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Form **990-E**Z

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 reportion requirements

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

OMB No 1545-1150

2010

Open to Public

Α	For th	e 2010 ca	ndar year, or tax year	beginning	0ct 1	, 201	0, and end	ng Ser	30)	,	2011	
В	Check if	f applicable	Name of organization							D	mployer ic	lentification n	umber
Щ	Address	change	OWA AUTO & TRU	CK WRECK	ER'S ASS	OCIATION					42-110	03501	
	Name c	-	Number and street (or P O	box, if mail is no	t delivered to stre	eet address)	Room	'suite		Εī	Telephone r	number	
$\overline{}$	Initial re		752 S. RIVERSI	DE DRIVE							(319)	338-78	28
\blacksquare	Termina	ed return	City or town, state or count	ry, and ZIP + 4									
			OWA CITY				IA 522	46			Group Ex Number	emption	•
		inting Met		crual Other	(specify) >				Check		X If the	organizati	on is not
ı	Webs	ite: 🟲 N			, , , , , ,			_ _	requir	ed to	attach S	Schedule E	(Form
J	Tax-ex	empt status	ck only one) — X 501(c	(3) 501(c)() < (insert no) 4947	(a)(1) or	527	990, 9	990-E	Z, or 99	0-PF).	
			e organization is not a										
	\$50,0	00 A Forn	990-EZ or Form 990 re	turn is not re	quired though	7 Form 990-N (e	-postcard) ı	may be re	equire	ed (se	ee instru	ctions). Bu	it if the
			oses to file a return, be										
L	Add II	nes 5b, 6d	and 7b, to line 9 to de ne 25, column (B) belo	termine gross	receipts If o	pross receipts ar	e \$200,000	or more,	or if	total	►\$		55,594.
	rt I		e, Expenses, and										
			ne organization used Se	_				(See iii	IC 111.	suu	CHOITS	ioi i aiti	., x
	1		ns, gifts, grants, and si			ly question in th	is rait i			_	T 1 T		<u></u>
						atroota					2		JJ,41J.
		-	ervice revenue including p dues and assessmen		iees and cor	macis					3		
			•	เร									170
	4	Investmer	<u>-</u>				1 - 1			•	4		179.
	l		unt from sale of assets		ventory		5a				-		
	l		or other basis and sale	•		_	5 b				-		
			from sale of assets other tha	in inventory (Sub	tract line 5b from	m line 5a)					5c		
		•	d fundraising events				1 1						
R E V E	а	Gross inc	me from gaming (attacl	n Schedule G	if greater that	an \$15,000)	6a				_		
Ě	b	Gross inc	me from fundraising ev	ents (not ınclı	uding \$		of cor	tributions	3		v pre		
N U		from fund	aising events reported o	atta) (atta	ich Schedule	G if the sum	ایما						
E	}	of such gr	ss:rrcome and contributes the second of the	mons exceed	\$ \$15,000)		6b				-\ \		
	С	Less. dire	texpenses from gamin	gʻand (Unurai	sing events		6c				_		
	d	Net incom	or (loss) from gaming	and fundials	ng events (a	dd lines 6a and					'		
] _	6b and su	pact line 6c) 3 1 20	12 6			1 _ 1				6 d		
	ı		Sof inventory, less retu	ırns and allow	ances		7a			_	_		
	1		of goods sold	#3			7b						
ĺ			t or (loss) from sales o		ubtract line 7	b from line 7a)					7c		
	1		nue (describe in Sched	•							8		
	9	Total reve	ue. Add lines 1, 2, 3, 4	1, 5c, 6 d, 7c,	and 8						9		<u>55,594.</u>
	10	Grants an	similar amounts paid	(list in Schedi	ıle O)	•					10		
	11	Benefits p	nd to or for members								11		
E	12	Salaries,	ther compensation, and	d employee be	enefits	•					12		16,133.
EXPER	13	Profession	al fees and other paym	ents to indepe	endent contra	actors					13		20,000.
Ņ	14	Occupano	, rent, utilities, and ma	intenance .							14		
Ĕ	15	Printing, p	ublications, postage, ar	nd shipping .							15		2,214.
3	16	Other exp	nses (describe in Sche	dule O)			See Form 990-E	, Part I, Line 1	6 Other	Expens	es 16		33,689.
	17	Total exp	nses. Add lines 10 thro	ugh_16							▶ 17		72,036.
	18	Excess or	(deficit) for the year (S	ubtract line 17	from line 9)			-			18	_	16,442.
, A	19	Not accor	or fund balances at be	ainning of yo	ar (from line	27. column (A))	/must sars	a with on	d.of ·	/A2r	1		
ΜЗ	'3	figure rep	rted on prior year's reti	aruma or yes	ıı (nom me i	د, دنانتاتا (A))	(illust agre	- WILLIELL	u-ui-y	cai	19	1	37,469.
E S T E		•	ges in net assets or fu	•	explain in Sc	hedule O)	See L-2	20 Stm	t		20		-7,988.
E S T E T S			or fund balances at en		-						▶ 21		13,039.
ВА			Reduction Act Notice										0-EZ (2010

