# EXTENSION APPROVED THROUGH NOVEMBER 15, 2018

# Return of Organization Exempt From Income Tax

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OM8 No. 1545-0047

2017

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2017 calendar year, or tax year beginning and ending B Check if applicable: C Name of organization D Employer identification number X Address IOWA ENVIRONMENTAL COUNCIL Name change 42-1436090 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 505 FIFTH AVENUE, SUITE 850 850 (515)244-1194City or town, state or province, country, and ZIP or foreign postal code 993,420. G Gross receipts \$ Amende return DES MOINES, IA 50309 H(a) Is this a group return Applica-F Name and address of principal officer: JENNIFER TERRY for subordinates? \_\_\_\_Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or l 527 If "No," attach a list. (see instructions) J Website: WWW.IAENVIRONMENT.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Other > L Year of formation: 1995 M State of legal domicile; IA Part | Summary 1 Briefly describe the organization's mission or most significant activities; SEE SCHEDULE O Activities & Governance 2 Check this box Lift the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 18 Number of independent voting members of the governing body (Part VI, line 1b) 18 4 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 10 5 Total number of volunteers (estimate if necessary) 30 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year Current Year Contributions and grants (Part VIII, line 1h) 786,122. 935,937. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,981. 1,998. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 23,768. 17,369. 811,871. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ...... 955,304. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 125,330. 147,848. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 556,904. 605,882. 16a Professional fundraising fees (Part IX, column (A), line 11e) Ο. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 163,933. 183.611. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 846.167. 937.341. 19 Revenue less expenses. Subtract line 18 from line 12 -34,296.17,963. ...... 24 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 795,460. 718,017. 21 Total liabilities (Part X, line 26) 587,707. 490,881. Net assets or fund balances. Subtract line 21 from line 20 207,753. 227.136. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign JENNIFER TERRY, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Paid JAMES J. HINGTGEN P01301731 self-employed Preparer Firm's name DENMAN & COMPANY, LLP 42-0794029 Firm's EIN 🕨 Use Only Firm's address 1601 22ND STREET, SUITE 400 WEST DES MOINES, IA 50266-1453 Phone no. 515-225-8400

May the IRS discuss this return with the preparer shown above? (see instructions)

		VIRONMENTAL COU		42	-1436090	Page 2
Рε	rt III Statement of Program Se	•				
	Check if Schedule O contains a re	esponse or note to any line in t	his Part III	·		
1	Briefly describe the organization's missing TO PROVIDE A SAFE, H		ENT AND SU	STAINABLE FUTU	RE FOR IOW	VA.
2	Did the organization undertake any sign prior Form 990 or 990-EZ?  If "Yes," describe these new services or	***************************************			Yes	X No
3	Did the organization cease conducting, If "Yes," describe these changes on Sci	or make significant changes in	how it conducts, an	ny program services?	Yes	X No
4	Describe the organization's program ser Section 501(c)(3) and 501(c)(4) organiza revenue, if any, for each program service	vice accomplishments for eac tions are required to report the e reported.	amount of grants ar			d
4a	(Code:) (Expenses \$	320,936. including grant OTECT AND IMPRO		) (Revenue \$_ UALITY OF IOWA	'S RIVERS,	)
			****			
4b	ENERGY PROGRAM- TO PERSON EFFICIENCY, A		MPROVEMENTS	17,848.) (Revenue \$ S ON RENEWABLE G REDUCTION OF		)
	GAS EMISSIONS.					
4c	(Code:) (Expenses \$	including grants	of \$	) (Revenue \$		)
4d	Other program services (Describe in Sch	edule O.)				
	(Expenses \$	including grants of \$	) (R	evenue \$	)	
<del>10</del>	Total program service expenses	750,748.			Form 99	0 (2017)

Pε	rt IV Checklist of Required Schedules	<u></u>	,	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		,	
	endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	Control of the		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1,		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C		110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		- 21
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	ايددا	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	- 1	
12.0	$\cdot$	.		Х
h	Schedule D, Parts XI and XII  Was the experiention included in concelled a independent audited for a list of the last of the l	12a		
Ŋ	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
а	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			

Form 990 (2017)

Х

16

18

X

Х

Х

15

foreign organization? If "Yes," complete Schedule F, Parts II and IV

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 on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"

42-1436090 Page 4 Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals 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? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b		208		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, · ·			Х
26	Schedule L, Part I	25b		Δ
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? #"Yes,"			v
07	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			21.71
	instructions for applicable filing thresholds, conditions, and exceptions):	MORRISHE.		SWEET.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	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	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		ĺ	
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b	- 1	
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 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	х	
		ياب تبتب		

# Form 990 (2017) IOWA ENVIRONMENTAL COUNCIL Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	1a	3	Winds.		
b	<b>-</b>	1b	0			12.14
C	Divide the control of	portab	le gaming			Marit. USaa
	(gambling) winnings to prize winners?			1c		<u> </u>
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			No.		
	filed for the calendar year ending with or within the year covered by this return	2a	10			
b	And the second s	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Political and the second of th			3a		Х
b				3b	1	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccount	)?	4a		Х
d	If "Yes," enter the name of the foreign country:					
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	count	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	orgar	ization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					Yeses West
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices pr	ovided to the payor?	7a		Х
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-	l l			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		5000	ABBASSA Papagan	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		·	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		_X_
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g_		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		ľ	7h		11
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	<u> </u>	SWIFT.		
_				8	75 1842 742, 38	2000 SERVE
9	Sponsoring organizations maintaining donor advised funds.			Kilor.	75.00 M	
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	· · · · · · · · · · · · · · · · · · ·			9b	SWARD	THUMBER
10	Section 501(c)(7) organizations. Enter:	. 1				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
		10b				
11	Section 501(c)(12) organizations. Enter:	1				
	Gross income from members or shareholders	11a				
IJ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		Werkin.	5800 980	
		1	-	12a	regression de la	%5/2:795
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12b				
	Is the organization licensed to issue qualified health plans in more than one state?		}	40		ng njaran (f
	Note. See the instructions for additional information the organization must report on Schedule O.			13a	No.	
	Enter the amount of reserves the organization is required to maintain by the states in which the					
	the state of the s	13b				
c		13c				
	Did the organization receive any payments for indeer tenning consists during the toy years	•		14a	1.592.57	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule			14a 14b	-	
	1 AV UNANA DE VARIENTE EL CONTROLLE EL CONTR	.,		_	990 (	2017)

