0.	0.
i Subtract line 1f from line	e 1c. If zero or less,	enter -0-		0.]	0.
j If there is an amount off section 4911 tax for this		er line 1h or line 1i, did th	e organization file Forn	n 4720 reporting	Yes No
(Sor	ne organizations tha column	4-Year Averaging Period L t made a section 501(h) el s below. See the instruction	Inder Section 501(h) ection do not have to c ons for lines 2a throug	omplete all of the five h 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Peri	od	<del>-</del>
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) Total
2a Lobbying non-taxable amount	189,690	187,377.	181,154.	181,470.	739,697.

	Lobbying	g Expenditures During	4-Year Averaging Perio	d	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	(e) Total
2a Lobbying non-taxable amount	189,696.	187,377.	181,154.	181,470.	739,697.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					1,109,546.
c Total lobbying expenditures					0.
d Grassroots nontaxable amount	47,424.	46,844.	45,289.	45,368.	184,925.
e Grassroots ceiling amount (150% of line 2d, column (e))		:			277,388.
f Grassroots lobbying expenditures		-			0.

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Schedule **C** (Form 990 or 990-EZ) 2009

Schedule'C (Form 990 or 990 EZ) 2009 IOWA FAMILY POLICY CENTER INC  Part II-B   Complete if the organization is exempt under section 501(c)(3) and has NO			1169 Page 3 rm 5768
(election under section 501(h)).	(a		(b)
	Yes	No	Amount
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?		-	
<b>b</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 Railies, 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?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 50:  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carryover lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 50:			Yes No 1 2 3
if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line	3 is	ánsw	ered 'Yes.'
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) non-deductible 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	·
c Total		2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?	cal	4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information			•
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Also, complete this part for any additional information.	Part I	I-B, lın	e 1ı.
	<del>-</del>		

Schedule'C (I	Form 990 or 990-EZ) 2009 IOWA FAMILY POLICY CENTER INC	42-1461169	Page 4
Part IV	Form 990 or 990-EZ) 2009 IOWA FAMILY POLICY CENTER INC Supplemental Information (continued)		
La villa i			
		<del>-</del>	
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### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection

Employer Identification number

IOV	WA FAMILY POLICY CENTER INC			42-1461169	
Pai	TI Organizations Maintaining Dong	r Advised Funds or Other Similar Fu	nds or Ac		te if
	the organization answered 'Yes'	to Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) F	unds and other acc	ounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				_
4	Aggregate value at end of year				
5	Did the organization inform all donors and don funds are the organization's property, subject	or advisors in writing that the assets held in don to the organization's exclusive legal control?	or advised	. Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for purpose conferring impermissible private bene	s, and donor advisors in writing that grant funds he benefit of the donor or donor advisor or for a fit??	may be ny other	Yes	□No
2		ete if the organization answered 'Yes'	to Form 0		
	Purpose(s) of conservation easements held by		to Fulli 9	50, Fait IV, IINE	: /.
'	Preservation of land for public use (e.g., r	`	if an historica	ally important land a	*00
	Protection of natural habitat	Preservation of Preservation o		ally important land a	164
	Preservation of open space		n cermieu MS	storic structure	
2		on held a qualified conservation contribution in th	ne form of a	conservation easem	ent on the
				Held at the End of	the Year
a	Total number of conservation easements		2a		
t	Total acreage restricted by conservation easer	ments	_2b		
C	: Number of conservation easements on a certif	ied historic structure included in (a)	2c		
	Number of conservation easements included in	• • •	2d		
3	Number of conservation easements modified,	transferred, released, extinguished, or terminate	ed by the orga	anization during the	tax
	year ►				
4	Number of states where property subject to co	nservation easement is located	_		
	and enforcement of the conservation easemer		,	ions,	No
6	Staff and volunteer hours devoted to monitoring the year	g, inspecting, and enforcing conservation easen	nents	<del></del>	<del></del>
7		specting, and enforcing conservation easements	, – \$ _		_
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sect	tion	Yes	☐ No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and or the organization's financial statements that des	expense stat scribes the oi	tement, and balance rganization's accour	sheet, and nting for
aı	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Si	milar Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemen	SFAS 116, not to report in its revenue statemer ic exhibition, education, or research in furtherants that describes these items.	nt and balanc ce of public s	e sheet works of ar service, provide, in I	t, historical Part XIV,
t	If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items.	SFAS 116, to report in its revenue statement ar ic exhibition, education, or research in furtheran	nd balance st ce of public s	neet works of art, hi service, provide the	storical following
	(i) Revenues included in Form 990, Part VIII,	line 1		<b>►</b> \$	
	,			<b>►</b> \$	
	amounts required to be reported under SFAS		r financial gai	in, provide the follow	wing
	Revenues included in Form 990, Part VIII, line	1 .		<b>►</b> \$	
L	Assets included in Form 990, Part X			▶\$	