	990-EZ (2010) IOWA AUTO & TRUC		IATION	42	-110	3501 Page 2
Par	Balance Sheets. (see the ins	tructions for Part II.)				
	Check if the organization used Sche	dule O to respond to any ques	stion in this Part II	(A) Beginning of year	ar i	(B) End of year
22	Cash, savings, and investments		 -		. 22	113,039.
	Land and buildings .		· }			0.
24	Other assets (describe in Schedule O)	• •	, -		_	0.
25	Total assets			<u>~</u>	25	113,039.
	Total liabilities (describe in Schedule O)		· ,	0		0.
	Net assets or fund balances (line 27 of c	olumn (B) must agree with lin	ne 21)	137,469		113,039.
	Statement of Program Sen				<u> </u>	Expenses
122	Check if the organization used Sci				(Regi	uired for section
What	s the organization's primary exempt purpose? FU	RTHERING OF THE AU	TO RECYCLING	INDUSTRY	501(0	c)(3) and 501(c)(4)
Desc desc prog	ribe what was achieved in carrying out the ribe the services provided, the number of pram title	e organization's exempt purpo persons benefited, and other r	ses. In a clear and c elevant information	oncise manner, or each	4947	nizations and section (a)(1) trusts, optional thers.)
	LOBBYING AND EDUCATING PU	BLIC FOR MORE EFFI	CIENT LAWS AL	LOWING		
	GREATER USE OF ASSETS					
	(Grants \$ 0.) If the	is amount includes foreign gra	ants, check here	-	28 a	20,000.
29						
	(Grants \$) If th	is amount includes foreign gra	ants, check here	· · · · · · · · · · · · · · · · · · ·	29 a	
30						
	(Grants \$) If th	is amount includes foreign gra	ants, check here	▶	30 a	
31	Other program services (describe in Scho	edule O)				
		is amount includes foreign gra	ants, check here	<u> </u>	31 a	
	Total program service expenses (add lin			<u> </u>	32	20,000.
Par	副义 List of Officers, Directors,				. (see tl	he instructions for Part IV
	Check if the organization used Sc					
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (not paid, enter -0-	(d) Contributions employee benefit pla deferred compensa	ns and	(e) Expense account and other allowances
MIF	E WATERBURY					
	81 HWY E64	PRESIDENT				
TAN		0.00	(o.	Ο.	
SUF	SCHAULS					
221	4 REGAL AVE	EXECUTIVE DIRECTOR				
WAT	ERLOO IA 50702	0.00	(p.	0.	
JOE	L MCCAW					
111	ELM	TREASURER				
IOV	NA CITY IA 52240	0.00		0.	0.	
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			<u> </u>			
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BAA		TEEA0812 0	2/18/11			Form 990-EZ (2010)