IOWA ENVIRONMENTAL COUNCIL Form 990 (2017) 42-1436090 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. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 18 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 18 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code,) Ye<u>s</u> No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... Х 12c Did the organization have a written whistleblower policy? 13 Х 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization Х 15b 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? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. Own website \_\_\_ Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: > JENNIFER TERRY - 515-244-1194

Form 990 (2017)

505 FIFTH AVENUE, SUITE 850, DES MOINES,

50309

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

and former such persons.  Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	ısat	ed any current officer, di	irector, or trustee.	
(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		one	Reportable	Reportable	Estimated		
	hours per	box			is both	n an	compensation	compensation	amount of	
	week (list any	$\vdash$	T				<u> </u>	from the	from related	other
	hours for	Individual trustee or director						organization	organizations (W-2/1099-MISC)	compensation from the
	related	10 99	stee			nsate		(W-2/1099-MISC)	(11 27 1000 11100)	organization
	organizations	trust	rafte		oyee	ed wo				and related
	below	vidua	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	밀	ias	€	Key	HIG	ng.			
(1) LORRAINE MAY	5.00							_		
PRESIDENT	0.00	Х		X		<u>.</u>		0.	0.	0.
(2) MARGI WEISS	2.00	l								_
IMMEDIATE PAST PRESIDENT	1 00	X	<u> </u>	Х				0.	0.	0.
(3) CYRIL MANDELBAUM TREASURER	1.00	,,		.,						_
(4) ROSS BAXTER	2 00	Х		X				0.	0.	0.
SECRETARY	2.00	τ,		х				,	0	•
(5) SARAH LOHMETER	3.00	Х		Λ				0.	0.	0.
VICE-PRESIDENT	3.00	х		х				0.	۸	^
(6) JANE CLARK	1.00	Δ.		^	_			<u> </u>	0.	0.
MEMBER	1.00	х						0.1	0.	0
(7) KEVIN NORDMEYER	1.50	Δ				-		U .	0.	0.
MEMBER	1130	х						0.	0.	0.
(8) KEVIN HANSEN	1.50	**						U .		
MEMBER		х						0.	0.	0.
(9) SONDRA FELDSTEIN	1.00									
MEMBER		х						0.	o.	0.
(10) JENNIFER HERMSEN	1.00									
MEMBER		х						0.	0.	0.
(11) LINDA KINMAN	3.50									
MEMBER		х						0.	0.	0.
(12) JASEN NELSON	1.00									
MEMBER		Х						0.	0.	0.
(13) JOHN SCHMIDT	2.00	ŀ								
MEMBER		Х	_					0.	0.	0.
(14) CORI BURBACH	1.00									
MEMBER		Х						0.	0.	0.
(15) DAVID COURARD-HAURI	1.00				-				•	
MEMBER		X		_				0.	0.	0.
(16) KATIE COWNIE	2.00							_	_	
MEMBER	0.00	Х	_	_		_		0.	0.	0.
(17) LIZ GARST	2.00								_	
MEMBER		Х					1	0.	0.	0.

732007 11-28-17

Form 990 (2017)

Form 990 (2017) I OWA EN Part VIII Statement of Revenue

		Check if Schedule O contains a res	ponse or note to any l	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ş ÷	1 1	a Federated campaigns	1a				
Grants	1		1b 108,562				
Ø E	1 ,		1c			And the second s	
Gifts,		d Related organizations	1d				
⊕.		e Government grants (contributions)	1e	the state of the s			
Ğ.	1	f All other contributions, gifts, grants, and				The state of the s	
it j			1f 827,375	The second secon			The state of the s
<u></u>	1	Noncash contributions included in lines 1a-1f: \$		And the second s			
Contributions, (		n Total. Add lines 1a-1f		935,937.			
			Business Cod				
ø	2 8	a			Andrew Marine, and the state of		
Program Service Revenue	l						
	,						
E 5	,	d					
ğ.c.		•					
Ÿ.	f	All other program service revenue					
	ı	Total. Add lines 2a-2f					
	3	Investment income (including dividends					
		other similar amounts)		1,403.			1,403.
	4	Income from investment of tax-exempt i					
	5	Royalties	<b>&gt;</b>				
		(i) Re	1	Mark Mark Control of the Control of		1.11.11.11.11.11.11.11.11.11.11.11.11.1	
	6 a	Gross rents		The state of the s	And the second s	The contract of the second of the second	The state of the s
	b	Less: rental expenses		The second secon			Make a plan of the
		Rental income or (loss)		A STATE OF THE PROPERTY OF T			The state of the s
		Net rental income or (loss)	<b>&gt;</b>				
		Gross amount from sales of (i) Secu		A Company of the Comp	1000 1000 1000 1000 1000 1000 1000 100		A TOWN THE
		assets other than inventory 5	95.	The state of the s		And the second s	english of the state of the sta
	b	Less: cost or other basis		magnificación de la companya del companya de la companya del companya de la companya del la companya de la companya del la companya de la companya del la		The state of the s	The state of the s
		and sales expenses	0.	The same of the sa	A CONTROL OF THE CONT	in the control of the	The state of the s
	О	Gain or (loss) 5	95.				The state of the s
		l Net gain or (loss)	<b>&gt;</b>	595.			595.
ا ا	8 a	Gross income from fundraising events (r	not	replacement has a second secon			d when the second of the secon
Revenue		including \$ of	ĺ	And the state of t		and fight a large board insigned that a printing of the second of the se	Annual Control of the
eve		contributions reported on line 1c). See		The second secon		The state of the s	
		Part IV, line 18	a 55,485.	And Annual Artists (1974) Annual Annu	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Annual Artist Control of the Control	And the second s
Gther	b	Less: direct expenses	<sub> в 38,116.</sub>	Amount of a manage principle participate of the control of the con			A service of the serv
١	С	Net income or (loss) from fundraising ev	ents <b>&gt;</b>	17,369.	**************************************		17,369.
	9 a	Gross income from gaming activities. Se	e	The state of the s	**************************************		A Department of the Control of the C
		Part IV, line 19	a				Annual Control of the
	b	Less: direct expenses	b	A SAME OF THE PARTY OF THE PART			A shift of the state of the sta
	c	Net income or (loss) from gaming activiti	es				
l	10 a	Gross sales of inventory, less returns		The second secon	The second secon	The best of the particular of	and the second s
ı		and allowances			100 has an		A special series of the series
]	þ	Less: cost of goods sold	b				And the state of t
ļ	С	Net income or (loss) from sales of invent	ory <b>&gt;</b>				
-		Miscellaneous Revenue	Business Code	A STATE OF THE STA			man hand to the state of the st
	11 a						
	þ						
	c					····	
İ	d	***************************************					
	е	Total. Add lines 11a-11d		\ <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>			
	12	Total revenue. See instructions.	<b>&gt;</b>	955,304.	0.	0.	19,367.

### Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		this Part IX	aplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	147,848.	147,848.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				1
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				The second secon
5	Compensation of current officers, directors,				_
	trustees, and key employees	27,360.	20,520.	4,104.	2,736.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F00 F04	204 054		
7	Other salaries and wages	502,701.	384,854.	60,753.	57,094.
8	Pension plan accruals and contributions (include	11 010	2 242	242	
	section 401(k) and 403(b) employer contributions)	11,216.	9,013.	313.	1,890.
9	Other employee benefits	21,171.	16,937.	762.	3,472.
10	Payroll taxes	43,434.	33,144.	5,790.	4,500.
11	Fees for services (non-employees):				
а	Management				
b	Legal	4 000	2 212	4.0.0	
c	Accounting	4,800.	3,840.	480.	480.
d	Lobbying			7,172,	
е	Professional fundraising services. See Part IV, line 17		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
f	Investment management fees	250.		250.	
g	Other. (If line 11g amount exceeds 10% of line 25,	<b>50.00</b>			
	column (A) amount, list line 11g expenses on Sch O.)	53,984.	49,384.	4,600.	
12	Advertising and promotion				
13	Office expenses	3,054.	2,514.	87.	453.
14	Information technology	14,005.	11,933.	540.	1,532.
15	Royalties	20.000			
16	Occupancy	39,300.	31,440.	3,930.	3,930.
17	Travel	14,899.	12,123.	2,323.	453.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	10.000	0.100	4 000	4
22	Depreciation, depletion, and amortization	10,228.	8,182.	1,023.	1,023.
23	Insurance	5,993.	4,795.	599.	599.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line	The state of the s	The state of the s	The Colonia Co	
	24e amount exceeds 10% of line 25, column (A)		The state of the s	The state of the s	
	amount, list line 24e expenses on Schedule O.)	10 743	0	10 742	A CONTRACTOR OF THE PROPERTY O
	INTERNET TECHNOLOGY	10,743.	1 360	10,743.	1 1 2 0
	MISCELLANEOUS	9,337.	1,369.	6,829.	1,139.
	PRINTING TELEPHONE	6,554.	4,639.	915.	1,000.
		4,206.	3,364.	421.	421.
	All other expenses	6,258.	4,849.	861.	548.
•	Total functional expenses. Add lines 1 through 24e	937,341.	750,748.	105,323.	81,270.
	Joint costs. Complete this line only if the organization		•		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			***************************************	
	Check here if following SOP 98-2 (ASC 958-720)				~~~
32010	11-28-17				Form 990 (2017

	IT X	Check if Schedule O contains a response or note to any	line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		654,403.	1_	478,842.
	2	Savings and temporary cash investments		100,000.	2	203,000
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former office	cers, directors,			
		trustees, key employees, and highest compensated empl	loyees. Complete			The second secon
		Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified person	ons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3			The state of the s	
		employers and sponsoring organizations of section 501(c			15,510,0	Charles and the second
ş		employees' beneficiary organizations (see instr). Complete			6	
Assets	7	Notes and loans receivable, net		7		
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		3,711.	9	1,840.
	10a	Land, buildings, and equipment: cost or other				
		basis, Complete Part VI of Schedule D 10a	48,461.			A CONTROL OF THE STATE OF THE S
	b			26,496.	10c	16,338.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		10,850.	15	17,997.
	16	Total assets, Add lines 1 through 15 (must equal line 34)		795,460.	16	718,017.
	17	Accounts payable and accrued expenses		33,747.	17	4,071.
	18	Grants payable			18	
	19	Deferred revenue		553,960.	19	486,810.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of	Schedule D		21	
g	22	Loans and other payables to current and former officers, of	directors, trustees,			
Ě		key employees, highest compensated employees, and dis				
Liabilities		Complete Part II of Schedule L			22	
7	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third par	ties		24	
	25	Other liabilities (including federal income tax, payables to				
-		parties, and other liabilities not included on lines 17-24). O	Complete Part X of			
		Schedule D			25	
-	26	Total liabilities, Add lines 17 through 25	44444	587,707.	26	490,881.
		Organizations that follow SFAS 117 (ASC 958), check h	nere ▶ 🔼 and	The state of the s		
8		complete lines 27 through 29, and lines 33 and 34.			1000,012	The second secon
2	27	Unrestricted net assets		207,753.	27	221,780.
<u> </u>		Temporarily restricted net assets	·····		28	
und Dalailoes	29			0.	29	5,356.
3		Organizations that do not follow SFAS 117 (ASC 958), or	check here 🕨 🔲			
5		and complete lines 30 through 34.		The second secon	wite 111	And the second s
		Capital stock or trust principal, or current funds			30	
		Paid-in or capital surplus, or land, building, or equipment f			31	
500000000000000000000000000000000000000		Retained earnings, endowment, accumulated income, or o		000 556	32	00-10-
- [		Total net assets or fund balances		207,753.	33	227,136.
	34	Total liabilities and net assets/fund balances		795,460.	34	718,017.

