

Iowa Environmental Council 505 Fifth Avenue No. 850 Des Moines, IA 50309

Enclosed are the original and one copy of the 2020 Exempt Organization return, as follows...

2020 Form 990

Each original return should be signed, dated, and filed in accordance with the filing instructions. Copies of each return should be retained for your files.

We have enclosed mailing envelopes for your convenience in filing the return.

Please review the return for completeness and accuracy.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We have provided you tax advice in connection with the preparation of your U.S. federal tax return and associated tax planning services we have furnished. This advice is not intended or written to be used by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer by the Internal Revenue Service, and it cannot be used by any taxpayer for such purpose.

Very truly yours,

Denman & Company, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2020

Prepared For:

Iowa Environmental Council 505 Fifth Avenue No. 850 Des Moines, IA 50309

Prepared By:

Denman & Company, LLP 1601 22nd Street, Suite 400 West Des Moines, IA 50266-1453

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	r identification i	number (TIN)
print	IOWA ENVIRONMENTAL COUNCIL				42-143	6000
File by the due date f filing your return. Se instruction	Number, street, and room or suite no. If a P.O. box, s 505 FIFTH AVENUE, NO. 850				42-145	
Enter th	he Return Code for the return that this application is for (file	e a separat	e application for each return)			01
Applica		Return	Application			Return
ls For		Code	Is For			Code
	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
 If thi box 1 the set of the se	e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit (Group Exe and atta NOVEN anization's , an	mption Number (GEN), 1 ch a list with the names and TINs of <u>IBER 15, 2021</u> , to file return for: d ending	f this is fo all membe	r the whole gro ers the extension npt organization 	on is for.
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less	2-	*	0.
	ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	refundable credits and	<u>3a</u>	\$	0.
	this application is for Forms 990-PF, 990-1, 4720, or 6069 stimated tax payments made. Include any prior year overp			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa				Ť	
	sing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
	If you are going to make an electronic funds withdrawal	(direct deb	bit) with this Form 8868, see Form 84		d Form 8879-E	

	000
Form	990

Department of the Treasury Internal Revenue Service

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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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.

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

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AI		and and a sear, or tax year beginning and	ending		
B	Check if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre	e IOWA ENVIRONMENTAL COUNCIL			
	Name Chang			42-143609	90
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return		850	(515)244-	
	termir ated			G Gross receipts \$	1,530,566.
	Amen	DES MOINES, IA 50509		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: DRIAN CAMPBELL		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions
		te: VWW.IAENVIRONMENT.ORG		H(c) Group exemption	
		organization: 🔀 Corporation 📄 Trust 🦳 Association 📄 Other 🕨	L Year	of formation: 1995 N	I State of legal domicile: IA
Pa	art I	Summary			
a	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O	
ŭ					
Activities & Governance	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			17
ڻ ح	4	Number of independent voting members of the governing body (Part VI, line 1b)			17
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			15
viti	6	Total number of volunteers (estimate if necessary)		6	30
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		913,471.	1,401,811.
Revenue	9	Program service revenue (Part VIII, line 2g)		21,948.	33,324.
ev Kev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,211.	4,026.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42,384.	50,996.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		984,014.	1,490,157.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		59,260.	30,978.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		669,666.	807,534.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
gx	b	Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		255,037.	478,034.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		983,963.	1,316,546.
	19	Revenue less expenses. Subtract line 18 from line 12		51.	173,611.
S OL			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,029,434.	1,251,750.
Net Assets or	21	Total liabilities (Part X, line 26)		771,213.	133,870.
ER I	22	Net assets or fund balances. Subtract line 21 from line 20		258,221.	1,117,880.

Part II Signature Block

T,

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.

Sign	Signature of officer			Date
Here	BRIAN CAMPBELL, EXECUT	IVE DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	MANDI HOLCOMB			self-employed P01257300
Preparer	Firm's name 🕒 DENMAN & COMPANY	, LLP		Firm's EIN ▶ 42–0794029
Use Only	Firm's address 🕨 1601 22ND STREET	, SUITE 400		
	WEST DES MOINES,	IA 50266-1453		Phone no. 515-225-8400
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2020)

Form		ENVIRONMENTAL COUNCII		42-1436090 Page 2
Par		N Service Accomplishments		
		s a response or note to any line in this Part	: III	·····
1	Briefly describe the organization's TO PROVIDE A SAFE	mission: , HEALTHY ENVIRONMENT	AND SUSTAINABLE	FUTURE FOR IOWA
2		significant program services during the ye		Yes X No
	If "Yes," describe these new servic			
3	Did the organization cease conduct If "Yes," describe these changes of	ting, or make significant changes in how it n Schedule O.	conducts, any program services	s?Yes X No
4	-	m service accomplishments for each of its [.]	three largest program services,	as measured by expenses.
		anizations are required to report the amoun	nt of grants and allocations to ot	hers, the total expenses, and
4a	revenue, if any, for each program s (Code:) (Expenses \$	302,210 including grants of \$) (Be	evenue \$
14		PROTECT AND IMPROVE W		
	STREAMS AND LAKES			
4b	(Code:) (Expenses \$	764,496. including grants of \$	30,978.) (Re	evenue \$ 31,128.)
40		D PROMOTE POLICY IMPRO		
	ENERGY EFFICIENCY			
	GAS EMISSIONS.			
4c	(Code:) (Expenses \$	including grants of \$) (Re	evenue \$)
4d	Other program services (Describe o		. <i>(</i>	
	(Expenses \$	including grants of \$ 1,066,706.) (Revenue \$)
4e	Total program service expenses	,000,700.		Form 990 (2020)
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<u>Form 990 (</u>			ENVIRONMENTAL	COUNCIL
Part IV	Checklist of R	equired	Schedules	

			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	
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			37
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		X
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?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
L	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u></u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
Ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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			- 23
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
•	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			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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		Х
b	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	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	18	Х	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	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	X	
032003	12-23-20	Form	990 ((2020)

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Form	990	(2020)
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 Form 990 (2020)
 IOWA
 ENVIRONMENTAL
 COUNCIL

