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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

Charmed or organization Low As ChOLO COUNSELOR ASSOCIATION Description Low As ChOLO COUNSELOR ASSOCIATION Promised Low As ChOLO COUNSELOR ASSOCIATION Promised Low Association	Α	For the	2010 calend	ar year, or tax year beginning	07/01	2010, and ending	06	/30 , 20	11		
Number and street (or P O box, if mail is not delivered to street address) Room/sucte E Talephore number	В	Check if a	pplicable	C Name of organization			D Employe	er identification num	ber		
Sis 9 NW 86th		Address of	change	IOWA SCHOOL COUNSELOR ASSOCIATION				32-0261719			
Designation		Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telegon			E Telephor	alephone number			
Dry or town, state or country, and 20° - 1 Appeleame preventy DriNkSTON, IA Sol131 Number Provided								515-273-5313			
Dotts Ton. IA Sotial Dotts Ton. Dotts To	H		City or town, state or country, and ZIP + 4					roup Exemption			
G Accounting Method	H			JOHNSTON, IA 50131							
Website: No. WWW IOWASCHOOLCOUNSELORS ORG Tax-exempt status (check only one) — Soticid 3 4 (near no.) 449/7(a/ft) or 527 Form 990, 990-EZ, or 990-PF.	드			L		н	Check >	If the organization	on is not		
Tax-exempt status (check only one) —			-			''		=			
Receive	-		*****		4 (appet ap.) ☐ 4947(s	a)(1) or 527	•				
Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return L Add lines 55, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II). L Add lines 55, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II). Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.). Check if the organization used Schedule O to respond to any question in this Part I											
to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I			_	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	•				
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	For								_		

Pai	t II Balance Shee	ets. (see the instruction	ns for Part II.)	-4 46				
	Check if the or	ganization used Schedi	le O to respond to any ques	suon in this		nning of year		(B) End of year
	0 1				(A) Degi	15,933	-	15,556
22	Cash, savings, and in			•		13,333	23	13,330
23 24	_	e in Schedule O)		•			24	
25						15,933		15,556
26	Total liabilities (desc						26	0
27			nn (B) must agree with line 2	1) .		15,933		15,556
Par			mplishments (see the instri		Part III.			Expenses
	Check if the or	ganization used Schedu	ile O to respond to any que	stion in this	Part III	· 🗆		juired for section
What	t is the organization's pr	mary exempt purpose?					,	c)(3) and 501(c)(4) inizations and section
Desc	ribe what was achieved in	carrying out the organizati	on's exempt purposes. In a clea	r and concis	e manne	er, describe		7(a)(1) trusts; optional
the s	ervices provided, the numb	per of persons benefited, ar	d other relevant information for e	each progran	n title.		for o	thers.)
28								
	(Grants \$) If this amou	nt includes foreign grants, ch	eck here .		. ▶ 🗆	28a	ļ
29								
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	(Grants \$	\ If this amou	nt includes foreign grants, ch	eck here		····	30a	
31))				-	
3.	(Grants \$		nt includes foreign grants, ch				31a	
00			a through 31a)			▶	32	
32	Total program service	expenses (add intes ad	a a a caga ca a a a a a a					
			Key Employees. List each one e				nstru	ctions for Part IV.)
32 Par	List of Officers, I	Directors, Trustees, and I	Key Employees. List each one eale O to respond to any ques	ven if not co stion in this	mpensat Part IV	ed. (see the II		🗆
	List of Officers, I Check if the or	Directors, Trustees, and Paganization used Schedu	(ey Employees. List each one e	ven if not co	mpensat Part IV	ed. (see the II	ns to	(e) Expense account and
Par	List of Officers, I Check if the org	Directors, Trustees, and Inganization used Schedund address	(ey Employees. List each one ended to to respond to any quest (b) Title and average	ven if not co stion in this (c) Comper	mpensat Part IV	ed. (see the II	ns to	(e) Expense account and
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Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		1
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a	Initiation fees and capital contributions included on line 9			
ь	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	Located at ► 5619 NW 86TH #600 JOHNSTON, IA ZIP + 4 ►	501 501		3
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	Na
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	V 0
	If "Yes," enter the name of the foreign country: ▶	420		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	. 55	<u></u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√
С	Did the organization receive any payments for indoor tanning services during the year?	44c		····
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

Form 99	00-EZ (2010)						12	age 4
					. 540/5/40/0		Yes	No
45	Is any related organization a controlled entity of Did the organization receive any payment from 6	the organization within the	e mean So with	ing of section	n 512(D)(13) /	45		├
а	meaning of section 512(b)(13)? If "Yes," Form	990 and Schedule R may	/ need	to be come	entity within the			
	Form 990-EZ (see instructions)					45a		1
46	Did the organization engage, directly or indirect	ly, in political campaign ac	tivities	on behalf of	or in opposition			
	to candidates for public office? If "Yes," comple	ete Schedule C, Part I		•		46		
Part	501(c)(3) organizations and section 49 and 52, and complete the tables for lin	47(a)(1) nonexempt cha les 50 and 51.	ritable	trusts mus	t answer questic	dl sed ons 4	tion 7–49	b
	Check if the organization used Schedule	O to respond to any que	estion	in this Part \	/I			
4=	D. I. II	-0 16 83/ 7 C-b) D-411		47	Yes	No
47 48	Did the organization engage in lobbying activitie is the organization a school as described in section	•				47		
40 49a	Did the organization make any transfers to an ex					49a		
b	If "Yes," was the related organization a section !					49b	-	
50	Complete this table for the organization's five hi		oyees	other than o	fficers, directors,		es ar	d key
	employees) who each received more than \$100,							
·	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) (Compensation	(d) Contributions to employee benefit plans & deferred compensation	ac	Exper count a r allowa	and
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			1					
						Ĺ		
f	Total number of other employees paid over \$100							
51	Complete this table for the organization's five \$100,000 of compensation from the organizatio			ent contracto	ors who each rec	eived	more	tnar
_	(a) Name and address of each independent contractor		TOITE.	(b) Tyr	e of service	(c) Co	mpens	ation
	(4) (10) (6) (6) (6) (7)			17.21			•	
								•
		-						
d	Total number of other independent contractors of	each receiving over \$100,0	000 .	. ▶				
52	Did the organization complete Schedule A? Not	-		ons and 494	7(a)(1)			
	nonexempt charitable trusts must attach a comp	oleted Schedule A		· · ·	▶ [Yes		No_
Under p	enalties of perjury, I declare that I have examined this return, in rect, and complete Declaration of preparer (other than officer)	cluding accompanying schedules	and stat	tements, and to	the best of my knowled	ige and	d belief	, it is
	rect, and complete Declaration of preparer (offer than officer)	S Dased Off all Information of white	л рібра	TO THE SET IN NOT	wiedge			
	1 XIII TO THE	10.10.		1	07/29/	12	_	
Sign	Signature of officer	regar		<u>.</u>	Date	' -		
Here	Kristine M. Meye	· -		•	•=			
	Type or print name and title	••				-		
Paid	Print/Type preparer's name Prepa	rer's signature		Date	Check if	PTIN		
Prepa	arer				self-employed			
llea (·			F	irm's EIN ▶			

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Phone no

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

Employer identification number

OMB No 1545-0047

Open to Public Inspection

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

• Attach to Form 990 or 990-EZ.

Iowa School Counselor Association 32-0261719 , Line 3-Membership Ques Statement 1 - Form 990-EZ Part 1 Assessments Description Membership Dues Statement 2- Form 990-EZ, Part 1, Line 16- Other Expenses Description Expenses Information Technology 9,076.17 7,876-70 043.01