Form 990 (2017)

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Complet

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

IOWA ENVIRONMENTAL COUNCIL

Employer identification number 42-1436090

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. \_\_\_\_ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). liv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						()
	membership fees received. (Do not						
	include any "unusual grants.")	637,021.	686,059.	708,274.	786,122.	935,937.	3753413.
2	Tax revenues levied for the organ-						
	ization'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	605 004	505 050				
	Total, Add lines 1 through 3	637,021.	686,059.	708,274.	786,122.	935,937.	3753413.
5	The portion of total contributions					And Mark and A section of the control of the contro	
	by each person (other than a			and improve the second	The second secon	The same of the sa	
	governmental unit or publicly					The state of the s	
	supported organization) included	Particular to the control of the con	110,1111,112,112,112,113	The state of the s		Santan and an interest and a part of the santan and a part of the santa	
	on line 1 that exceeds 2% of the			No. of the Control of	and a statement with a statement of the	Charles I and a service of the servi	
	amount shown on line 11, column (f)			and the state of t		And the second s	1000464
_	***************************************					And the second s	1277161.
Sec	Public support, Subtract line 5 from line 4. ction B. Total Support	10.000		Managarian (1997)	The state of the s		2476252.
	ndar year (or fiscal year beginning in)	(-) 2012	(b) 2014	(-) 0045	100010	1 20047	10 T 1 1
	Amounts from line 4	(a) 2013 637,021.	686,059.	(c) 2015 708, 274.	(d) 2016 786,122.	(e) 2017 935, 937.	(f) Total 3753413.
	Gross income from interest,	037,021.	000,033.	100,274.	700,122.	999,991.	2/224121
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,693.	2,752.	3,408.	3,231.	1,403.	13,487.
9	Net income from unrelated business			3,2000	3,231,	2,100.	13,407.
-	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 VI.)	1					
11	Total support, Add lines 7 through 10	ANTONIO MARCONIO DE LA CONTRACTORIO DELIGIO DE LA CONTRACTORIO DE LA CONTRACTORIO DE LA CONTRACTORIO DELIGIO DE LA CONTRACTORIO DELIGIO DE LA CONTRACTORIO DE LA CONT		The state of the s		Water Andrew Control of the Control	3766900.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	240,954.
	First five years. If the Form 990 is for					501(c)(3)	· · · · · · · · · · · · · · · · · · ·
	organization, check this box and stop	here			*************		
sec	tion C. Computation of Public	c Support Per	centage				
	Public support percentage for 2017 (fin					14	65.74 %
	Public support percentage from 2016					15	63.62 %
16a	33 1/3% support test - 2017. If the o			line 13, and line 1	4 is 33 1/3% or mo	ore, check this box	and
	stop here. The organization qualifies a	as a publicly suppo	rted organization				<b>▶</b> X
	33 1/3% support test - 2016. If the o						
	and stop here. The organization quali						
	10% -facts-and-circumstances test						,
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						
	10% -facts-and-circumstances test						0% or
	more, and if the organization meets the						
	organization meets the "facts and circu						<b>&gt;</b>
ıĸ	Private foundation, if the organization	ald not check a b	ox on line 13, 16a,	16b, 1/a, or 17b,			
					Sche	dule A (Form 990	or 990-E <b>Z</b> ) 2017

# Schedule A (Form 990 or 990 EZ) 2017 IOWA ENVIRONMENTAL COUNCIL Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support					***	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1 1	1.7
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	***************************************						
J	The value of services or facilities furnished by a governmental unit to			]			
	the examination without shores						
•							
	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3 received						•
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b				******		
	Public support. (Subtract line 7c from line 6.)				and a transfer of the second and the	A STATE OF THE STA	
Sec	tion B. Total Support	<del>, , , , , , , , , , , , , , , , , , , </del>					
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6					χ=, ===-	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 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 in line 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
	check this box and stop here						▶□
Sec	tion C. Computation of Public	s Support Per	centage				
15	Public support percentage for 2017 (li	ne 8, column (f) div	vided by line 13, co	olumn (f))		15	%
	Public support percentage from 2016 tion D. Computation of Inves			<u></u>		16	%
	Investment income percentage for 20			e 13 column (fi)		17	D/
	Investment income percentage for 20				ſ	18	<u>%</u> %
	33 1/3% support tests - 2017. If the	,	,	on line 14 and line			
	more than 33 1/3%, check this box and					•	► L
	33 1/3% support tests - 2016. If the						
	ine 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization						