 Part IV
 Checklist of Required
 Schedules
 (continued)

		Yes 22 23 23 24a 24b 24c 24d 24d 24d 24d 25a 25b 26 27 28a 28b 28a 28b 28a 28b 28a 28a 28a 28a 28b 28a 28b 30 330 34 35a 36 37 38	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for demostic individuals on		res	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		- 23
20	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		x
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
-	"Yes," complete Schedule L, Part IV	28c		x
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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			
	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-01		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	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 9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
032004	¥ 12-23-20	Form	990	(2020)

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Form	990 (2020) IOWA ENVIRONMENTAL COUNCIL 42-1436	090	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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 organization 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 contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
, a	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
a		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

032005 12-23-20

IOWA ENVIRONMENTAL COUNCIL

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

42-1436090 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship v officer, director, trustee, or key employee?			2	x	
2	Did the organization delegate control over management duties customarily performed by or under the o			_	- 23	
3						x
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset			5	х	
6	Did the organization have members or stockholders?			6	~	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximore members of the governing body?			7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stor					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	enue Code)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such char					
	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 to			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye,					
U	in Schedule O how this was done	,		12c	x	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval b					
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by independ	Jent			
•	The organization's CEO, Executive Director, or top management official			15a	х	
					- 23	Х
D	Other officers or key employees of the organization			15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	opt with a				
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangementation approximation of the venture of the vene			16-		Х
H-	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			16a		
Ø		• •	aliun			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz			164		
	exempt status with respect to such arrangements?			16b	[]	
Sec	tion C. Disclosure					
	tion C. Disclosure					bla
17	List the states with which a copy of this Form 990 is required to be filed NONE		tion E01(-)(0)		010	ne
17	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (Sec	ction 501(c)(3):	s only)	availal	
17	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply.	·	.,.,	s only)	availal	
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain of the context)	on Schedule	e O)			
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. Own website Other (explain of Describe on Schedule O whether (and if so, how) the organization made its governing documents, control	on Schedule	e O)			
17 18 19	List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain of Describe on Schedule O whether (and if so, how) the organization made its governing documents, cont 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	on Schedule flict of intere	e O) est policy, and			
17 18 19	List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain of Describe on Schedule O whether (and if so, how) the organization made its governing documents, conf 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 BRIAN CAMPBELL - 515-244-1194	on Schedule flict of intere	e O) est policy, and			
Sec 17 18 19 20	List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain of Describe on Schedule O whether (and if so, how) the organization made its governing documents, cont 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	on Schedule flict of intere	e O) est policy, and	l financ		

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with	n or within the organization's	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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)			
Name and title	Average	(do		Pos		l than d	ane	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pei	rson i	s both r/trus	n an	compensation	compensation	amount of		
	week		cer ar		Irecto	r/trus	tee)	from	from related	other		
	(list any	recto						the	organizations	compensation		
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)		and related		
	below	dual t	ltiona		nploy	st cor	1			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
(1) MONTE MARTI	5.00		_	-								
PRESIDENT		X		X				0.	0.	0.		
(2) KATIE COWNIE	3.00											
VICE-PRESIDENT		Х		X				0.	0.	0.		
(3) JOHN SCHMIDT	3.00											
TREASURER		Х		X				0.	0.	0.		
(4) JONATHAN GANO	1.00											
SECRETARY		X		X				0.	0.	0.		
(5) SARAH LOHMEIER	1.50											
IMM. PAST PRESIDENT		Х		Х				0.	0.	0.		
(6) CRAIG MILLER	4.00											
MEMBER		Х						0.	0.	0.		
(7) DAVID COURARD-HAURI	2.00											
MEMBER		Х						0.	0.	0.		
(8) BRINDHA NARASIMHAMOORTHY	1.00											
MEMBER		Х						0.	0.	0.		
(9) JENNIFER CHAMBERS	1.00											
MEMBER		Х						0.	0.	0.		
(10) KEVIN GRIGGS	0.50											
MEMBER		Х						0.	0.	0.		
(11) NATHAN UNSWORTH	1.00											
MEMBER		Х						0.	0.	0.		
(12) JENNIFER HERMSEN	1.50											
MEMBER		Х						0.	0.	0.		
(13) KURT JOHNSON	1.50											
MEMBER		Х						0.	0.	0.		
(14) LAURA SARCONE	0.50											
MEMBER		Х						0.	0.	0.		
(15) KEVIN TECHAU	1.00											
MEMBER		Х						0.	0.	0.		
(16) NAURA HEIMAN GODAR	1.00							_				
MEMBER		Х						0.	0.	0.		
(17) GENEVIEVE DEAN	1.00	l						_				
MEMBER		Х						0.	0.	0.		
032007 12-23-20										Form 990 (2020)		

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032007 12-23-20

Form 990 (2020)

Form 990 (2020) IOWA ENV3	RONMENT	'AL	ı C	OU	NC	$_{IL}$			42-14	.360	090	Pa	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box offic	not c , unles	Pos heck ss per	more rson i	than o than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		am ((F) timate ount o other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	pensat om the anizati I relate nizatio	e on ed
(18) JENNIFER TERRY FORMER EXEC. DIRECTOR	40.00	-		x				69,490.		0.	2	2,41	L5.
		-											
		-											
1b Subtotal c Total from continuation sheets to Part VII								69,490. 0.		0.	2	2,41	15. 0.
d Total (add lines 1b and 1c)								69,490.		0.	2	2,41	
2 Total number of individuals (including but ne compensation from the organization ►	ot limited to th	ose	liste	d ab	ove	e) wn	o re	eceived more than \$100,	UUU of reportable			Yes	0 No
3 Did the organization list any former officer,	-			•	•		Ŭ	• • •	•	[3	Tes	X
 line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization		4		x
 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes." com</i> 	ccrue compen	Isati	on fr	om	any	unre	elate	ed organization or individ	lual for services		5		x
Section B. Independent Contractors			01 00		2010	011							
1 Complete this table for your five highest con the organization. Report compensation for t	•								, ,	ensat	ion fro	m	
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C ompen		1
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	-	ot lin	nitec	d to t		se lis)	ted	above) who received mo	ore than				
												000	

