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Department of the Treasury Internal Revenue Service

Fandha 2011 calandan wasn

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 form.

The organization gray have to year account this return to safety to take reporting requirements.

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

OMB No 1545-1150

2011

Open to Public Inspection

| ~ | | ne 2011 Calendar year, or tax year beginning , 2011, and ending | | • |
|-------------------|-----------|---|---------------------------|------------------------------|
| B | 1 | | Employer ı | dentification number |
| ⊨ | | | <u> 20-13</u> | 96140 |
| ⊨ | | | Telephone | number |
| ⊨ | Initial i | DEB 1101HEB/ 111 00005 | 563-2 | 99-6908 |
| <u> </u> | Termin | | | |
| \vdash | | | Group E: Number | xemption |
| <u></u> | <u> </u> | | | |
| G | | | | e organization is not |
| 1 | | 000 000 | o allach FZ or 99 | Schedule B (Form |
| <u>J</u> _ | | xempt status (ck only one) $ A = 501(c)(3)$ $ A = 501(c)(1)$ $ A = 1000(c)(1)$ $ A = 1000(c)(1)$ $ A = 1000(c)(1)$ | | |
| K | Chec | | | |
| | norm | ally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-pos actions). But if the organization chooses to file a return, be sure to file a complete return. | stcard) r | may be required (see |
| | | | | |
| L | Add | lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to its (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | tal ►\$ | 51,155. |
| | | | | |
| Pa | art I | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc | ctions t | • — |
| | | Check if the organization used Schedule O to respond to any question in this Part I | | X |
| | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 550. |
| | 2 | Program service revenue including government fees and contracts | 2 | 30,805. |
| | 3 | Membership dues and assessments | 3 | 6,620. |
| | 4 | Investment income. | 4 | 619. |
| | 1 . | Gross amount from sale of assets other than inventory 5a | 7. 7 | |
| | | , | ┦ : 1 | |
| | | | ⊣ ~' <u>:</u> `: l | |
| | 1 | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5 c | |
| | 6 | Gaming and fundraising events | 30 J. Jan. | |
| REVERU | a | Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 8,451 | <u> </u> | |
| Ě | b | Gross income from fundraising events (not including \$ of contributions | -31 | |
| N | | from fundraising events reported on line 1) (attach Schedule G if the sum | | |
| Ē | 1 | of such gross income and contributions exceeds \$15,000) 6b | 4231 | |
| | C | Less. direct expenses from gaming and fundraising events 6c 5,329 | <u>.</u> | |
| | ۱ ۸ | Net income or (loss) from gaming and fundraising events (add lines 6a and | | |
| | | 6b and subtract line 6c) | 6d | 3,122. |
| | 7a | Gross sales of inventory, less returns and allowances 7a 4, 110 | | |
| | 1 | Less cost of goods sold 2,993 | | |
| | 1 | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 1,117. |
| | 8 | Other revenue (describe in Schodyle O) | 8 | |
| | I - | Total revenue Abel lines 1, 2, 3, 4 5c, 6d, 7c, and 8 | ▶ 9 | 42,833. |
| | 9 | | | 42,033. |
| | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | |
| _ | 11 | Benefits paid to or for members Salaries, other compensation, and employee benefits | 11 | |
| X | 12 | Salarles, other compensation, and employee benefits | 12 | |
| XPENSE | 13 | Professional fees and other payments to independent contractors | 13 | 500. |
| Ñ | 14 | Occupanty Pent Fullifies and maintenance | 14 | |
| Ĕ | 15 | Printing, publications, postage, and shipping | 15 | 300. |
| S | 16 | Other expenses (describe in Schedule O) See Schedule O | 16 | 33,123. |
| | 17 | , , | ► 10 17 | 33, 923. |
| _ | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 8,910. |
| _ | '° | | t | . 0, 110. |
| N S | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year | | 20 100 |
| N S E S T E | | figure reported on prior year's return) | 19 | 38,106. |
| Ţ | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| _ | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | ► 21 | 47,016. |
| ВА | A Fo | r Paperwork Reduction Act Notice, see the separate instructions. | | Form 990-EZ (2011) |