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

<ul> <li>2 ************************************</li></ul>	Yes	No
		3 (14.3 kg) 12 (14.3 kg)
1		
Charles and	53.45.00	Tabar.
	A CONTRACTOR	(Miles
	2712000	
2		
	FARILL.	
	9778/35 <del>8</del> 8	100000000
3a	.,	.,,
	S.O.	\$450
		201724274
3b	795254,242U	CANCLES
- Armidikası: 		
3с	L	L
	Some	
		tarini (i
4a	E-12 415 224	10,000,000
44	22,4FE41	restatisted
4b	(23)	2012/2010/01
	173.75	an crost
40		
20000000000	2000	
4c	VA /V	
46		
	100000000000000000000000000000000000000	2011
	22,775	Sin Strice
5a		
	ia io Lesie	
	1215 (700)	PONTERN
5b		
5c		
+271,000,000	.2002	
*****	DOMESTIC STREET	
	22.21.22.22.2	
100000000000000000000000000000000000000		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second secon
The state of the s		and you may get a supply and the sup
6		
6		Service of the control of the contro
6		
6	The second secon	
7		
7		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7		
7		
7		
7		
7 8 8		
7 8 8		
6 7 8 8		Service of the servic
7 8 9a		
7 8 9a		
6 7 7 8 9a 9b		
6 7 7 8 8 9a		
6 7 7 8 8 9a		
6 7 7 8 8 9a		
6 7 8 9a 9b		
6 7 8 9a 9b 9c		
6 7 8 9a 9b 9c		

Sch	edule A (Form 990 or 990 EZ) 2017 IOWA ENVIRONMENTAL COUN		4	12-1436090 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	art VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		1.1.1.1	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	2000 C. 1000 C.	Angeles and the second form of the second se	Annual control of the
	instructions for short tax year or assets held for part of year):	7744 100000	The state of the same plane of the state of	man of the house of the second
a	Average monthly value of securities	1a		
_ b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	77777	A page 1 to the state of the st	
	factors (explain in detail in Part VI):	mich my mich den	Company of the control of the contro	The Control of Control
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount	To a second seco		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	A CONTROL OF THE PROPERTY OF T	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	E		

Schedule A (Form 990 or 990-EZ) 2017

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 IOWA	ENVIRONMENTAL	COUNCIL	42-1436090 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3c	Provide the explanations reco, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11 ad 3: Part IV. Section E. lines	quired by Part II, line 10; Pa a, 11b, and 11c; Part IV, Se 1c. 2a. 2b. 3a. and 3b: Part	rt II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section C, V line 1: Part V, Section B, line 1e: Part V
	***************************************			
	4.34444			
		, , , , , , , , , , , , , , , , , , ,		
			104 to 10 to	
-				

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**2017** 

Name of the organization		Employer identification number				
I	OWA ENVIRONMENTAL COUNCIL	42-1436090				
Organization type (check o						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.				
General Rule						
	n filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1) a any one contributo	For an organization described in section 501(c)(3) filling Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.	- · · · · · · · · · · · · · · · · · · ·				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990·EZ, or 990·PF), ut it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990·EZ or on its Form 990·PF, Part I, line 2, to ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990·EZ, or 990·PF).						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of org	3 (Form 990, 990 EZ, or 990 PF) (2017) nanization		Page Employer identification number
Part	Contributors (		42-1436090
(a)	Contributors (see instructions). Use duplicate copies of Part I if  (b)  Name, address, and ZIP + 4	(c) Total contribution	(d)
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
2		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
3		\$175,00	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part il for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(o) Total contribution	(d)  Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

#### IOWA ENVIRONMENTAL COUNCIL

42-1436090

	VIRONMENTAL COUNCIL	****	2-1436090
Part II N	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\	
3 11-01-17		Schedule B (Form 9	90, 990-EZ, or 990-PF) (2

Name of or	ganization		Employer identification number					
IOWA	ENVIRONMENTAL COUNCIL		42-1436090					
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	columns (a) through (e) and the folloy	n section 501(c)(7), (8), or (10) that total more than \$1,000 for					
(a) No.	Use duplicate copies of Part III if addition	al space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
ļ								
		(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
ļ								
-		(e) Transfer of gift						
1								
-	Transferee's name, address, ar	nd <b>Zi</b> P + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I			(the second seco					
[								
		(e) Transfer of gift	-					
	Transferee's name, address, an	nd <b>Z</b> IP + 4	Relationship of transferor to transferee					
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
		(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					

#### 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public

Open to Public Inspection

If the organization answered "Yes," on 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," on 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.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

rax) (see separate in	istructions), then				
	<del></del>	ations: Complete Part III.			
Name of organization				Em	ployer identification number
Design of the control		WIRONMENTAL COUN			42-1436090
Part I-A Com	plete if the or	ganization is exempt und	der section 501(c)	or is a section 527 c	rganization.
2 Political campaiç	gn activity expendi	zation's direct and indirect politi tures ign activities		<b>&gt;</b>	\$0.
Part I-B Com	plete if the or	ganization is exempt und	der section 501(c)	(3)	
		incurred by the organization un			Φ.
2 Enter the amoun	t of any excise tax	incurred by organization manag	sers under section 1954		Ф
3 If the organization	n incurred a sectio	on 4955 tax, did it file Form 4720	) for this year?		Yes No
h If "Yes " describe	e in Part IV				
Part I-C Com	plete if the or	ganization is exempt und	er section 501(c)	, except section 501(	c)(3).
1 Enter the amount	t directly expende	d by the filing organization for se	ection 527 exempt fund	etion activities	\$
		nization's funds contributed to o			
exempt function	activities	***************************************			\$
3 Total exempt fun-	ction expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-POL	-1	
line 17b				<b>&gt;</b>	\$
4 Did the filing orga	anization file Form	1120-POL for this year?	***************************************		Yes No
		nployer identification number (El			
		tion listed, enter the amount pai			
		omptly and directly delivered to			ite segregated fund or a
		additional space is needed, pro-			1
(a) Nar	ne	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	contributions received and
			-		
				:	
			1		[