Schedule D (Form 990) 2009 IOWA				42-146	
Part III Organizations Mainta	ining Collection	is of Art, Hist	orical Treasures, o	or Other Similar As	sets (continued)
<ol> <li>Using the organization's acquisite items (check all that apply).</li> </ol>	on accession and oth	ner records, chec	k any of the following the	hat are a significant use	of its collection
a Public exhibition		d Loan	or exchange programs		
<b>b</b> Scholarly research		e 🔲 Other			
c Preservation for future general	ations	<del></del>		·	
4 Provide a description of the organ Part XIV.	nization's collections	and explain how	they further the organi	zation's exempt purpose	· in
5 During the year, did the organizar assets to be sold to raise funds r					Yes No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangements unt on Form 990	Complete if ( ), Part X, line	organization answe	ered 'Yes' to Form	990, Part IV, line
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or ot	her intermediary	for contributions or other	er assets not	Yes No
b If 'Yes,' explain the arrangement					
		•			Amount
c Beginning balance				1c	
d Additions during the year				1d	···
e Distributions during the year				1e	
f Ending balance				16	<del></del>
2a Did the organization include an ai	mount on Form 990.	Part X. line 21?	•		Yes No
<b>b</b> If 'Yes,' explain the arrangement			·	·	
Part V Endowment Funds Co		zation answe	red 'Yes' to Form	990, Part IV, line 10	).
	(a) Current year	(b) Prior year	···		(e) Four years back
1 a Beginning of year balance	(L) Carrons you.	\			:
<b>b</b> Contributions					-
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
<ul> <li>Other expenditures for facilities and programs</li> </ul>					,
f Administrative expenses					
<b>g</b> End of year balance		<u> </u>			
2 Provide the estimated percentage	e of the year end bal	ance held as:			
a Board designated or quasi-endow	/ment ►	<b>%</b>			
<b>b</b> Permanent endowment ▶	<u> </u>				
c Term endowment ►	<u> </u>				
3a Are there endowment funds not a organization by.	n the possession of t	he organization t	that are held and admin	istered for the	Yes No
(i) unrelated organizations .					3a(i)
(ii) related organizations .					3a(ii)
<b>b</b> If 'Yes' to 3a(ıı), are the related o	roanizations listed as	s required on Scl	hedule R?		3b
4 Describe in Part XIV the intended	-	•			08 1
Part VI Investments-Land, B				X line 10	
Description of investment	(a) Co:	st or other basis	(b) Cost or other	(c) Accumulated	(d) Book Value
1a Land		nvestment)	basis (other)	Depreciation	
<b>b</b> Buildings .					
c Leasehold improvements .	·				
d Equipment	<del> </del>		61,515.	10 270	12 227
e Other			9,736.	48,278. 8,833.	13,237. 903.
Total. Add lines 1a through 1e (Column	(d) must equal Form	n 990. Part X .cc		0,033.	14,140.

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 IOWA FAMILY POLICY	CENTER INC	42-14	61169 Page <b>3</b>
Part VII Investments—Other Securities See Fo	orm 990, Part X, lir	ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	ation rket value
Financial derivatives			
Closely-held equity interests			
Other			<del>-</del>
			<del></del>
		<del></del>	
			<del> </del>
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)			· · · · · · · · · · · · · · · · · · ·
Part VIII Investments-Program Related (See			<del></del> -
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year ma	ation rket value
<del></del>		Cost of end-of-year ma	Thet value
		· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13.)			
Part IX Other Assets (See Form 990, Part X,	line 15)	<u> </u>	
	scription		(b) Book value
CASH SURRENDER VALUE - LIFE INS			8,167.
		<u> </u>	
<u></u>	· ·-·-	· · · · · · · · · · · · · · · · · · ·	
	<del></del>		
	<del></del>		
		·	
	<del></del>		†
Total. (Column (b) must equal Form 990, Part X, col.(B), lin	ne 15)	-	8,167.
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		•
Federal Income Taxes			
		_	
		<b>—</b>	
		<b></b> [	
		<del>-</del>	
Control of the Contro	· · · · · · · · · · · · · · · · · · ·		
		_	
		_	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►			
2. FIN 48 Footnote. In Part XIV, provide the text of the footr for uncertain tax positions under FIN 48.	note to the organization's	s financial statements that reports the	organization's liability