| | '990-EZ (2011) IOWA NARCOTICS | | ON | | 20-13 | 96140 Page 2 |
|---------------------|--|---|---|-------------------------------------|---------------|---|
| Pa | Balance Sheets. (see the inst | tructions for Part II.) | iestion in this Part II | | | X |
| | Check if the organization used outle | dule o to respond to any qu | 203(107) 117 (7113 7 (27) 17 | (A) Beginning of | vear | (B) End of year |
| 22 | Cash, savings, and investments | | | 26,42 | | |
| 23 | Land and buildings | | | | 23 | |
| 24 | Other assets (describe in Schedule O) | See Schedul | e 0 [| 11,67 | | |
| 25 | Total assets | | | 38,10 | | |
| 26 | Total liabilities (describe in Schedule O) | | | | 0.26 | |
| 27 | Net assets or fund balances (line 27 of | column (B) must agree with | line 21) | 38,10 | 6. 27 | 47,016. |
| Pai | Statement of Program Serv | ice Accomplishments | (see the instrs for Pa | ort III.) | | Expenses |
| | Check if the organization used Sci | | | | (Red 501 | quired for section (c)(3) and 501(c)(4) |
| What Desc mea | is the organization's primary exempt purpose? See cribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e | Schedule 0 ccomplishments for each of e manner, describe the servi each program title | its three largest process provided, the nu | ram services, as mber of persons | orga 494 | inizations and section 7(a)(1) trusts, optional others) |
| 28 | See Schedule 0 | | | | _ | |
| | | | | | | |
| | (Grants \$) If th | is amount includes foreign g | rants, check here | | 28 2 | 27,138. |
| 29 | | | | | | |
| | | | ~ ~ | | _ | |
| | | | | | | |
| | (Grants \$) If th | is amount includes foreign g | rants, check here | • | 29 8 | 1 |
| 30 | | | | | | |
| | | | | | | |
| | | | | | ┨╻ | |
| | | is amount includes foreign g | rants, check here | | <u> 30 a</u> | 1 |
| 31 | Other program services (describe in Sch | | ta abaal, bara | ▶ [| ار 31 ا | |
| 22 | (Grants \$) If th Total program service expenses (add lin | is amount includes foreign g | rants, check here | | ▶ 32 | 27,138. |
| 32 [D3] | List of Officers, Directors, | Trustees and Key Fmi | novees List each one | e even if not compensate | | |
| (FgC) | Check if the organization used Sc | | | | cu (3cc | |
| | | (b) Title and average | (c) Reportable compensa | tron (d) Health ber | | (e) Estimated amount of |
| | (a) Name and address | hours per week devoted to position | (Form W-2/)099-MISC (If not paid, enter -0-) | contributions to e | | other compensation |
| | | | | deferred compe | | |
| See | Schedule_O | | | | | |
| | | | | | | |
| | ····· | | | 0. | 0. | 0. |
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| BAA | | TEEA0812L | 02/14/12 | l | | Form 990-EZ (2011) |
| 244 | • | IEEAUOIZL | V- 17712 | | | 555 22 (2011) |

45 h

Form **990-EZ** (2011)

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'

| 20 | | ~ | \sim | C 1 | A | \sim |
|----|-----|----|--------|-----|-----|--------|
| 20 | - 1 | .5 | 9 | bΙ | . 4 | υ |

