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Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

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

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

OMB No 1545-1150

**2001**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

A For the 2001 calendar year, or tax year beginning 7/1/00 and ending 6/30, 2001

B Check if applicable

- Address change
- Name change
- Initial return
- Amended return
- Application pending

Please use IRS label or print or type See Specific instructions

C Name of organization

Idwadoke Interest Reservoir Group Education Fund

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
PO Box 93951

City or town, state or country and ZIP + 4  
Des Moines IA 50393

D Employer identification number

42-1498878

E Telephone number

(515) 282-4193

F Enter 4-digit (GEN) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Accounting method  Cash  Accrual  
Other (specify) ▶

I Web site ▶

J Organization type (check only one) —  501(c)(3) (insert no)  4947(a)(1) or  527

H Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 35)**

1	Contributions, gifts, grants, and similar amounts received	1	25,000.00
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	119.45
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales tax	5b	
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
6	Special events and activities (attach schedule)		
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
7a	Gross sales of inventory less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
8	Other revenue (describe: <u>fee for equipment repair, limited speakers fee</u> )	8	261.64
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	25,381.09
10	Grants and similar amounts paid (attach schedule)	10	
11	Professional fees and other payments to independent contractors	11	
12	Salaries, other compensation, and employee benefits	12	11,411.22
13	Professional fees and other payments to independent contractors	13	653.99
14	Occupancy, utilities, and maintenance	14	1,210.40
15	Printing, publication, postage, and shipping	15	1895.07
16	Other expenses (describe: <u>dues travel, office supplies, admin. services</u> )	16	1,150.24
17	Total expenses (add lines 10 through 16)	17	16,900.52
18	Excess or (deficit) for the year (line 9 less line 17)	18	8,480.57
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end of year figure reported on prior year's return)	19	\$0
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	8,480.57

**Part II Balance Sheets—If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ**

	(A) Beginning of year	(B) End of year
22 Cash savings, and investments	0	8,480.57
23 Land and buildings	0	0
24 Other assets (describe: )	0	0
25 Total assets	0	8,480.57
26 Total liabilities (describe: <u>payroll liabilities</u> )	0	1,000.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	8,480.57

For Paperwork Reduction Act Notice, see the separate instructions

Cat No 106421

Form 990-EZ (2001)

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Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts optional for others)
What is the organization's primary exempt purpose? <i>Research and public education</i>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<i>Research reports and lectures for the public</i> <i>Environmental and health care issues</i> (Grants \$)	28a 1901
29	<i>Public education through the media, other organizations, newsletter articles, and e-mails</i> (Grants \$)	29a 3892
30	<i>Influence policy in the White House through public organizing and lobbying</i> (Grants \$)	30a 1501
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32 7604

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 40)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter 0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<i>Amber Hand</i> <i>1818 Woodland Ave = 2021-11-11</i>	<i>President - 0</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>Kimberly Larson</i> <i>1433 W St NW, Washington, DC 20005</i>	<i>Vice President - 0</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>Thomas Hendley</i> <i>47 [unclear] Stramont + 1 02158</i>	<i>Secretary - 0</i>	<i>0</i>	<i>0</i>	<i>0</i>

Part V Other Information (Note the attachment requirements in General Instruction V, page 14)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		<input checked="" type="checkbox"/>
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>		<input checked="" type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from or make any loans to any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved <b>38b</b>		<input checked="" type="checkbox"/>
39	501(c)(7) organizations Enter: a. Initiation fees and capital contributions included on line 9 <b>39a</b>		<input checked="" type="checkbox"/>
b	Gross receipts included on line 9 for public use of club facilities <b>39b</b>		<input checked="" type="checkbox"/>
40a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4955 ▶		<input checked="" type="checkbox"/>
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		<input checked="" type="checkbox"/>
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		<input checked="" type="checkbox"/>
d	Enter amount of tax on line 40c above reimbursed by the organization ▶		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶		<input checked="" type="checkbox"/>
42	The books are in care of ▶ <i>Amber Hand</i> Telephone no ▶ <i>(513) 282-1113</i> Located at ▶ <i>1115 Grand Ave Des Moines, IA 50301</i> ZIP + 4 ▶ <i>50309</i>		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b>		<input checked="" type="checkbox"/>

Please Sign Here

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, this is true, correct, and complete. Declaration of preparer (other than the officer) is based on all information of which preparer has any knowledge.

*Amber Mercedes Hand* 13/12/07  
Signature of officer Date

*Amber M Hand, Advocate*  
Type of print name and title

Paid Preparer's Use Only

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed) and address and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_