Form **990** (2020)

032008 12-23-20

Check if Schedule C contains a response or note to any line in the Pert III (C) (A) (C) (C) <th (c)<="" colspan="2" t<="" th=""><th>Pa</th><th>rt VI</th><th></th><th>Statement of Rev</th><th>venue</th><th></th><th></th><th></th><th></th><th></th><th></th></th>	<th>Pa</th> <th>rt VI</th> <th></th> <th>Statement of Rev</th> <th>venue</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>		Pa	rt VI		Statement of Rev	venue						
Total memule Federated campaigne the Total memule Federated campaigne Total memule Federated campaigne Fedetated campaigne Federated campaigne<				Check if Schedule O c	contains a	response	or note to any lin	e in this Part VIII					
Begin be Membersho ques Ib 110, 493. b Ambersho ques Id c Government grants (contributions) Id f All officialing events Id generations Id Id f All officialing events Id generations Id Id generations <								~ ~ ~	Related or exempt	Unrelated	Revenue excluded from tax under		
Begin of the second s	ŝ	1 a	a F	Federated campaigns		1a							
Business Code Image: State of the state of	ant	k					110,493.						
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Business Code Image: State of the state of	s, G milå	e	e (1e	137,204.						
Business Code Image: State of the state of	ion	f	f/	All other contributions, gifts,	grants, and								
Business Code Image: State of the state of	but		5	similar amounts not included	above	1f 1,	154,114.						
Business Code Image: State of the state of	ditri	ç	g r	Noncash contributions included in	lines 1a-1f	1g \$							
2 a CONTRACT INCOME 900099 31,128. 31,128. MARKETING INCOME 900099 2,196. 2,196. a	ရှိပ်	ł	h '	Total. Add lines 1a-1f				1,401,811.					
b MARKETING INCOME 900099 2,196. 2,196. c													
g Total. Add lines 2a-21 33,324. a threatment income (including dividends, interest, and other similar amounts). 3,705. 4 income from investment of tax exempt bond proceeds 3,705. 5 Royatties (i) Real 6 a Gross rents 6a 6 a Gross rents 6a 6 a Gross rents 6a 7 a Gross amount from sales of rask scienter tai income or (loss) (ii) Other 7 a Gross amount from sales of rask scienter tai inventory 7a 7 a Gross income from fundralsing events (not including \$ of 221. 0. 6 a ar (loss) 7a 7 a Gross income from fundralsing events (not including \$ of cash income from fundralsing events (not including \$ of cash income from fundralsing events (not including \$ of cash income from fundralsing events (bb 40, 409. 321. 8 a Gross income from fundralsing events (bb 40, 409. 50, 996. 50, 996. 9 a Gross income from gaming activities. See \$	e	2 4							31,128.				
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d Net rental income or (loss) 		k	b l		6b								
7 a Gross amount from sales of assets other than inventory			c I	Rental income or (loss)	6c								
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B Less: cost or other basis and sales expenses Image: cost or other basis and sales or inventory, less returns and allowances Image: cost or other basis and sales or inventory, less returns and allowances Image: cost or other basis and allowance Image: cost or other basis and allowance Image: cost or other basis and allowance <t< td=""><th></th><td>7 a</td><td>a (</td><td>Gross amount from sales of</td><td>(i) S</td><td></td><td>(ii) Other</td><td></td><td></td><td></td><td></td></t<>		7 a	a (Gross amount from sales of	(i) S		(ii) Other						
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c Gain or (loss) 7c 321. 321. 321. d Net gain or (loss)		k											
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses bb 40, 409. 50, 996. 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b Less: direct expenses b Less: direct expenses bb 50, 996. 10 a Gross sales of inventory, less returns and allowances to the income or (loss) from sales of inventory 10a b Less: cost of goods sold to b 10b c Net income or (loss) from sales of inventory b Less: cost of goods sold to b	anu												
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b including \$of contributions reported on line 1c). See Ba Part IV, line 18 Ba b Less: direct expenses c Net income or (loss) from fundraising events b Less: direct expenses ga 9a 9a 9a 9b 0a 10a 10b c 0a	<u> </u>						>	321.			321.		
contributions reported on line 1c). See Ba 91,405. b Less: direct expenses Bb 40,409. c Net income or (loss) from fundraising events > 50,996. 50,996. 9 a Gross income from gaming activities. See 9a 9a 9b b Less: direct expenses 9b 9b 9c 9c b Less: direct expenses 9b 9c 9c 9c c Net income or (loss) from gaming activities > 0c 0c 10 a Gross sales of inventory, less returns and allowances 10a 10b 0c 0c b Less: cost of goods sold 10b 0c 0c 0c 0c c In a Buiness Code 0c 0c 0c 0c 0c c In a In a 0c	the	8 8											
Part IV, line 18 Ba b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9 b 9b c Net income or (loss) from gaming activities 0 a Gross sales of inventory, less returns and allowances 10 a Gross sold b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold 11 a Business Code b C c All other revenue e Total revenue. See instructions 12 Total revenue. See instructions	0			•		- 1							
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9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory b Less: cost of goods sold 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory b Less: cost of goods sold 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions								50,996,			50,996,		
Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold t 10b						-							
b Less: direct expenses 9b c Net income or (loss) from gaming activities				-	-								
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory Net income or (loss) from sales of inventory b c d d 11 a b c d d d 12 Total revenue. See instructions 10 a 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 11 11 11 11 12 12 12 12 12 12 12 <th></th> <td>k</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		k											
and allowances 10a 10b							►						
b Less: cost of goods sold 10b ►		10 a	a (Gross sales of inventory, I	ess returns	s							
b Less: cost of goods sold 10b ►			á	and allowances		10a							
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11 a			1 0	Net income or (loss) from	sales of inv	ventory							
e Total. Add lines 11a-11d 12 Total revenue. See instructions ▶ 1,490,157. 33,324. 0. 55,022.	s						Business Code						
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12 Total revenue. See instructions ▶ 1,490,157. 33,324. 0. 55,022.	Mis												
								1 /00 157	33 301	0	55 022		
	03000				<i></i>			±, ±, 0, ±, 5, 1 •	55,524•	J J.	Form 990 (2020)		