Page 4

Yes No

| 46 Did th | ne organization engage, directly or indire dates for public office? If 'Yes,' complet | ectly, in political campa e Schedule C. Part I | gn activities | on behalf o | of or in opposition to | 44 | 6 | X |
|----------------------|---|---|---------------------------------------|------------------------------|--|--------------------------|----------------|--------|
| | Section 501(c)(3) organization | s and section 4947 | (a)(1) non | exempt c | haritable trusts or | nly. All s | ection | |
| | 501(c)(3) organizations and sec 47-49b and 52, and complete the | ction 4947(a)(1) no | nexempt (| charitable | trusts must answe | er quest | ions | |
| | , | | | | | | | |
| | Check if the organization used Schedu | le O to respond to any | question in | this Part VI | | | 1 | ┰┷ |
| 47 Did th | ne organization engage in lobbying activ | ities or have a section f | 501/h) alacti | on in effect | during the tay year? If | f 'Yes '[| Yes | No |
| comp | elete Schedule C, Part II | ities of have a section t | or (ii) ciccii | | during the tax year in | 4 | 7 | X |
| | e organization a school as described in s | | | - | dule E | 41 | | X |
| | ne organization make any transfers to ar | • | related org | anızatıon? | | <u> </u> | 9a | X |
| | s,' was the related organization a section | <u>-</u> | | | | | 9b | L |
| 50 Comp | plete this table for the organization's five oyees) who each received more than \$1 | highest compensated 00.000 of compensation | employees (n from the o | (other than d roanization | officers, directors, trust If there is none, enter | tees and k 'None.' | ey | |
| | 0,000, 1110 00011000100 11010 11010 1 | (b) Title and average | | | (d) Health benefits, | | nated amou | int of |
| | (a) Name and address of each employee paid more than \$100,000 | hours per week devoted to position | (Forms W-2 | compensation 2/1099 MISC) | contributions to employee benefit plans, and deferred compensation | | compensat | |
| None | | İ | | | | | | |
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| | | | | | | | | |
| | | † | | | | | | |
| e Total | number of other employees paid over \$ | 100,000 | | | | | | |
| 51 Com | olete this table for the organization's five | highest compensated | ındependent | contractors | who each received m | ore than \$ | 100,000 | of |
| | ensation from the organization if there lame and address of each independent contractor paid | | T | (b) Type | of service | (c) C | ompensatio | ก |
| | | | | (-7 - 7 | | 1 (7) | | |
| None | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | 1 | | |
| - Tatal | | | 100,000 | | | | | |
| | number of other independent contractor | _ | • | uppe and 40 | 47(a)(1) nonexempt | | | |
| chari | ne organization complete Schedule A? National trusts must attach a completed Sci | nedule A | o) organizat | 110115 aliu 47 | 47 (a)(1) Honexempt | ► X | res [| No |
| Under penaltie | es of perjury, I declare that I have examined this return and complete Declaration of pergerer (other than office | i, including accompanying sche | dules and stater | nents, and to the | e best of my knowledge and b | elief, it is | _ | |
| tide, correct, c | XXXIIIV | ory is successful an intermediate. | , , , , , , , , , , , , , , , , , , , | | × 32120 | 712 | | |
| Sign | Standure of other | | | | Date | | | |
| Here | ARDYTH ORR | | 1 | | Treasurer | | | |
| | Type or print name and title | | // | T | | | | |
| | Print/Type preparer's name | Preparer's signature | | 3-14 | / - a a Crieck L_J" | PTIN | 410 | |
| Paid | JIM REEVE | Jan Ke | <u> </u> | | self-employed | P00308 | 419 | |
| Preparer Use Only | Firm's name Latta Harris Ha | | oth, LLE | <u>-</u> | F | 39-19 | U1333 | |
| OSC OIIIY | Firm's address • 1201 North Aver Tipton, IA 5277 | | | | Phone no (5) | | 01322 6-218 | |
| May the IR | S discuss this return with the preparer s | | uctions | | Ti none no (5) | <u>55, 55</u> ► X • | | No |
| | properer | | | | | | | (2011) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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 Inspection