Form 990-EZ (2010)' [AWOL	חדוזמ	٤	TRUCK	WRECKER'S	ASSOCTATION

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	_	_			u			.,		

Page 3

	1990-EZ (2010) TOWA AUTO & TRUCK WRECKER'S ASSOCIATION 42-110350	<u>+. </u>	<u> </u>	age 3
Pai	TV 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			
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	Yes	No X
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	34		X
á	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			1
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		<u>x</u> _
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	-	х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
ı	Did the organization file Form 1120-POL for this year?	37 b		_X
38 8	a 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		
ı	p If 'Yes,' complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter:	1 1	, '	ĺĺ
	a Initiation fees and capital contributions included on line 9		'	1
	Gross receipts, included on line 9, for public use of club facilities 39b	٠,٠	1	j
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		1
	section 4911 ► , section 4912 ► ; section 4955 ►			
•	s 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	40 b		x
•	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		1	
•	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		
	List the states with which a copy of this return is filed ►			
1	Telephone no. > (319) Located at > 2752 S RIVERSIDE DR IOWA CITY IA ZIP + 4 > 52246 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: > See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S.? If 'Yes,' enter the name of the foreign country > If 'Yes,' en		-782 Yes	
44	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44a 44b 44c	Yes	No X X
	d 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		(00.5.5)
DA/				MINIO