Part XI	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
	revenue (Form 990, Part VIII,column (A), line 12)		1,057,314.
	expenses (Form 990, Part IX, column (A), line 25)	L	1,064,703.
<b>3</b> Exc	ess or (deficit) for the year. Subtract line 2 from line 1	⊢	<del>-7,</del> 389.
	unrealized gains (losses) on investments .	⊢	<del></del>
	ated services and use of facilities	⊢	
	stment expenses	F	
	period adjustments.	⊢	
	r (Describe in Part XIV)	⊢	
	l adjustments (net). Add lines 4 through 8	-	-7,389.
	Reconciliation of Revenue per Audited Financial Statements Statements With Revenue per R	eturn	-1,309.
	I revenue, gains, and other support per audited financial statements	1	1,057,314.
	unts included on line 1 but not on Form 990, Part VIII, line 12.	<del></del>	1,001,011.
	unrealized gains on investments		
	ated services and use of facilities		
	overies of prior year grants 2c		
	r (Describe in Part XIV)		
	lines 2a through 2d	2e	
	ract line 2e from line 1	3	1,057,314.
	unts included on Form 990, Part VIII, line 12, but not on line 1.		
	stments expenses not included on Form 990, Part VIII, line 7b		
	r (Describe in Part XIV).		
	lines 4a and 4b	4c	
5 Tota	I revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,057,314.
Parl XI	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	rn	
1 Tota	I expenses and losses per audited financial statements	1	1,064,703.
2 Am	unts included on line 1 but not on Form 990, Part IX, line 25.		
a Don	ated services and use of facilities 2a	1	
<b>b</b> Prio	r year adjustments 2b		
<b>c</b> Oth	r losses . 2c		
<b>d</b> Oth	r (Describe in Part XIV) . 2d		
e Add	lines 2a through 2d	2e	
<b>3</b> Sub	tract line <b>2e</b> from line 1	3	1,064,703.
	unts included on Form 990, Part IX, line 25, but not on line 1:		
	stments expenses not included on Form 990, Part VIII, line 7b		
<b>b</b> Oth	er (Describe in Part XIV) 4b		
	lines 4a and 4b	4c	1 064 702
	l expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	1,064,703.
Part XI	Supplemental Information		<del></del>
line 4, Pa	this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lint X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part n.	lo provi	de any additional
BAA	TEEA3304L 02/02/10	Schedi	ule <b>D</b> (Form 990) 2009

IOWA FAMILY POLICY CENTER INC

42-1461169

Page 4

Schedule **D** (Form 990) 2009

Schedule <b>D</b> (Form 990) 2009 IOWA FAMILY POLICY CENTER INC	42-1461169	Page 5
Schedule D (Form 990) 2009 IOWA FAMILY POLICY CENTER INC  Part XIV   Supplemental Information (continued)		

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Open to Public Inspection 2009

(F)
Direct controlling entity (F)
Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A N/A Employer identification number 42-1461169 (E)
Public charity status (if section 501 (c)(3)) (E) End-of-year assets Part I Identification of Disregarded Entities (Complete If the organization answered 'Yes' to Form 990, Part IV, line 33.) **(D)** Exempt Code section Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. (**D)** Total income 501C(4) 527 Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) Ϋ́ Z છ LEGISLATIVE SUPPORT OF PRO-FAMILY SUPPORT OF PRO-FAMILY CANDIDATES (B) Primary activity (B)
Primary activity POLITICAL AGENDA IOWA FAMILY POLICY CENTER ACTION INC. 1100 N HICKORY BLVD #105 (A) Name, address, and EIN of related organization **(A)** Name, address, and EIN of disregarded entity IOWA FAMILY POLICY CENTER INC 1100 N HICKORY BLVD #105 PLEASANT HILL, IA 50327 PLEASANT HILL, IA 50327 FAMILY PAC Name of the organization 20-1600913 42-1469051 Part II

Schedule R (Form 990) (2009)

TEEA5001L 02/05/10

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

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2009 IOWA FAMILY POLICY CENTER INC

Part III

Page 2

42-1461169

(J) General or managing partner? οN Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (H)
Disproportionate
allocations? ş Yes Share of total income Share of end-of-year assets (E)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) Direct controlling entity (C)
Legal
domicile
(state or
foreign (B) Primary Activity (A)
Name, address, and EIN of related organization 1 1 1