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Schedule C (Form 990 or 990-EZ) 201	7 IOWA ENVIR	ONMENTAL COU	NCTL	42-1	436090 Page 2
Part II-A   Complete if the c	organization is exe	mpt under section	1 501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
A Check ▶ ☐ if the filing organ	nization belongs to an a	ffiliated group (and list in	n Part IV each affiliated	group member's name	e, address, EIN,
expenses, and s	hare of excess lobbying	expenditures).			
B Check ▶ if the filing organ	nization checked box A	and "limited control" pro	ovisions apply.		
	imits on Lobbying Exp enditures" means amo	enditures ounts paid or incurred.	ı	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to	nfluence public opinion	(grass roots lobbying)		1,286.	
b Total lobbying expenditures to i	nfluence a legislative be	ody (direct lobbying)	***************************************	8,867.	
c Total lobbying expenditures (ad	d lines 1a and 1b)		***************************************	10,153.	
d Other exempt purpose expendi				927,188.	
e Total exempt purpose expendit				937,341.	
f Lobbying nontaxable amount. E	=			165,601.	
If the amount on line 1e, column (	a) or (b) is: The lo	bbying nontaxable am	ount is:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Not over \$500,000	20% o	f the amount on line 1e.			The same and the s
Over \$500,000 but not over \$1,	000,000 \$100,0	000 plus 15% of the exc	ess over \$500,000.	The control of the co	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Over \$1,000,000 but not over \$	1,500,000 \$175,0	000 plus 10% of the exc	ess over \$1,000,000.	The state of the s	
Over \$1,500,000 but not over \$	17,000,000 \$225,0	000 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.		Control of the contro	And the second s
					1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
g Grassroots nontaxable amount	(enter 25% of line 11)	*******	***********	41,400.	
h Subtract line 1g from line 1a. If :	zero or less, enter -0-	***************************************		0.	
i Subtract line 1f from line 1c. If z	ero or less, enter -0	******	**********	0.	
j If there is an amount other than	zero on either line 1h o	r line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for th	nis year?				Yes No
(Some organizations	s that made a section	veraging Period Under 501(h) election do not l rate instructions for lir	nave to complete all c	of the five columns be	low.
	Lobbying Exp	enditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	121,861	129,343.	151,925.	165,601.	568,730.
b Lobbying ceiling amount (150% of line 2a, column(e))					853,095.
c Total lobbying expenditures	18,083	18,469.	22,139.	10,153.	68,844.

Schedule C (Form 990 or 990-EZ) 2017

142,182.

213,273.

9,059.

41,400.

1,286.

32,336.

886.

37,981.

1,139.

30,465.

5,748.

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) 2017 IOWA ENVIRONMENTAL COUNCIL 42-14360
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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.  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?  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?	Yes	No		
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  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?	**************************************	, 10	Am	ount
or referendum, through the use of: a Volunteers? 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?	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
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?				
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?				
d Mailings to members, legislators, or the public?			and the second s	
the A.M. At				
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?				<del></del>
i Other activities?				
j Total. Add lines 1c through 1í				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	Parall Park Committee		100 Carlotte	
b If "Yes," enter the amount of any tax incurred under section 4912	AND THE RESERVE OF THE PARTY OF	The state of the s	Reference control and a	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	A			-
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	ARTHUS SOURCE CONTRACTOR			
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501/o\/	5) or co.	tion	
501(c)(6).	11 50 1(0)(	oj, oi sec	JUOH	
001(0)(0).			V	NI-
			Yes	No
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 carry over lobbying and political campaign activity expenditures from the				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if aither (c) ROTU Bart III A lines of and 0 are 100 and 100 are 100 and 100 are 100				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."	'NO," OR	(b) Part	III-A, IIne	3, IS
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al	2000.00		
expenses for which the section 527(f) tax was paid).		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
a Current year				
b Carryover from last year		2b		
		2c		
c Total		3		
c Total		,000,000,000,00		
c Total	988	110000000000000000000000000000000000000		
c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
c Total		4		
<ul> <li>Total</li></ul>		4 5		

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization IOWA ENVIRONMENTAL COUNCIL

Employer identification number 42-1436090

Pa	art I Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		o empioto n uno
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3			
4			
5		ng that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's excl	•	
6			
	for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose	conferring
			<del>-</del>
Pa	art II Conservation Easements. Complete if the organiz	zation answered "Yes" on Form 990, i	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (c	heck all that apply).	
	Preservation of land for public use (e.g., recreation or educa-	ation) Preservation of a hist	orically important land area
	Protection of natural habitat	<del></del>	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	a Total number of conservation easements		2a
b			1 1
c	<ul> <li>Number of conservation easements on a certified historic structure</li> </ul>	re included in (a)	2c
d	d Number of conservation easements included in (c) acquired after	7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by the	organization during the tax
	year 🚩		
4	Number of states where property subject to conservation easeme	nt is located 🕨	
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it hold		
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	lling of violations, and enforcing cons	ervation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservat	ion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above sat		X X X
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ea		
	include, if applicable, the text of the footnote to the organization's	financial statements that describes t	he organization's accounting for
Dai	conservation easements. art III Organizations Maintaining Collections of Art	Li-A-viLT	
Fal		•	ner Similar Assets.
	Complete if the organization answered "Yes" on Form 990		
1a	a If the organization elected, as permitted under SFAS 116 (ASC 95		
	historical treasures, or other similar assets held for public exhibition		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes the		
b	,,		
	treasures, or other similar assets held for public exhibition, educat	ion, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
_			
2	If the organization received or held works of art, historical treasure		gain, provide
	the following amounts required to be reported under SFAS 116 (A	· ·	
a	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X	***************************************	<u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