						res	NO
	related organization a controlled entity of	of the organization within the	ne meaning of sect	ion 512(b)(13)? .	45		x
a Did th of sec	ne organization receive any payment from ction 512(b)(13)? If 'Yes,' Form 990 and S	or engage in any transac Schedule R may need to be	tion with a controlle completed instead	ed entity within the meaning of Form 990-EZ (see inst	g 45a		х
46 Did th	ne organization engage, directly or indirect dates for public office? If 'Yes,' complete	tly, in political campaign a			46		х
	Section 501(c)(3) organizations 501(c)(3) organizations and sec 47-49b and 52, and complete the	and section 4947(a)	xempt charitab	charitable trusts onli le trusts must answer	lv. All sed	ction ns	
	Check if the organization used Schedule	O to respond to any ques	stion in this Part VI				
47 5 1 11						Yes	No
	ne organization engage in lobbying activiti organization a school as described in se			Idula E	47	х	
	ne organization make any transfers to an		-	dule E .	. 48 49a		$\frac{x}{x}$
	s,' was the related organization a section		nea organization		49b		
50 Comp	olete this table for the organization's five hoyees) who each received more than \$100	nighest compensated empl	oyees (other than o	officers, directors, trustees	and key		
•		(b) Title and average	(c) Compensation	(d) Contributions to employee	ne (e) Ex	pense	
(a)	Name and address of each employee paid more than \$100,000	hours per week devoted to position		benefit plans and deferred compensation	account other all	nt and	
NONE							
	·						
f Total	number of other employees paid over \$10	00,000 .		<u> </u>			
51 Comp	lete this table for the organization's five h	nighest compensated indep	endent contractors	who each received more t	than \$100,0	00 of	
comp	ensation from the organization. If there is (a) Name and address of each independent contr	·		(A) T (410		
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Comp	ensation	1
NONE							
NONE	·						
NONE							
NONE							
NONE							
NONE							
NONE							
NONE							
NONE							
	number of other independent contractors	each receiving over \$100.					
d Total	number of other independent contractors are organization complete Schedule A? No	•		►			
d Total 52 Did th	ne organization complete Schedule A? No able trusts must attach a completed Sche	te All section 501(c)(3) or	ganizations and 49		► X Yes		
d Total 52 Did th	ne organization complete Schedule A? No able trusts must attach a completed Sche	te All section 501(c)(3) or	ganizations and 49				No No
d Total 52 Did th	ne organization complete Schedule A? No able trusts must attach a completed Sche es of perjury, I declare that I have examined this return and complete Declaration of preparer (other than office	te All section 501(c)(3) or	ganizations and 49				
d Total 52 Did th charit Under penaltetrue, correct, a	ne organization complete Schedule A? No able trusts must attach a completed Sche	te All section 501(c)(3) or dule A	ganizations and 49	the best of my knowledge and belowledge] No
d Total 52 Did th charit Under penaltetrue, correct, a	ne organization complete Schedule A? No able trusts must attach a completed Schedule As of perjury, I declare that I have examined this return and complete Declaration of preparer (other than office Signature of officer	te All section 501(c)(3) or	ganizations and 49	the best of my knowledge and belowledge 01/16/12			
d Total 52 Did th charit Under penaltetrue, correct, a	ne organization complete Schedule A? No able trusts must attach a completed Scheses of perjury, I declare that I have examined this return and complete Declaration of prepare (other than office Signature of officer Type or print name and title	te All section 501(c)(3) or idule A , including accompanying schedule ar) is based on all information of w	ganizations and 49 es and statements, and to hich preparer has any kn	the best of my knowledge and belowledge 01/16/12 Date JOEL D. MCCAW,	TREASUE] No
d Total 52 Did th charit Under penaltic true, correct, a	ne organization complete Schedule A? No able trusts must attach a completed Schese of perjury, I declare that I have examined this return and complete Declaration of preparer (other than office Signature of officer Type or print name and title Print/Type preparer's name	te All section 501(c)(3) or dule A	ganizations and 49 is and statements, and to hich preparer has any kn	o the best of my knowledge and belowledge 01/16/12 Date JOEL D. MCCAW, Check X if PT	TREASUE		No
d Total 52 Did th charit Under penaltitrue, correct, a Sign Here	ee organization complete Schedule A? No able trusts must attach a completed Sche es of perjury, I declare that I have examined this return and complete Declaration of preparer (other than office Signature of officer Type or print name and title Print/Type preparer's name DONALD L. DIEHL	te All section 501(c)(3) or dule A , including accompanying schedule er) is based on all information of w TREASURFA Preparer's signature	ganizations and 49 es and statements, and to hich preparer has any kn	o the best of my knowledge and belowledge 01/16/12 Date JOEL D. MCCAW, Check X if PT	TREASUE		
d Total 52 Did th charit Under penaltic true, correct, a	ee organization complete Schedule A? No able trusts must attach a completed Sche es of perjury, I declare that I have examined this return and complete Declaration of preparer (other than office Signature of officer Type or print name and title Print/Type preparer's name DONALD L. DIEHL Firm's name Diehl Law Office	te All section 501(c)(3) or dule A , including accompanying schedule by is based on all information of w TREASURFA Preparer's signature	ganizations and 49 is and statements, and to hich preparer has any kn	o the best of my knowledge and belowledge 01/16/12 Date JOEL D. MCCAW, Check X if PT self-employed	TREASUE] No
d Total 52 Did th charit Under penaltitue, correct, a Sign Here Paid Preparer	re organization complete Schedule A? No able trusts must attach a completed Schedule Schedule A: No able trusts must attach a completed Schedule A: No able trusts must attach a complete Schedule A	te All section 501(c)(3) or dule A , including accompanying schedule by is based on all information of w TREASURFA Preparer's signature	ganizations and 49 is and statements, and to hich preparer has any kn	othe best of my knowledge and belowledge 01/16/12 Date JOEL D. MCCAW, Check X if PT self-employed Firm's EIN	TREASUE	RER] No
d Total 52 Did the charit Under penaltie true, correct, z Sign Here Paid Preparer Use Only	pe organization complete Schedule A? No able trusts must attach a completed Scheses of perjury, I declare that I have examined this return and complete Declaration of propage (other than office) Signature of officer Type or print name and title Print/Type preparer's name DONALD L. DIEHL Firm's name Diehl Law Officer Diehl Law Officer 1400 5th Street	te All section 501(c)(3) or idule A , including accompanying schedule at its based on all information of with the section of t	ganizations and 49 es and statements, and to hich preparer has any kn Date 01/16/ IA 52241	o the best of my knowledge and belowledge 01/16/12 Date JOEL D. MCCAW, Check X if PT self-employed Firm's EIN	TREASUE	RER	No