IOWA ENVIRONMENTAL COUNCIL

Form 990 (2020)

$09070830 \ 758194 \ 29-4734-001$

10 2020.04020 IOWA ENVIRONMENTAL COUNCI 29-47341

42-1436090 Page 9

Form 990 (2020)

IOWA ENVIRONMENTAL COUNCIL Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		his Part IX (B)	(C)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(D) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	22.250			
	and domestic governments. See Part IV, line 21	30,978.	30,978.		
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				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	71,905.	54,289.	10,527.	7,089
e	trustees, and key employees	11,903.	J4,209.	10,527.	7,009
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	642,411.	482,105.	74,461.	85,845
7 8	Pension plan accruals and contributions (include	042,411.	402,103.	/=,=01.	05,045
0	section 401(k) and 403(b) employer contributions)	11,700.	10,532.	462.	706
9	Other employee benefits	25,765.	18,393.	1,987.	706 5,385
0	Payroll taxes	55,753.	41,759.	6,866.	7,128
1	Fees for services (nonemployees):	55,155.			,,120
a	Management				
b	Legal				
	Accounting	5,350.	4,280.	535.	535
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	269,499.	266,323.	1,588.	1,588
2	Advertising and promotion	,	,		•
3	Office expenses	5,324.	3,783.	955.	586
4	Information technology	21,986.	17,869.	1,956.	2,161
5	Royalties				
6	Occupancy	59,525.	49,875.	4,825.	4,825
7	Travel	6,730.	4,864.	1,142.	724
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	10,626.	8,500.	1,063.	1,063
3	Insurance	10,687.	8,549.	1,069.	1,069
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MARKETING & PROMOTION	40,420.	33,688.	113.	6,619
b	MISCELLANEOUS	24,404.	12,456.	6,873.	5,075
С	TELEPHONE	7,521.	6,214.	756.	551
d	PRINTING	5,549.	4,431.	564.	554
	All other expenses	10,413.	7,818.	1,522.	1,073
5	Total functional expenses. Add lines 1 through 24e	1,316,546.	1,066,706.	117,264.	132,576
6	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)				

11

032010 12-23-20

Form 990 (2020)

258,221.

029,434.

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1,117,880.

1,251,750.

Form 990 (2020)

IOWA	ENVIRONMENTAL	COUNCIL
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Check if Schedule O contains a response or note to any line in this Part X

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

(A) (B) Beginning of year End of year 809,615. 972,912. 1 Cash - non-interest-bearing 157,000. 211,000. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 1,327. Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 3,759. 8,518. Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 69,990. basis. Complete Part VI of Schedule D _____ 10a 45,937. 28,484. 24,053. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 30,576. 33,940. 15 Other assets. See Part IV, line 11 1,029,434. 1,251,750. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 9,887. 82,342. Accounts payable and accrued expenses 17 18 Grants payable 761,326. 51,528. 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 771,213. 133,870. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 241,150. 700,104. 27 Net assets without donor restrictions 17,071. 417,776. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29

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Form 990 (2020) Part X Balance Sheet

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Liabilities

Net Assets or Fund Balances

Assets

032011 12-23-20

09070830 758194 29-4734-001

Form	1990 (2020) IOWA ENVIRONMENTAL COUNCIL	42-14	36090	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,490		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,316		
3	Revenue less expenses. Subtract line 2 from line 1	3	173	6,61	<u>11.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	258	, 22	<u>21.</u>
5	Net unrealized gains (losses) on investments	5	2	41	14.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	683	6,63	34.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,117	,88	30.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3 a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		

Form **990** (2020)

032012 12-23-20

SCH	IEDL	JLE A
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Department of the Treasury Internal Revenue Service

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
2020
Open to Public Inspection

Name of the	organization
-------------	--------------

ployer identification num	b
42-1436090	

Name of the	Name of the organization Employer identification number							
			NTAL COUNCIL					2-1436090
Part I	Reason for Public C	Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	IS.	
The organiz	ation is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1 🗌 A	A church, convention of chu	urches, or associatio	on of churches described	in sectio	on 170(b)([.]	I)(A)(i).		
2 🗌 A	A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3 🗌 A	A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i i	ii).		
4 🗌 A	A medical research organiza	ation operated in cor	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
C	city, and state:							
5 🗌 🗸	An organization operated fo	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
:	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6 🗌 A	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X A	An organization that normal	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 🔄 A	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 🗌 A	An agricultural research org	anization described	in section 170(b)(1)(A)(i x) operate	ed in conju	inction with a	land-grant	college
C	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor
ι	university:							
10 🗌 A	An organization that normal	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	iip fees, and	d gross receipts from
a	activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
i	ncome and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.
	See section 509(a)(2). (Cor	mplete Part III.)						
11 🛄 4	An organization organized a	and operated exclusi	ively to test for public sat	ety. See	section 50	09(a)(4).		
12 A	An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
r	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
	ines 12a through 12d that of	• •					-	
a 🔛	Type I. A supporting orga		-	• • • •	-			
	the supported organization			majority c	of the direc	tors or truste	es of the su	upporting
	organization. You must c							
b 🔛	Type II. A supporting org	-				-		-
	control or management of			ame perso	ns that co	ntrol or mana	ge the supp	ported
	organization(s). You mus	-						
с 📖	Type III functionally inte						lly integrate	ed with,
. —	its supported organization		-					
d 🛄	Type III non-functionally						-	
	that is not functionally int			•		-	an attentiv	/eness
	requirement (see instructi		-				U. T	
e 📖	Check this box if the orga					турет, туре	п, туре п	
f Entor	functionally integrated, or							
	the number of supported on the following information	•	d organization(a)					
	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other
	organization		(described on lines 1-10	Yes	ing document?	support (see in	nstructions)	support (see instructions)
			above (see instructions))					