732051 10-09-17

Schedule D (Form 990) 2017

	edule D (Form 990) 2017 IOWA EN	IVIRONMENTA	L COUNCIL				42-14	36090	) P	age 2
Pa	art III   Organizations Maintaining (	Collections of A	rt, Historical Tr	easures, e	or Othe	r Simila	r Asset	s (contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	following the	at are a s	ignificant (	use of its o	collection	items	
	(check all that apply):			_						
é	Public exhibition		d Loan or ex	change prog	rams					
k	Scholarly research									
(	Preservation for future generations									
4	Provide a description of the organization's of	ollections and explai	in how they further	the organizat	ion's exe	mat purpo	se in Part	XIII.		
5	During the year, did the organization solicit	or receive donations	of art, historical tre	asures, or oth	ner simila	r assets				
	to be sold to raise funds rather than to be m	aintained as part of	the organization's c	ollection?			Γ	Yes		No
Pε	rt IV Escrow and Custodial Arran	igements. <sub>Comp</sub>	lete if the organizat	ion answered	"Yes" or	Form 990	), Part IV,	line 9, or		<u></u>
	reported an amount on Form 990, Pa									
1a	ls the organization an agent, trustee, custod									
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:							
								Amount		
О		•••••••••••••••••••••••••••••••••••••••		•••••••		. 1c				
d	J ,									
е										
f	Ending balance	· - · · · · · · · · · · · · · · · · · ·	****	···	• • • • • • • • • • • • • • • • • • • •	. <u>1</u> f				
2a	Did the organization include an amount on F					ity?	. <i></i>	Yes		] No
<u>b</u>		Check here if the ex	xplanation has beer	<u>provided on</u>	Part XIII					
Fd	rt V Endowment Funds. Complete	if the organization ar	nswered "Yes" on F	orm 990, Par						
		(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three y	ears back	(e) Four	years i	back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									<del></del>
d	Grants or scholarships									<del></del>
е	Other expenditures for facilities				1					
	and programs									
f	Administrative expenses									
g	End of year balance							<u> </u>		
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:						
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administe	red for th	e organiza	ition	_		
	by:								Yes	No
	(i) unrelated organizations		••••••••••••					3a(i)		
	(ii) related organizations					•••••		3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4 Da	Describe in Part XIII the intended uses of the		wment funds,							
A CAL										
	Complete if the organization answered				, Part X,	line 10.				
	Description of property	(a) Cost or o	. 1 ' '	t or other		ccumulate	d	(d) Book	value	
		basis (investr	nent) basis	(other)	dep	preciation				
	Land						100110000			
	Buildings									
	Leasehold improvements			0 4 6 4		20		·		
	Equipment	.	4	8,461.		32,12	33.	<u> </u>	,33	8.
	Other	.	<u> </u>				_		~ ~ ~	
otal	. Add lines 1a through 1e. (Column (d) must ed	rual Form 000 Part	Y column /Dl line 1	00.1				1.6	.33	ж.

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 IOWA ENVIRONMENTAL COUNCIL	42-1436090 Page 5
Schedule D (Form 990) 2017 IOWA ENVIRONMENTAL COUNCIL  Part XIII   Supplemental Information (continued)	
7.77.11.11	

#### SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions, Inspection

Name of the organization		_					ntification number
	VIRONMENTAL COUNCI					42-1436	
required to complete this par	<ul> <li>Complete if the organization answert.</li> </ul>	ered "Y	'es" o	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicita  f Solicita  g Special  or oral agreement with any individual  Part VII) or entity in connection with p  viduals or entities (fundraisers) pursu	tion of tion of fundra (includation)	non-g gover alsing ding of	overnment grants rnment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		to (c	Amount paid or retained by) fundraiser ded in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				,
					•		
•							
					-		
Fotal		*******	<b>&gt;</b>				
<ol> <li>List all states in which the organization or licensing.</li> </ol>	n is registered or licensed to solicit c	ontribu	ıtions	or has been notified	it is e	xempt from reg	istration
				<del>-</del>			

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

Schedule G (Form 990 or 990-EZ) 2017

P	art	Complete it is	he organization answered	d "Yes" on Form 990, Par	t IV, line 18, or reported	1436090 Page 2 more than \$15,000			
		of fundraising event contributions and gr	(a) Event #1 ANNUAL	(b) Event #2 PRO H2O	(c) Other events	ts greater than \$5,000.  (d) Total events (add col. (a) through			
u.			CONFERENCE (event type)	EVENT (event type)	(total number)	col. (c))			
Revenue	1	Gross receipts	30,160.	19,410.	5,915.	55,485.			
α		Less: Contributions							
			20.160	10 (10					
_	3	Gross income (line 1 minus line 2)	30,160.	19,410.	5,915.	55,485.			
	4	Cash prizes							
Direct Expenses	5	Noncash prizes							
	6	Rent/facility costs							
ect Ex	7	Food and beverages							
ؿٙ	8	Entertainment							
	9	Other direct expenses		13,745.	11,858.	38,116.			
	10	Direct expense summary. Add lines 4 through				38,116.			
	11	Net income summary. Subtract line 10 from li				17,369.			
en		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Revenue			<u> </u>	amgo progration amgo		con (a) through con (c))			
	1_	Gross revenue			***				
ses	2	Cash prizes							
Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5_	Other direct expenses							
	6	Volunteer labor	Yes% No	Yes%  No	Yes % No				
	7								
		Net gaming income summary. Subtract line 7	, ,						
						777 54944-4			
9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:									
								b If "Yes," explain:	
2220	no-	ID 17				000 000 E3) 004			

Schedule G (Form 990 or 990-EZ) 2017 IOWA ENVIRONMENTAL COUNCIL	42-1436090 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	
b An outside facility	13b 9
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	8:
Name ►	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	unt
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name ►	
Address >	
16 Gaming manager information:	
Name ►	
Gaming manager compensation ▶ \$	
Salining Manager Compensation P	
Description of services provided >	
Director/officer Employee Independent contractor	***************************************
17 Mandatani distributiona	
Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	
organization's own exempt activities during the tax year > \$	is le
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III lines 9 9h 10h 15h
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	at in, mics 0, 00, 100, 100,

Schedule G (Form 990 or 990 EZ) LUWA ENVIRONMENTAL COUNCIL	42-1436090 Page 4
Schedule G (Form 990 or 990 EZ)   LOWA ENVIRONMENTAL COUNCIL   Part IV   Supplemental Information (continued)	

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047

▶ Go to www.irs.gov/Form990 for the latest information. ▼ Attach to Form 990.