42-1103501

Form 990-EZ (2010) IOWA AUTO & TRUCK WRECKER'S ASSOCIATION

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

<u>(B)</u>

(D)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public

Name	of the	organization						ì	Employe	r identifica	tion number		
IOW	Α.	AUTO & TRUCK W								L03501			
Par	t'l"	Reason for Publ	ic Charity Status	(All organizations	must c	comple	te this	part.)	See ii	nstruct	ions.		
The o	orgai	nization is not a privat	e foundation because	it is: (For lines 1 through	jh 11, ch	neck onl	y one bo) (xc	_				
1		A church, convention	of churches or associ	ation of churches descr	ibed in s	section	170(b)(1)(A)(i).					
2		A school described in	section 170(b)(1)(A)((ii). (Attach Schedule E.	.)								
3		A hospital or a coope	rative hospital service	e organization described	ın secti	ion 170((b)(1)(A)	(iii).					
4		A medical research of	rganization operated	in conjunction with a ho	spital de	escribed	ın secti	on 170(l	b)(1)(A)	(iii). Ente	er the hospi	tal's	
		name, city, and state:	:								•		
5		An organization opera 170(b)(1)(A)(iv). (Cor	ated for the benefit of nplete Part II)	a college or university of	owned o	r operat	ed by a	governn	nental u	nit desci	ribed in sec	tion	- - -
6		A federal, state, or lo	cal government or go	vernmental unit describe	ed in se	ction 17	0(b)(1)(A	4)(v).					
7		in section 170(b)(1)(A	N(vi). (Complete Part	•		_	ernment	al unit o	r from t	he gene	ral public d	escribe	ed
8	\sqcup			0(b)(1)(A)(vi). (Complete									
9	X An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 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	П			clusively to test for pub	lic safet	v. See s	section 5	509(a)(4)).				
11	Ħ	An organization organ	nized and operated ex	clusively for the benefit	of, to p	- erform t	he funct	ions of.	or carry	out the	purposes o	f one	or
		more publicly support	ed organizations desc	cribed in section 509(a)	(1) or se	ection 50)9(a)(2).	See se	ction 50	19(a)(3).	Check the	box th	at
		a Type I	b Type II	on and complete lines 1 c		-	ıntegrate			ا ا	Tune III	Othor	_
е		<u> </u>								d ∐ ua au a lufu	Type III –		Ĭ
-		other than foundation section 509(a)(2)	managers and other	nization is not controlle than one or more public	ly suppo	orted or	ganızatı	ons desc	ribed in	section	509(a)(1)	or	
f		If the organization red check this box	eived a written deteri	mination from the IRS th	nat is a	Type I,	Гуре II о	r Type I	II suppo	rting org	janization,		
g	l	Since August 17, 200	6, has the organization	on accepted any gift or	contribu	ition fror	n any of	the follo	owing p	ersons?			
												Yes	No
		(i) A person who d below, the gove	irectly or indirectly co rning body of the sup	ntrols, either alone or to ported organization?	ogether v	with per	sons des	scribed i	n (II) ar	nd (III)	11 g (i)		
		(ii) A family member	er of a person describ	ed in (i) above?							11 g (ii)		
		(iii) A 35% controlle	d entity of a person d	lescribed in (i) or (ii) ab	ove?						11 g (iii)		
<u>h</u>		Provide the following	information about the	supported organization	(s)								
		(i) Name of supported organization	(ii) EIN	(ii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	Is the zation in i) listed in overning ment?	the organ	ou notify ization in n (i) of upport?	organiz colur organize	s the ation in in in in in in the s ?	(vii) Amour	nt of sup	port
					Yes	No	Yes	No	Yes	No			
(A)_													
 -							1 —		_	<u> </u>			

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

Schedule A (Form 990 or 990-EZ) 2010

42-1103501 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support									
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants.')									
2	Tax revenues levied for the organization's benefit and either paid to it 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.									
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		+ ₹	,		, , , , ,				
Sec	tion B. Total Support				•					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 carried on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
11	Total support. Add lines 7 through 10				,					
12	Gross receipts from related activ	ities, etc (see inst	ructions) .			12				
	First five years. If the Form 990 organization, check this box and	stop here		, third, fourth, or	fifth tax year as a	section 501(c)(3)	. ► 🗍			
	tion C. Computation of Pu									
	Public support percentage for 20		_	11, column (f))		14	<u>%</u>			
	Public support percentage from 2	·	·			15	<u>%</u>			
16 a	a 33-1/3% support test — 2010. If the and stop here. The organization	he organization di qualifies as a pub	d not check the bo licly supported org	x on line 13, and anization	the line 14 is 33-	1/3% or more, che	ck this box			
t	33-1/3% support test — 2009. If t and stop here. The organization	he organization di qualifies as a pub	d not check a box licly supported org	on line 13 or 16a anization	i, and line 15 is 33	3-1/3% or more, ch	eck this box			
17 a	7a 10%-facts-and-circumstances test — 2010. 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. ▶ □									
	o 10%-facts-and-circumstances te or more, and if the organization in organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances' test The organizat	test, check this b ion qualifies as a	ox and stop here a publicly supporte	. Explain in Part IV ed organization	how the			
	Private foundation. If the organiz	zation did not che	ck a box on line 13	, 16a, 16b, 17a,						
BAA	i e				S	chedule A (Form 99	30 or 990-EZ) 2010			