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 IOWA ENVIRONMENTAL COUNCIL Part II Support Schedule for Organizations Described in Sections 1

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	786,122.	935,937.	807,598.	913,471.	1264607.	4707735.	
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							
4	Total. Add lines 1 through 3	786,122.	935,937.	807,598.	913,471.	1264607.	4707735.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						2865960.	
6	Public support. Subtract line 5 from line 4.						1841775.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	786,122.	935,937.	807,598.	913,471.	1264607.	4707735.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	3,231.	1,403.	2,512.	6,090.	3,705.	16,941.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)			24,763.	21,948.	31,128.		
11	Total support. Add lines 7 through 10						4802515.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	341,420.	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	year as a section 5	01(c)(3)		
	organization, check this box and stop							
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	38.35 %	
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	<u>48.09 %</u>	
16 a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo>		
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X	
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟	
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,	
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or	
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	top here. Explain i	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation		
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions		
	Schedule A (Form 990 or 990-EZ) 2020							

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
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 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			_	_		
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a 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						
12 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 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
check this box and stop here				-	-	
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	Percentage				
17 Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2020. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2019. If the						nd
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
032023 01-25-21					edule A (Form 990) or 990-EZ) 2020
		16	5		-	-

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Schedule A (Form 990 or 990-EZ) 2020 IOWA ENVIRONMENTAL COUNCIL

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 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 (as 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 line 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.)

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Schedule A (Form 990 or 990-EZ) 2020

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Schedule A (Form 990 or 990-EZ) 2020 IOWA ENVIRONMENTAL COUNCIL

1

2

3

2a

2b

3a

3b

Yes No

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a	ľ	
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	ľ	
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	rs, ed		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.	2	ſ	
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			

2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how
	the organization maintained a close and continuous working relationship with the supported organization(s).
2	By reason of the relationship described in line 2, above, did the organization's supported organizations have a

organization's governing documents in effect on the date of potification, to the extent not previously provided?

3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a
	significant voice in the organization's investment policies and in directing the use of the organization's
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

<u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

a The organization satisfied the Activities Test. Complete line 2 below.

b] The organization is the parent of each of its supported o	organizations. Complete line 3 below
---	--	---	--------------------------------------

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions)).
---	--	---	--	----

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 IOWA ENVIRONMENTAL COUNCIL					Page 6		
	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust or	n Nov. 20, 1970 (<i>explain in</i>	Part VI). See instru	ctions.		
	All other Type III non-functionally integrated supporting organizations must						
Section A - Adjusted Net Income (A) Prior Year (B) Curr (opt							
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						
	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					

8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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 factors			
	(explain in detail in Part VI):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
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	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 IOWA ENVIRONMENTAL COUNCIL

Par	t V Type III Non-Functionally Integrated 509(allo Supporting Orga	nizations (continue	ed) _	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
c	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990-EZ) 2020 IOWA	ENVIRONMENTAL COUNCIL	42-1436090 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and	Provide the explanations required by Part II, line 10; , 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Pa rt V, Section E, lines 2, 5, and 6. Also complete this pa	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V,
032028 01-25-2	21		Schedule A (Form 990 or 990-EZ) 2020
		21	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

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

2020

Employer identification number

42-14360	90
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Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	\fbox 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				

IOWA ENVIRONMENTAL COUNCIL

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing 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.

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, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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 \dots \blacktriangleright \$

Caution: 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), but 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Page

Employer identification number

IOWA ENVIRONMENTAL COUNCIL

42-1436090

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>350,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>515,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>35,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of organization

Employer identification number

 $42 - 1 \underline{436090}$

IOWA ENVIRONMENTAL COUNCIL

Part II Noncash Property (see instructions). Use duplicate copies of Part 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 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

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Name of or	rganization			Employer identification numbe			
TOWA	ENVIRONMENTAL COUNCIL			42-1436090			
Part III	Exclusively religious, charitable, etc., contributor, Complete columns (a) through (e) and the following lin	e entry For o	1(c)(7), (8), or (10) that total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,00	0 or less for the	he year. (Enter this info. once.) *			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I							
		(e) Transfer o	f gift				
	Transferee's name, address, a	and ZIP + 4	R	elationship of transferor to transferee			
(a) No. from		<u> </u>					
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
-		(a) Transfor a	faift				
	(e) Transfer of gift						
-	Transferee's name, address, a	and ZIP + 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				(d) Description of new girt is new			
	(e) Transfer of gift						
	Transferee's name, address, a	and $7IP \pm 4$	B	elationship of transferor to transferee			
		[—					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer o	f gift				
	Transferee's name, address, a	and ZIP + 4	R	elationship of transferor to transferee			
023454 11-25-	-20			Schedule B (Form 990, 990-EZ, or 990-PF) (20			
20101 11-20				Concauce D (1 cm 000, 000-E2, 01 000-F1) (20			