Open to Public Inspection

<u>&</u> . ف Employer identification number 42-1436090 (h) Purpose of grant or assistance COWA CLEAN ENERGY OWA CLEAN ENERGY OWA CLEAN ENERGY IOWA CLEAN ENERGY OWA CLEAN ENERGY IOWA CLEAN ENERGY X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) CASH CASH CASH CASH CASH CASH Ö 0 (e) Amount of non-cash assistance 0 0 O o Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 050. 12,100. 10,465. 628 14,365. 8 800 32, 46, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. COUNCIL (C) (3) 501 (C) (3) 42-1512708 501 (C) (3) 42-1484232 501 (C) (3) (0) (G) (3) 501 36-3866530 501 47-0553823 501 ENVIRONMENTAL 26-4677966 27-1525603 General Information on Grants and Assistance (a) criteria used to award the grants or assistance? 1 (a) Name and address of organization CENTER - 35 EAST WACKER DRIVE, SUITE 1600 - CHICAGO, IL 60601 IOWA INTERFAITH POWER & LIGHT IOWA ENVIRONMENTAL LAW AND POLICY WINNESHIEK ENERGY DISTRICT MERLE HAY RD., SUITE 605 or government CENTER FOR RURAL AFFAIRS 505 STH AVE., SULTE 333 217 WEST WATER STREET DES MOINES, IA 50309 1000 FRIENDS OF IOWA DES MOINES, IA 50310 Name of the organization IOWA CITY, IA 52245 20 E. MARKET STREET IOWA POLICY PROJECT IA 52101 LYONS, NE 68038 145 MAIN STREET Part DECORAH, Part II Q

732101 11-01-17

Schedule 1 (Form 990) (2017)

42-1436090 Page 1		(h) Purpose of grant or assistance	IOWA CLEAN ENERGY		 The state of the s		TO CONTINUE TO CON	The state of the s	To your property of the control of t	Schedule I (Form 990)
		J) Description of reash assistance	O KWOI							***************************************
	edule I (Form 990), Par	(f) Method of valuation (book, FMV, appraisal, other)	CASH							
	ited States (Sch	(e) Amount of non-cash assistance	0.0	TO THE PARTY OF TH						
Schedule (Form 990) IOWA ENVIRONMENTAL COUNCIL	izations in the Un	(d) Amount of cash grant	14,995.							
	vernments and Organ	(c) IRC section if applicable	501 (C) (3)							
	Assistance to Go	(b) EIN	42-1183068							
	Part II Continuation of Grants and Other	(a) Name and address of organization or government	IOWA COMMUNITY ACTION ASSOCIATION 1620 PLEASANT ST., SUITE 214 DES MOINES, IA 50314							

04-01-17

42-1436090

Page 2

(Form 990) (2017) IOWA ENVIRONMENTAL COUNCIL
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed. Schedule | (Form 990) (2017)
| Part III | Grants and Other

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2: Part III, column (b); and any other additional information.	uired in Part I, lir	ie 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:				And the second s	And the state of t
GRANT FUNDS ARE REVIEWED AND MONITOR	ED BY	THE COUNCIL'S	'S BOARD OF	P DIRECTORS	enter en
THROUGHOUT THE GRANT PERIOD.				THE PROPERTY OF THE PROPERTY O	***************************************
OPPOPULATION AND AND AND AND AND AND AND AND AND AN					
THE PROPERTY OF THE PROPERTY O					
AAA AA TITTI AAA AA	***************************************				
			THE PROPERTY OF THE PROPERTY O		
		т түүн жана жана жана жана жана жана жана ж			

Schedule I (Form 990) (2017)

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

IOWA ENVIRONMENTAL COUNCIL

Employer identification number 42-1436090

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO PROMOTE, SUPPORT AND ACHIEVE PROTECTION OF THE ENVIRONMENT AND
CONSERVATION OF NATURAL RESOURCES, PRIMARILY IN IOWA, BOTH DIRECTLY AND
THROUGH COORDINATION OF THE ENVIRONMENTAL COMMUNITY.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
THE ORGANIZATION'S MEMBERS HAVE THE ABILITY TO ELECT MEMBERS OF THE BOARD
OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B:
MANAGEMENT REVIEWS FORM 990 WITH THE AUDIT COMMITTEE. FORM 990 IS MADE
AVAILABLE TO ALL BOARD MEMBERS BEFORE FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS REVIEWED BY THE MEMBERS OF THE BOARD OF
DIRECTORS ANNUALLY. ANY CONFLICTS ARE DISCLOSED.
FORM 990, PART VI, SECTION B, LINE 15:
SALARY INCREASES FOR EMPLOYEES ARE SUGGESTED BY THE EXECUTIVE DIRECTOR AND
SALARY INCREASES FOR THE EXECUTIVE DIRECTOR ARE SUGGESTED BY THE BOARD
PRESIDENT AND APPROVED BY THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS
APPROVES A SALARY INCREASE POOL FOR EMPLOYEES.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization  IOWA ENVIRONMENTAL COUNCIL	Employer identification number 42-1436090
FORM 990, PART VI, SECTION C, LINE 19:	
IOWA ENVIRONMENTAL COUNCIL MAKES ITS GOVERNING DOCUMENTS,	CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON R	EQUEST.