| Name of the | ne organization | | | | | | | Employe | r identificat | ion number | | |
|-------------|---|--|--|--|---|---|--|------------------------|--|---------------------------------------|-----------------|----------------|
| IOWA | NARCOTICS OFFI | CERS ASSOCIAT | ION | | | | | 20-1 | 396140 |) | | |
| Part I | Reason for Publ | ic Charity Status | (All organizations | must o | omple | te this | part.) | See ı | nstructi | ions. | | |
| The org | anization is not a priva | te foundation because | e it is (For lines 1 thro | ugh 11, | check o | nly one | box) | | | | | |
| 1 | A church, convention | of churches or assoc | ciation of churches desc | cribed in | section | 170(b) | (i)(A)(i) | • | | | | |
| 2 | A school described in | section 170(b)(1)(A) | (ii). (Attach Schedule E | E) | | | | | | | | |
| 3 | A hospital or a coope | erative hospital servic | e organization describe | ed in sec | tion 170 | 0(Ь)(1)(А | V)(iii). | | | | | |
| 4 _ | | • | in conjunction with a h | ospital o | describe | d in sec | tion 17 | D(b)(1)(A | A)(iii) En | iter the ho | spital's | 5 |
| | name, city, and state | | , - -, | | | | | | | | | |
| 5 [| ∐ 170(b)(1)(A)(iv). (Cor | mplete Part II) | f a college or university | | | | _ | nmenta | i unit des | scribea in s | sectio | п |
| 6 | | | overnmental unit descri | | | | | | | باطنيم امتما | | bad |
| 7 | I An organization that In section 170(b)(1)(A | | substantial part of its surt II) | apport in | om a go | vernme | ntai uni | t or iron | i the ger | ierai public | desc | nbea |
| 8 [| – | | '0(b)(1)(A)(vi). (Comple | te Part I | 1.) | | | | | | | |
| 9 X | An organization that | normally receives (1) |) more than 33-1/3% of | f its sup | port fror | n contrib | outions, | membe | rship fee | es, and gro | ss rec | eipts |
| _ | from activities related investment income ai June 30, 1975 See s | nd unrelated busines: | ons – subject to certain s taxable income (less mplete Part III) | n except section | ions, an 511 tax) | id (2) no) from bi | more t usinessi | han 33- es acqu | 1/3% of i ired by th | its support ne organiza | from ation a | gross ifter |
| 10 | An organization orga | nized and operated e | xclusively to test for pu | ublic safe | ety. See | section | 509(a) | (4). | | | | |
| 11 | more publicly support | ted organizátions des | xclusively for the benef cribed in section 509(a ion and complete lines | (1) or s | ection 5 | 509(a)(2 | ctions o | of, or ca section ! | rry out th 509(a)(3) | ne purpose . Check th | s of o | ne or that |
| | a Type I | b Type II | | l – Fund | | | ed | | d 🗌 | Type III - | - Othe | r |
| e [| By checking this box, other than foundation section 509(a)(2) | , I certify that the organisms and other | anization is not controll than one or more pub | led directlicly sup | tly or in ported o | directly organiza | by one tions de | or more escribed | disquali in sectio | fied persoi on 509(a)(| ns I) or | |
| f | , , , , | ceived a written detei | rmination from the IRS | that is a | a Type I | , Type II | or Typ | e III sup | porting o | organizatio | n, | |
| g | Since August 17, 200 | 6, has the organization | on accepted any gift o | r contrib | ution tro | om any | of the fo | llowing | persons | 7 | V | Na |
| | (i) A person who d | lirectly or indirectly co | ontrols, either alone or | togethei | with pe | ersons d | escribe | d in (ii) | and (III) | 11 = (i) | Yes | No |
| | | erning body of the sur er of a person descrit | - | | | | | | | 11 g (i) 11 g (ii) | - | |
| | | • | described in (i) or (ii) a | hove? | | | | | | 11g (iii) | | |
| h | ` ' | • | e supported organization | | | | | | | 119(11) | | |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (IV) organiz column (your go | s the ation in) listed in everning ment? | (v) Did y the organ columi your su | ou notify ization in n (i) of ipport? | organiz | s the cation in mn (i) ed in the S ? | (vii) Amou | nt of sup | port |
| | | | | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| <u>(A)</u> | | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| (B) | | | | | | | | | | | | |
| 70) | | | | 1 | | | | | | | | |
| <u>(C)</u> | | | · | | | | | | | | | |
| (D) | | | | | | | | | | | | |
| | , | | | <u> </u> | | | | | | | | |
| <u>(E)</u> | | | | ļ | ļ | ļ | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2011