Part III. | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include		27.045	40, 507	45, 000		450 440
2	any 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		27,045.	42,597.	45,908.	42,568	. 158,118.
3	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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons		27,045.	42,597.	45,908.	42,568	. 158,118.
b	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						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	۲					158,118.
	tion B. Total Support		 				
	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
-	Amounts from line 6		27,045.	42,597.	45,908.	42,568	. 158,118.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		15,885.	-2,635.	-20,472.	1,272	5,950.
c	Add lines 10a and 10b.		15,885.	-2,635.	-20,472.	1,272	5,950.
_	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 Ins 9, 10c, 11, and 12)						152,168.
	First five years. If the Form 990 organization, check this box and	stop here		third, fourth, or	fifth tax year as a	section 501(c)(3)
	tion C. Computation of Pu						
	Public support percentage for 20	-	•	13, column (f))		15	
	Public support percentage from 2				· · · · · · · · · · · · · · · · · · ·		144.50 %
Sec	tion D. Computation of Inv						
17	Investment income percentage for			-	n (f))	17	
18	Investment income percentage fr					18	
	33-1/3% support tests — 2010. If is not more than 33-1/3%, check	this box and stop	here. The organiza	ation qualifies as	a publicly support	ted organizatior	n • X
ŀ	33-1/3% support tests - 2009. If line 18 is not more than 33-1/3%						. —
_20	Private foundation. If the organiz	zation did not ched	ck a box on line 14,	19a, or 19b, che	eck this box and s	ee instructions	

Part IV	Supplementa	Information.	Complete this	s part to prov	ide the explan	ations required b	ov Part II. line 10:	ge 4
	Part II, line 17 (See instruction	'a or 17b; and ons).	Part III, line	12. Also com	plete this part	for any addition	by Part II, line 10; al information.	
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.

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

OMB No 1545-0047

2010

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Department of the Treasury Internal Revenue Service

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

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

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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), 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.

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** 42-1103501 <u>IOWA AUTO & TRUCK WRECKER'S ASSOCIATION</u> Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political expenditures Volunteer hours Part I-B | Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No Yes 4a Was a correction made? No Yes b If 'Yes,' describe in Part IV. Part I-C | Complete if the organization is exempt under section 501(c) , except section 501(c)(3) Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? No Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing (e) Amount of political contributions received and promptly and directly delivered to a separate rganization's funds If none, enter-0political organization If none, enter -0-(1) (2)(3) (4) (5)

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

(6)

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 201 Part II-A Complete if section 501(the organization			42-110 nd filed Form 5768 (6	
_ `		gs to an affiliated group			
—	* -	ed box A and 'limited cont	rol' provisions apply		
	Limits on Lobbyir			(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence publi	ic opinion (grass roots lobl	bying)	. 15,000.	
b Total lobbying expenditu	res to influence a leg	slative body (direct lobby	ing)	0.	
c Total lobbying expenditu				15,000.	
d Other exempt purpose e				0.	
e Total exempt purpose ex		s 1c and 1d)		15,000.	
f Lobbying nontaxable am both columns			e in	3,000.	
If the amount on line 1e, coli	umn (a) or (b) is T	he lobbying nontaxable a	mount is:		, 1.
Not over \$500,000		20% of the amount on line 1e			1
Over \$500,000 but not over \$1,	000,000	\$100,000 plus 15% of the excess	over \$500,000	ي د اي	
Over \$1,000,000 but not over \$	1,500,000	175,000 plus 10% of the excess	over \$1,000,000.	المراقب	Total Street and Total
Over \$1,500,000 but not over \$	17,000,000	225,000 plus 5% of the excess of	ver \$1,500,000		
Over \$17,000,000		\$1,000,000		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
g Grassroots nontaxable a	mount (enter 25% of	line 1f)		750.	
h Subtract line 1g from lin	e 1a If zero or less,	enter -0-		14,250.	
i Subtract line 1f from line	e 1c If zero or less, e	enter -0-		12,000.	
j If there is an amount off section 4911 tax for this	ner than zero on eithe year?	er line 1h or line 1i, did the	e organization file Fo	rm 4720 reporting	Yes X No
(Son	ne organizations that column	l-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 ons for lines 2a thro	o complete all of the five ugh 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging P	eriod	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
		1 ,		1	1