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(Form 990 or 990-EZ)	For Org	anizations Exempt From Incom	e Tax Under section	501(c) and section 5	27	2020
		if the organization is described				Open to Public
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information						Inspection
If the organization ans	wered "Yes," or	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, li	ne 46 (Political Camp	aign Acti	vities), then
 Section 501(c)(3) org 	ganizations: Corr	plete Parts I-A and B. Do not co	mplete Part I-C.			
 Section 501(c) (othe 	r than section 50	1(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Par	t I-B.	
 Section 527 organiz 	ations: Complete	e Part I-A only.				
If the organization ans	wered "Yes," or	Form 990, Part IV, line 4, or Fo	orm 990-EZ, Part VI, I	line 47 (Lobbying Acti	vities), th	en
 Section 501(c)(3) org 	ganizations that I	nave filed Form 5768 (election ur	der section 501(h)): C	omplete Part II-A. Do r	ot comple	ete Part II-B.
 Section 501(c)(3) org 	ganizations that I	nave NOT filed Form 5768 (electi	on under section 501(h)): Complete Part II-B	. Do not c	omplete Part II-A.
If the organization ans	wered "Yes," or	Form 990, Part IV, line 5 (Prox	y Tax) (See separate	instructions) or Form	ı 990-EZ,	Part V, line 35c (Proxy
Tax) (See separate inst	tructions), then					
), or (6) organizat	ions: Complete Part III.				
Name of organization						er identification number
	IOWA EN	VIRONMENTAL COUN	CIL			<u>42-1436090</u>
Part I-A Compl	ete if the org	anization is exempt unde	er section 501(c)	or is a section 52	27 organ	nization.
1 Provide a description	on of the organiz	ation's direct and indirect politic	al campaign activities	in Part IV.		
2 Political campaign	activity expendit	ures			▶\$	
3 Volunteer hours for	r political campai	gn activities				
Part I-B Compl	ete if the org	anization is exempt unde	er section 501(c)((3).		
		incurred by the organization und			▶\$	
		incurred by organization manage				
		n 4955 tax, did it file Form 4720				
b If "Yes," describe in						
		anization is exempt unde	er section 501(c),	except section 5	501(c)(3	
		by the filing organization for sec		•		
		ization's funds contributed to oth				
			•		▶\$	
		. Add lines 1 and 2. Enter here a			· · _	
•				,	▶\$	
		1120-POL for this year?				Yes No
		ployer identification number (EIN				e filing organization
		tion listed, enter the amount paid	<i>,</i> ,	•		
contributions receiv	ved that were pro	omptly and directly delivered to a	a separate political org	anization, such as a se	eparate se	egregated fund or a
political action com	nmittee (PAC). If	additional space is needed, prov	ide information in Part	: IV.		
(a) Namo	e	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's co er-0	(e) Amount of political ontributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Political Campaign and Lobbying Activities

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

SCHEDULE C

OMB No. 1545-0047

Schedule C (Form 990 or 990-EZ) 2020	IOWA EN	IVIRO	NMENTAL COUL	NCIL		436090 Page 2
Part II-A Complete if the org	anization	is exen	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).						
A Check 🕨 🛄 if the filing organiza	tion belongs	to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shar			• •			
B Check 🕨 🔄 if the filing organiza	tion checked	box A ar	d "limited control" pro	visions apply.	1	[
Limit	ts on Lobbyi	ng Exper	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" mea	ns amou	nts paid or incurred.)		totals	lotais
1a Total lobbying expenditures to influ	ience public	opinion (c	arassroots lobbying)		1,461.	
 b Total lobbying expenditures to influ 	•				13,443.	
c Total lobbying expenditures (add lin					14,904.	
d Other exempt purpose expenditure					1,301,642.	
e Total exempt purpose expenditures					1,316,546.	
f_Lobbying nontaxable amount. Enter					206,655.	
If the amount on line 1e, column (a) o			bying nontaxable amo			
Not over \$500,000			the amount on line 1e.			
Over \$500,000 but not over \$1,000	000,0		0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000		0 plus 10% of the exce			
Over \$1,500,000 but not over \$17,			0 plus 5% of the exces			
Over \$17,000,000		\$1,000,0				
g Grassroots nontaxable amount (en	iter 25% of lin	e 1 f)			51,664.	
h Subtract line 1g from line 1a. If zero	o or less, ente	er -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, ente	er -0-			0.	
j If there is an amount other than zer	ro on either li	ne 1h or l	ine 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this	year?					Yes No
			raging Period Under			
(Some organizations the			• •	•	of the five columns be	low.
			ate instructions for lin	• •		
	Lobbyi	ng Exper	nditures During 4-Yea	r Averaging Period		
Calendar year	(a) 20 ⁻	17	(b) 2018	(c) 2019	(d) 2020	(e) Total
(or fiscal year beginning in)	(4) = 0		(10) = 0 + 0	(0) = 0 + 0	(4) _0_0	(0) • • • •
2a Lobbying nontaxable amount	165,	601.	151,067.	172,594.	206,655.	695,917.
b Lobbying ceiling amount						
(150% of line 2a, column(e))						1,043,876.
c Total lobbying expenditures	10,	153.	23,516.	15,410.	14,904.	63,983.
	11	100	37 767	12 1 10	51 664	172 000
d Grassroots nontaxable amount	41,	400.	37,767.	43,149.	51,664.	173,980.
 e Grassroots ceiling amount (150% of line 2d, column (e)) 						260,970.
						200,370.
f Grassroots lobbying expenditures	1	286.	2,779.	2,501.	1,461.	8,027.
	,		<i>,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	5,527.

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 IOWA ENVIRONMENTAL COUNCIL

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		(a)		(b)	
of the	lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (b) Part I	II-A, line	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				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
Par			· · · ·		
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A,	lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2020

032043 12-02-20

09070830 758194 29-4734-001

SCHEDULE D)
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Department of the Treasury

Internal Revenue Service

(Form	990)
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Part I

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.