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 | | | | | | | | |
|----------------|---|--|--|---|---------------------------------------|---|--------------------|--|--|
| Cale: begii | ndar year (or fiscal year nning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total | | |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') | | | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | i. | | | | |
| 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 | • | 4 | , | | | | | |
| 12 | Gross receipts from related activ | vities, etc (see ins | tructions) | | | 12 | | | |
| | First five years. If the Form 990 organization, check this box and | stop here | | nd, third, fourth, c | or fifth tax year as | a section 501(c)(3 | 3) ▶ □ | | |
| | tion C. Computation of Pu | | | | | | | | |
| | Public support percentage for 20 | | | ne 11, column (f)) | l | 14 | <u> </u> | | |
| | Public support percentage from | | | | • | <u></u> | | | |
| 16 a | 16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | | | | | | | | |
| t | 33-1/3% support test – 2010. If and stop here. The organization | the organization of qualifies as a pu | did not check a bo blicly supported o | ox on line 13 or 16 organization | Sa, and line 15 is | 33-1/3% or more, | check this box | | |
| 17 a | a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact | meets the 'facts- | and-circumstance | s' test, check this | box and stop he | re. Explain in Part | IV now | | |
| | o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and | meets the 'facts- id-circumstances' | and-circumstance test. The organiz | s' test, check this ation qualifies as | box and stop he a publicly support | re. Explain in Part ted organization | IV how the ▶ | | |
| | Private foundation. If the organ | ization did not chi | eck a box on line | 13, 16a, 16b, 17a | | | | | |
| BAA | . | | | | Sc | nedule A (Form 99 | 90 or 990-EZ) 2011 | | |

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

| 2 Gross receipts from admissions, merchandies sold or services performed, or facilities furnished in any activity that is take exempl purpose. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues leved for the organizations benefit and on its behalf. 5 The value of services or facilities furnished by a governmental unit to the sprinced on its behalf. 6 Total, Add lines 1 through 5 7 a Young of the present of \$5,000 or for the year. 6 Add lines 1 through 5 7 a Public support (Subtract line 7 Callendry year (or fusely beginning in)** 9 Amounts from line 6 6 Total Total Support Callendry year (or fusely beginning in)** 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received or organization of the present of \$3,380. 10 a Gross income from interest, dividends, payments received organization of the present of \$3,380. 10 a Gross income from interest, dividends, payments received organization of the present of \$3,380. 10 a Gross income from interest, and the present of \$3,380. 11 the traces of the sprinning in)* 12 Other income possible income (less section \$511 taxes) from businesses in \$15.50. 2 Add lines 10 and 10 b 10 A Gross income from urstated business advites on Included in line 10, whether or not the business are public for a present of the present of \$1,000. 12 Other income possible income (less section \$511 taxes) from businesses and the send included in line 10, whether or not the business are public for a proper precentage of \$2,000. 13 Total support percentage from 2010 Schedule A, Part III, line 15. 15 Public support percentage from 2010 Schedule A, Part III, line 15. 16 100.00 17 Investment income percentage for 2011 (line 10, column (0) divided by line 13, column (0)) 17 Investment income percentage for 2011 (line 10, column (0) divided by line 13, column (0)) | | to quality under the tests I | isted below, pleas | e complete Part i | II) | | | |
|--|------|-------------------------------------|--|----------------------------------|----------------------------------|-----------------------------|--|---|
| Calendary sery for fiscal or beginning in Gall | Sec | tion A. Public Support | | | | | | |
| 1 Girls, grants, controlutions and membergrain flees and members | | | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| and membership flees Jee any furnasi Jeans Jessel and | | | (4) 2007 | (5) 2000 | (0) 2003 | (2) 20.0 | (4) 2011 | |
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| line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization | ь | | | - | | | | |
| | U | line 18 is not more than 33-1/39 | 6. check this box | and stop here. Th | ie organization qu | ialifies as a public | ly supported or | ganization |
| La I little latitation in the difference and the discount and the part of the part and part and the months and the part an | | mic 10 is not more than 55-1757 | ., | | | | | |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

| EZ | OMB No 1545-0047 |
|-------------|------------------------------|
| | 2011 |
| on | Open to Public Inspection |
| Employer id | lentification number |