<b>Part IV</b> Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV, Inc. 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Faxable as a Co	rporation or T treated as a	rust (Complet corporation or	e if the organ trust during th	ization answered "	res' to Form 990,	Part IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	Legal domicile Direct Type of entity Share of total income (state or foreign controlling entity country)	(G) (H) Share of end-of-year assets ownership	(H) Percentage ownership

Schedule R (Form 990) (2009)

TEEA5002L 02/05/10

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42-1461169

Part V   Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Fart IV, line 34, 35, of 36.)	, line 34, 35, or 36.	
Note Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule		Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:		
<ul> <li>a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity</li> <li>b Giff, grant, or capital contribution to other organization(s)</li> </ul>		1 b
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)	-	N N
e Loans or loan guarantees by other organization(s)		Je X
f Sale of assets to other organization(s)		1f X
g Purchase of assets from other organization(s)	٠	
h Exchange of assets		
i Lease of facilities, equipment, or other assets to other organization(s)		i:
j Lease of facilites, equipment, or other assets from other organization(s)		Tj X
$oldsymbol{k}$ Performance of services or membership or fundraising solicitations for other organization(s)		7k
I Performance of services or membership or fundraising solicitations by other organization(s)		>
m Sharing of facilities, equipment, mailing lists, or other assets		₩ ×
n Sharing of paid employees		4
o Reimbursement paid to other organization for expenses		10 X
p Reimbursement paid by other organization for expenses		1p X
		····
<ul> <li>q Other transfer of cash or property to other organization(s)</li> <li>r Other transfer of cash or property from other organization(s)</li> </ul>		7 ×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	d transaction thresholds	
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(9)		
(9)		
BAA TEEA5003L 02/05/10	Schedu	Schedule R (Form 990) (2009)

Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.	ling exclusion for cer	tain investment partne	erships.						•
(A) Name and Fin of entity	(B)	(C)	O) Are all p	) artners	(E)	( <b>F)</b>	( <b>G)</b>	<b>)</b>	5 <b>~</b> 2
ואמוופ, מכשפטט, מות בווז כו פוזוון	י יייים אַ מכוועונאַ	(state or foreign country)	section 501(c)(3) organizations?	on (3) trons?	assets	tionate allocations?	In box 20 of Schedule K-1	managing partner?	aging Ser?
			Yes	å		Yes No		Yes	N <sub>o</sub>
İ I									
				T					
				$\dagger$					
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				1		+			
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			-						
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BAA		TEEA5004L 02/05/10					Schedule <b>R</b> (Form 990) (2009)	л 990)	(5002)

## SCHÈDULE O

4 45 \*

### **Supplemental Information to Form 990**

OMB No 1545 0047

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

42-1461169 IOWA FAMILY POLICY CENTER INC FORM 990, PART VI. LINE 11 - FORM 990 REVIEW PROCESS A COPY OF THE RETURN WAS PROVIDED TO ALL BOARD MEMBERS FOR APPROVAL PRIOR TO FILING. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS ALL BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ACKNOWLEDGING THAT THEY HAVE READ THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND AGREE TO COMPLY WITH THE TERMS OF THE POLICY. FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE: COMPENSATION OF OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE COMMITTEE DETERMINES COMPENSATION BASED ON COMPENSATION PAID TO QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS. THE FINANCIAL CONDITION OF THE ORGANIZATION. CURRENT ECONOMIC SITUATION, RESPONSIBILITIES OF THE INDIVIDUAL AND ACCOMPLISHMENTS OF THE INDIVIDUAL ARE ALL TAKEN INTO CONSIDERATION IN THIS PROCESS. THE COMPLETE BOARD OF DIRECTORS APPROVES FINAL COMPENSATION TO BE PAID TO OFFICERS AND KEY EMPLOYEES. THE PROCESS AND DECISIONS MADE ARE DOCUMENTED BY THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE ALL DOCUMENTS SUBJECT TO PUBLIC DISCLOSURE ARE AVAILABLE FOR INSPECTION AT THE 1100 N HICKORY #105, PLEASANT HILL, IA 50327 ORGANIZATION'S OFFICES:

Schedule <b>0</b> (Form 990) 2009	Page 2
Name of the organization	Employer identification number
IOWA FAMILY POLICY CENTER INC	42-1461169
	•
	· · · · · · · · · · · · · · · · · · ·

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