Employer identification number

42-1436090

Name	of the	organization
Name	or the	or gamzation

IOWA ENVIRONMENTAL COUNCIL Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, lin	e 6.					
		(a) Donor ac	lvised funds	(b) F	unds and ot	ner accoui	nts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	writing that the asset	ts held in donor advis	ed funds		_	
	are the organization's property, subject to the organization's of				L	Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing tha	at grant funds can be	used only			
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	or any other purpose	conferring		-	
Par	impermissible private benefit?					Yes	No
				Part IV, line	e /.		
1	Purpose(s) of conservation easements held by the organizatio		<u> </u>	6 - 1-1-4 - 1		la a al aura a	
	Preservation of land for public use (for example, recreat	tion or education)	Preservation o				
	Protection of natural habitat		Preservation o	r a certified	nistoric struc	cture	
0	Preservation of open space	ind concernation cor	atribution in the form	of a conco	austion occor	aant on th	o loot
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	ieu conservation cor					e Tax Year
-				2			
a h							
c	Number of conservation easements on a certified historic stru						
d	Number of conservation easements included in (c) acquired a						
	listed in the National Register				d		
3	Number of conservation easements modified, transferred, rele					tax	
	year 🕨			U	0		
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per		pection, handling of				
	violations, and enforcement of the conservation easements it	holds?				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing con	servation ea	asements dui	ring the ye	ar
	▶						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	d enforcing conserva	tion easem	ents during t	he year	
	►\$						
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirer	ments of section 170	(h)(4)(B)(i)		٦	<u> </u>
_	and section 170(h)(4)(B)(ii)?				L	Yes	└── No
9	In Part XIII, describe how the organization reports conservation		-				
	balance sheet, and include, if applicable, the text of the footn	lote to the organizati	on's financial statem	ents that de	escribes the		
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical	Treasures, or O	ther Simi	lar Assets	5.	
	Complete if the organization answered "Yes" on Form					-	
1a	If the organization elected, as permitted under FASB ASC 95		revenue statement a	and balance	e sheet works	5	
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rev	enue statement and	balance she	eet works of		
	art, historical treasures, or other similar assets held for public	exhibition, educatio	n, or research in furtl	nerance of	public service	э,	
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1			🕨	▶ \$		
					▶ \$		
2	If the organization received or held works of art, historical trea	asures, or other simil	lar assets for financia	l gain, prov	ride		
	the following amounts required to be reported under FASB A	SC 958 relating to th	nese items:				
	Revenue included on Form 990, Part VIII, line 1				\$		
	Assets included in Form 990, Part X				▶ \$		
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.			Schedule	D (Form	990) 2020
032051	12-01-20	30					
		30					

2020.04020 IOWA ENVIRONMENTAL COUNCI 29-47341

Sche		VIRONMENTAI					42-14			_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or C	Other	Similar	⁻ Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that m	ake sig	nificant u	ise of its		,	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's	s exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other s	imilar a	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the organizatio	on answered "Ye	es" on F	⁻ orm 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other assets	s not in	cluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amoun	t	
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	ustodial account	t liability	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.							<u></u>		
Par	t V Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two years b	oack (d) Three y	ears back	(e) Fou	years	back
1a	Beginning of year balance	17,071.	6,000.							
b	Contributions	52.	10,000.	· · ·	000.					
С	Net investment earnings, gains, and losses	1,653.	1,071.							
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	10.776	45.054							
g	End of year balance	18,776.	17,071.	,	000.					
2	Provide the estimated percentage of the curr	ent year end balance)) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment 100	%								
С		%								
•	The percentages on lines 2a, 2b, and 2c show									
за	Are there endowment funds not in the posser	ssion of the organiza	tion that are held ar	nd administered	for the	organiza	ation	1	V.	
	by:							20(1)	Yes X	No
	(i) Unrelated organizations							3a(i)		x
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza							3a(ii) 3b		- 23
4	Describe in Part XIII the intended uses of the							30		
	t VI Land, Buildings, and Equipm		whient funds.							
	Complete if the organization answered		Part IV line 11a S	See Form 990 P	art X li	ne 10				
	Description of property	(a) Cost or of	í Í	t or other	,	cumulate	ed l	(d) Boo	k valu	e
	Description of property	basis (investr		(other)	• •	reciation		(4) 000	i valu	0
1a	Land	``	, ,	. ,	-					
	Buildings									
	Leasehold improvements									
	Equipment		6	9,990.		45,93	37.	2	4,0	53.
	Other									
-	. Add lines 1a through 1e. (Column (d) must e		X column (R) line 1	0c)				2	4,0	53.
							<u> </u>	D (C		

Schedule D (Form 990) 2020

032052 12-01-20

chedule D (Form 990) 2020 IOWA B	ENVIRONMENTAL	COUNCIL
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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Ves" on Form 990 Part IV line 11d See Form 990 Part X line 15

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part	(Column (b) must equal Form 990. Part X. col. (B) line 15.)▶	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(0)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

X

032053 12-01-20

(9)

Sche	edule D (Form 990) 2020 IOWA ENVIRONMENTAL COUNCIL			42-	1436090 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,532,980.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	2,414.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	40,409.		
е	Add lines 2a through 2d			2e	42,823.
3	Subtract line 2e from line 1			3	1,490,157.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,490,157.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				4 954 955
1	Total expenses and losses per audited financial statements			1	1,356,955.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d	40,409.		
е				2e	40,409.
3	Subtract line 2e from line 1			3	1,316,546.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	1,316,546.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA
REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE COUNCIL AND
RECOGNIZE A TAX LIABILITY OR ASSET FOR AN UNCERTAIN POSITION THAT MORE
LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL
REVENUE SERVICE. MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS AND
DETERMINED THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN
THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR ASSET OR DISCLOSURE IN
THE FINANCIAL STATEMENTS.

33

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE

032054 12-01-20

40,409. Schedule D (Form 990) 2020

	Supplemental	Information	,
Schedule D	(Form 990) 2020	IOWA	EI

PART XII, LINE 2D - OTHER ADJUSTMENTS:	
	40 400
SPECIAL EVENT EXPENSE	40,409.

Schedule D (Form 990) 2020

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2020
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.	Employer ide	Inspection Inspection number
Name of the organization		VIRONMENTAL COUNCI	L				42-1436	
		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
· · ·	complete this part e organization rais	t. ed funds through any of the followin	a activ	vities. (Check all that apply.			
a 📃 Mail solicitat		e Solicitat	tion of	non-g	overnment grants			
b Internet and c Phone solici	email solicitations			-	nment grants			
d In-person so		g [] Special	Iunura	asing	events			
		or oral agreement with any individual				tees,		—
		art VII) or entity in connection with pr riduals or entities (fundraisers) pursu			•	ne fui	ndraiser is to be	
compensated at le	•	· / /		5				
(i) Nama and address	o of individual		(iii)	Did	(iv) Gross receipts	(v)	Amount paid	(vi) Amount paid
(i) Name and addres or entity (func		(ii) Activity	have c or cor contrib	ustody itrol of	from activity		or retained by) fundraiser ted in col. (i)	to (or retained by) organization
			Yes	No				
Total								
3 List all states in whi		n is registered or licensed to solicit o		utions	or has been notified	it is	exempt from re	gistration
or licensing.								
-								
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. S	Sche	dule G (Form 9	990 or 990-EZ) 2020