| IOWA NARCOTICS OFFICERS ASSOCIATION | 20-1396140 |
|--|---------------------------|
| Form 990-EZ, Part III - Organization's Primary Exempt Purpose | |
| THE_ORGANIZATION_RECOGNIZES_THAT_NARCOTICS, DRUGS, AND OTH | HER ADDICTIVE SUBSTANCES |
| ARE, AND HAVE BEEN, ONE OF THE GREATEST INTERNAL THREATS I | TO THE CITIZENS OF THE |
| UNITED_STATES, THE STATE OF IOWA, AND EACH COMMUNITY. THE | E PURPOSE OF THE |
| ORGANIZATION IS TO PROVIDE EDUCATION AND TRAINING WITH REC | GARD TO NARCOTICS, DRUGS, |
| AND OTHER ADDICTIVE SUBSTANCES AND TO FACILITATE THE ESTA | BLISHMENT AND GROWTH OF |
| PARTNERSHIP AND COMMUNICATION BETWEEN MEMBERS AND TO PARTI | CIPATE IN FUNDRAISING |
| ACTIVITIES TO SUPPORT THE PROGRAMS, SERVICES, AND OPERATION | ONAL COSTS NECESSARY TO |
| FULFILL ITS PURPOSE. | |
| | |
| BY PROVIDING TRAINING TO THOSE LAW ENFORCEMENT AGENCIES TH | HAT DEAL WITH VIOLATORS |
| AND ALSO BY CONDUCTING PUBLIC AWARENESS PROGRAMS TO AREA S | SCHOOLS, CIVIC GROUPS, |
| AND THE GENERAL PUBLIC THE ORGANIZATION IS WORKING TO ELIM | MINATE THE ILLEGAL DRUG |
| TRAFFICKING IN THE STATE OF IOWA. | |
| Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplish | ments |
| THE ORGANIZATION HELD ITS 2011 ANNUAL CONFERENCE IN DES MO | DINES AND PROVIDED |
| TRAINING SESSIONS, WITH NATIONALLY RECOGNIZED SPEAKERS IN | THE AREA OF NARCOTICS |
| ENFORCEMENT, AND NETWORKING OPPORTUNITIES FOR OVER 200 PAR | RTICIPANTS THAT ATTENDED. |
| | |
| THE ORGANIZATION HELD REGIONAL QUARTERLY TRAINING SESSIONS | S IN ITS SIX REGIONS FOR |
| MEMBERS AND AGENCIES THAT COULD NOT ATTEND THE ANNUAL CONF | FERENCE. |
| | |
| BOARD MEMBERS, OFFICERS, AND MEMBERS OF THE ORGANIZATION HE | ELD OR SPONSORED PUBLIC |
| AWARENESS PROGRAMS_WITH 45-50 SCHOOLS AND OTHER CIVIC GROU | JPS IN THEIR COMMUNITIES |
| AND IMPLEMENTED AND ASSISTED IN LOCAL FUNDRAISING ACTIVITY | IES FOR THE ORGANIZATION. |
| | |