Calendar year (or fiscal year beginning in)

(a) 2007
(b) 2008
(c) 2009
(d) 2010
(e) Total

2 a Lobbying non-taxable amount

b Lobbying ceiling amount (150% of line 2a, column (e))

c Total lobbying expenditures

d Grassroots nontaxable amount

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2010 IOWA AUTO & TRUCK WRECKER'S ASSOCIATION 42-1103501

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

(election under section 501(h)).					
	(i	2)		(b)	
	Yes	No	A	mount	
1 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?			1		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?			T.	A	
•	.				
d Mailings to members, legislators, or the public?	•			<u>_</u>	
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities? If 'Yes,' describe in Part IV	<u> </u>				
j Total. Add lines 1c through 1i		3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			199		1.55-33
b If 'Yes,' enter the amount of any tax incurred under section 4912	193	The second			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	1.	7			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			The same	sorta.	
Part III-A' Complete if the organization is exempt under section 501(c)(4), section 5 section 501(c)(6).	01(c)(5)	, or			
				Yes	No
1. Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	_	\vdash
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	- †	+
Part III-B Complete if the organization is exempt under section 501(c)(4), section 5	11(cY5)	Or			
section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if is answered 'Yes.'	Part III-	A, lin	e 3		
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		是軍			
a Current year		2 a			
b Carryover from last year .		2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
7 Aggregate attribute toportou in position observer, by notices of nonacouclibre section force, dues .		34.42			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	SS	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pol expenditure next year?	itical	4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV ★ Supplemental Information		<u> </u>			
		D 1	- 1.		
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, a Also, complete this part for any additional information.	na Part II	-B, IIN	e II		
	 -		-		
	- -		-		
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Schedule C (Form 990 or 990-EZ) 2010 IOWA AUTO & TRUCK WRECKER'S ASSOCIATION	42-1103501	Page 4
Schedule C (Form 990 or 990-EZ) 2010 IOWA AUTO & TRUCK WRECKER'S ASSOCIATION Part IV Supplemental Information (continued)		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

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.

Open to Public

Name of the organization	Employer identification number
IOWA AUTO & TRUCK WRECKER'S ASSOCIATION	42-1103501
	
	
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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
FALL OUTING EXPENSE	3,972.
ARA EXPENSE	3,321.
CMARC EXPENSE	3,666.
CONFERENCE CALLS	515.
ARA MEMBERSHIP DUES	437.
PLAQUES FOR RECOGNITION AWARDS	116.
ICRA DONATION	0.
OFFICE SUPPLIES	399.
TELEPHONE	438.
TOURNAMENT SPONSORSHIP	0.
CMARC AUCTION EXPENSE	500.
TAX PREPARATION	200.
DIRECTORY LOCATOR	0.
MEMORIALS	100.
HILL DAYS	1,663.
SUMMER OUTING	250.
BOND RENEWAL	200.
DUES - VARIOUS	50.
AMEX	124.
ADOBE SOFTWARE	321.
IAR SCHOLARSHIPS	8,500.
OUTING EXPENSE	457.
IIADA EXP	114.
SUMMER OUTING	5,441.
EMPLOYEE REIMBURSEMENT	802.
FUNDRAISER	2,103.
	-
Total	33,689.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part I, Line 20

Description	Amount
CHANGE IN MARKET VALUE OF PORTFOLIO	-7,988.
Total	