032081 11-25-20

 Schedule G (Form 990 or 990-EZ) 2020
 IOWA
 ENVIRONMENTAL
 COUNCIL
 42-1436090
 Page 2

 Part II
 Fundraising Events.
 Complete if the organization answered
 "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

 of fundraising event contributions and gros es income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List ev	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BRIGHT IDEAS			(add col. (a) through
				EVENT	3	col. (c))
en			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	26,165.	32,362.	32,878.	91,405.
	2	Less: Contributions				
\square	3	Gross income (line 1 minus line 2)	26,165.	32,362.	32,878.	91,405.
	4	Cash prizes				
S	5	Noncash prizes				
(pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā		Entertainment				
	9	Other direct expenses		8,848.	21,674.	40,409.
	10	Direct expense summary. Add lines 4 through		· · · · ·		40,409.
		Net income summary. Subtract line 10 from I				50,996.
	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.		· · · · · ·	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
₽ĕ	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No //	
	6 7	Volunteer labor Direct expense summary. Add lines 2 through	No	No	No	
	7		No		<u>No</u> No ►	
	7 8	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No No		<u>No</u> No ►	
	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No No ' from line 1, column (d) ucts gaming activities:		No►	
а	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a	No N	states?	No►	Yes No
а	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No N	states?	No►	Yes No
a b	7 8 Is t	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming and No," explain:	No	states?	No ►	
a b l0a	7 Ent Is t If "I	Direct expense summary. Add lines 2 through <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization conduct he organization licensed to conduct gaming and No," explain: ere any of the organization's gaming licenses re	No No from line 1, column (d) icts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No ►	
a b 0a	7 Ent Is t If "I	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming and No," explain:	No No from line 1, column (d) icts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No ►	
a b Oa	7 Ent Is t If "I	Direct expense summary. Add lines 2 through <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization conduct he organization licensed to conduct gaming and No," explain: ere any of the organization's gaming licenses re	No No from line 1, column (d) icts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No ►	

Sch	edule G (Form 990 or 990-EZ) 2020 IOWA ENVIRONMENTAL COUNCIL 42	2-1436090	Page 3
11		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:		
á	The organization's facility	13 a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
ł	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
	Address		
16	Gaming manager information:		
	Gaming manager compensation		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
č	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	🗌 No
ł	Petain the state gaming license?		
	organization's own exempt activities during the tax year > \$		
13 Ir a T b A 14 E N A 15a D b If o If N A 15a D b If o If N A 16 G D - - - - - - - - - - - - -		d Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
0320	³³ 11-25-20 Schedule G (I 37	Form 990 or 990	-EZ) 2020

Part IV	Supplemental information (continued)	
		Schedule G (Form 990 or 990-EZ)

SCHEDULE I			irants and Oth					OMB No. 1545-0047
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Department of the Treasury		Compl	ete il tile organizatio	Attach to For		1 (1 v , 111 0 2 1 01 22.		2020 Open to Public
Internal Revenue Service			Go to www.ir	rs.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization	IOWA ENVI	RONMENTAL	COUNCIL					Employer identification number $42 - 1436090$
Part I General Inform	nation on Grants a	nd Assistance						
-			-			for the grants or assis		
								X Yes No
2 Describe in Part IV the								
		-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
			be duplicated if additi			(f) Method of		
1 (a) Name and address of organization or government		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
IOWA POLICY PROJECT								
20 E. MARKET STREET								
IOWA CITY, IA 52245		42-1512708 501 (C) (3)		12,900.	0.CASH			IOWA CLEAN ENERGY
2 Enter total number of	section 501(c)(3) ar	nd government org	anizations listed in the	e line 1 table			1	>
3 Enter total number of	other organizations	s listed in the line 1						

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

IOWA ENVIRONMENTAL COUNCIL Schedule I (Form 990) 2020 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Part III can be duplicated if additional space is needed.

(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.

PART I, LINE 2:

GRANT FUNDS ARE REVIEWED AND MONITORED BY THE COUNCIL'S BOARD OF DIRECTORS

THROUGHOUT THE GRANT PERIOD.

42-1436090

Page 2

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.



42-1436090

IOWA ENVIRONMENTAL COUNCIL

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 2:

JOHN SCHMIDT, BOARD TREASURER OF IOWA ENVIRONMENTAL COUNCIL, AND MIKE

SCHMIDT, ACTING EXECUTIVE DIRECTOR OF IOWA ENVIRONMENTAL COUNCIL FROM

OCTOBER 2020-JANUARY 2021, ARE FATHER AND SON.

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 15A:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20 41 Schedule O (Form 990 or 990-EZ) 2020

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2020.04020 IOWA ENVIRONMENTAL COUNCI 29-47341

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization IOWA ENVIRONMENTAL COUNCIL	Page Employer identification number 42-1436090
SALARY INCREASES FOR EMPLOYEES ARE APPROVED BY THE EXECUT	-
SALARY INCREASES FOR THE EXECUTIVE DIRECTOR ARE SUGGESTED	
	DARD OF DIRECTORS
APPROVES A SALARY INCREASE POOL FOR EMPLOYEES.	
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	REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	253,619.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	253,619.
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	12,704.
MANAGEMENT AND GENERAL EXPENSES	1,588.
FUNDRAISING EXPENSES	1,588.
TOTAL EXPENSES	15,880.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	269,499.
FORM 990, PART XII, LINE 2C:	
NO CHANGES FROM PRIOR YEAR.	
FORM 990, PART XI, LINE 8:	
032212 11-20-20 So 42	chedule O (Form 990 or 990-EZ) 202

09070830 758194 29-4734-001

		90 or 990-EZ) 20	20							Page
Name of the o	rganiz	ation IOWA	EN	VIRONM	ENTAL	COU	NCIL			Employer identification number 42-1436090
RECLASS	OF	REVENUE	то	PRIOR	YEAR	FOR	REVENUE	RECOGNITION	Ν.	
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							43			