| Schedule O (Form 990 or 990-EZ) 2011 | Page 2 |
|---|---|
| Name of the organization | Employer identification number 20-1396140 |
| IOWA NARCOTICS OFFICERS ASSOCIATION | 120-1396140 |
| Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Co | ontracts |
| (a) Did the organization, during the year, receive any funds, | directly or |
| indirectly, to pay premiums on a personal benefit contract? | No |
| (b) Did the organization, during the year, pay premiums, direct | ctly or |
| indirectly, on a personal benefit contract? | No |
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| .011 Sch | edule O - Supplemental | Information | n | Page 1 |
|--|--|-----------------------------|---|---|
| lient 7000522 | IOWA NARCOTICS OFFICERS AS | SOCIATION | | 20-1396140 |
| Form 990-EZ, Part I, Line 16 Other Expenses | | | | 01 20PN |
| CONFERENCE EXPENSES CONTRIBUTIONS MEMBERSHIPS Office Expenses | | | \$ Total \$ | 32,044. 1,000. 25. 54. 33,123. |
| Form 990-EZ, Part II, Line 24 Other Assets | | | | |
| EDWARD JONES INVESTMENT INVENTORIES | | Be \$ Total <u>\$</u> | 11,678. \$ 0. 11,678. \$ | Ending 12,297. 857. 13,154. |
| Form 990-EZ, Part IV | | | | |
| List of Officers, Directors, Trus | Title and Average Hours | Compen- sation | Health Benefits & Contrib- bution to EBP & DC | Expense Account & Other Allowances |
| Name and Address DAVE SMUTZLER 2550 PEBBLE BEACH ROAD DECORAH, IA 52101 | Title and Average Hours <u>Per Week Devoted</u> Vice President | sation | Benefits & Contrib- | Account & Other Allowances |
| Name and Address DAVE SMUTZLER 2550 PEBBLE BEACH ROAD | Title and Average Hours <u>Per Week Devoted</u> Vice President | <u>sation</u> \$ 0. | Benefits & Contrib- bution to EBP & DC | Account & Other Allowances \$ 0. |
| Name and Address DAVE SMUTZLER 2550 PEBBLE BEACH ROAD DECORAH, IA 52101 DAN STEPLETON 1474 270TH STREET | Title and Average Hours Per Week Devoted Vice President 4 | <u>sation</u> \$ 0. | Benefits & Contrib- bution to EBP & DC \$ 0. | Account & Other Allowances \$ 0. |
| Name and Address DAVE SMUTZLER 2550 PEBBLE BEACH ROAD DECORAH, IA 52101 DAN STEPLETON 1474 270TH STREET TIPTON, IA 52772 DOUG HURLEY P.O. BOX 756 | Title and Average Hours Per Week Devoted Vice President 4 Director | \$ 0. | Benefits & Contribbution to EBP & DC \$ 0. | Account & Other Allowances \$ 0. |
| Name and Address DAVE SMUTZLER 2550 PEBBLE BEACH ROAD DECORAH, IA 52101 DAN STEPLETON 1474 270TH STREET TIPTON, IA 52772 DOUG HURLEY P.O. BOX 756 CENTERVILLE, IA 52544 LORI LEWIS 355 EISENHOWER AVENUE | Title and Average Hours Per Week Devoted Vice President 4 Director 1 Secretary 3 | * 0. | Benefits & Contribbution to EBP & DC \$ 0. 0. | Account & Other Allowances \$ 0. 0. |
| Name and Address DAVE SMUTZLER 2550 PEBBLE BEACH ROAD DECORAH, IA 52101 DAN STEPLETON 1474 270TH STREET TIPTON, IA 52772 DOUG HURLEY P.O. BOX 756 CENTERVILLE, IA 52544 LORI LEWIS 355 EISENHOWER AVENUE MASON CITY, IA 50401 NICK LARSON 330 WEST SECOND | Title and Average Hours Per Week Devoted Vice President 4 Director 1 Secretary 3 President 6 | \$ 0. \$ 0. 0. | Benefits & Contribbution to EBP & DC \$ 0. 0. | Account & Other Allowances \$ 0. 0. |

2011 Schedule O - Supplemental Information

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Client 7000522

IOWA NARCOTICS OFFICERS ASSOCIATION

20-1396140

3/14/12

01 20PM

Form 990-EZ, Part IV (continued) List of Officers, Directors, Trustees, and Key Employees

| Name and Address | Title and Average Hours <u>Per Week Devoted</u> | pen- ion | Health Benefits & Contrib- bution to EBP & DC | Expense Account & Other Allowances |
|--|---|-------------|---|---|
| BRAD HAWLEY 3121 WEST 4TH STREET SPENCER, IA 51301 | Director 1 | \$ 0. \$ | 0. | \$ 0. |
| JASON BELL 330 WEST 2ND STREET OTTUMWA, IA 52501 | Director 1 | 0. | 0. | 0. |
| MELISSA STOCK P.O. BOX 6040 DES MOINES, IA 50309 | Board Member 1 | 0. | 0. | 0. |
| PAT TOWNSEND 22365 20TH AVENUE STOCKTON, IA 52769-9612 | Past President 1 | 0. | 0. | 0. |
| BRIAN MATHIS 25 EAST 1ST STREET DES MOINES, IA 50309 | Director 1 | 0. | 0. | 0. |
| MIKE MITTAN 2025 HUNT AVENUE COUNCIL BLUFFS, IA 51503 | Director 1 | 0. | 0. | 0. |
| ARDYTH ORR 400 WALNUT STREET MUSCATINE, IA 52761 | Treasurer 3 | 0. | 0. | 0. |
| DAVE HENDERSON P.O. BOX 2540 IOWA CITY, IA 52240 | Past President 1 | 0. | 0. | 0. |
| | Total | \$ 0. \$ | 0. | \$ 0. |

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| - / 1 | 1-1 | ٠. | u n | 1 4 | |
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Page 4
Yes No

| 46 Did th | ne organization engage, directly or indire dates for public office? If 'Yes,' complete | ctly, in political campai Schedule C. Part l | gn activities | on behalf o | of or in opposition to | 46 | | X | |
|--|--|--|---------------------------------------|-------------------------------------|--|-----------------------------|-------|---------|--|
| | Section 501(c)(3) organizations 501(c)(3) organizations and sec 47-49b and 52, and complete the | and section 4947 tion 4947(a)(1) not | nexempt of | charitable | haritable trusts or trusts must answe | nly. All sec er question | tion | | |
| | Check if the organization used Schedul | e O to respond to any | question in t | this Part VI | | | | | |
| 47 Did th | ne organization engage in lobbying activi | ties or have a section 5 | 601(h) electio | on in effect | during the tax year? If | 'Yes,' 47 | Yes | No X | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 49a Did the organization make any transfers to an exempt non-charitable related organization? b If 'Yes,' was the related organization a section 527 organization? | | | | | | | | X | |
| 50 Comp emplo | oyees) who each received more than \$10 | 0,000 of compensation | from the or | ganization | If there is none, enter | 'None ' | | | |
| (| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Reportable (Forms W-2 | compensation /1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimate other com | | | |
| None_ | | | | | | | | | |
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| | | | | | | | • | | |
| | number of other employees paid over \$ | | | | | . | | | |
| 51 Comp | plete this table for the organization's five tensation from the organization. If there i | highest compensated is none, enter 'None' | ndependent | contractors | who each received mo | ore than \$10 | 0,000 | of | |
| (a) Name and address of each independent contractor paid more than \$100,000 | | | (b) Type of service | | | (c) Compensation | | | |
| None | | | | | | | | | |
| | | | | * | | <u> </u> | | | |
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| | | | | | | | | | |
| e Total | number of other independent contractors | s each receiving over \$ | 100 000 | | | <u> </u> | - | | |
| 52 Did th | ne organization complete Schedule A? Natable trusts must attach a completed Sch | ote: All section 501(c)(| • | ions and 49 | 47(a)(1) nonexempt | ► X Yes | | No | |
| Under penaltie true, correct, a | s of perjury, I declare that have examined this return, and complete. Declaration of preparer (other than office | including accompanying scheme) is based on all information of | dules and statem of which prepare | nents, and to the r has any know | e best of my knowledge and be | elief, it is | • | | |
| | NOW CONTRACT | | | | 3/21/21 | のユ | | | |
| Sign | Signature of officer Date | | | | | | | | |
| Here | ARDYTH ORR Type or print name and title | | · · · · · · · · · · · · · · · · · · · | | Treasurer | | | | |
| | Print/Type preparer's name | | Date | | Check of PTIN | | | | |
| Paid | JIM REEVE | | | self-employed I | self-employed P00308419 | | | | |
| Preparer | Firm's name Latta Harris Hanon & Penningroth, LLP | | | | | 20 1001 | 200 | | |
| Use Only | Firm's address > 1201 North Aven | | (560) 006 0107 | | | | | | |
| May the ID | Tipton, IA 5277 S discuss this return with the preparer sl | | uctions | | Phone no. (56 | >3) 866- ► X Yes | _ | No | |
| May use in | o discuss this return with the preparer si | 00040. 066 (113(11 | | - | | Form 99 (| | | |