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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

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2001 calendar year, or tax year beginning July 1, 2000 and ending June 30, 2001

- B Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

C Name of organization  
**Iowa Public Interest Research Group Education Fund**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**1723 Grand Ave**

City or town state or country and ZIP + 4  
**Des Moines, IA 50309**

D Employer identification number  
**42 148878**

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) ▶

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

I Web site ▶

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

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)

Revenue	1	Contributions, gifts, grants, and similar amounts received	33089 00
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	
	4	Investment income	119 45
	5a	Gross amount from sale of assets other than inventory	
	5b	Less cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	
	6	Special events and activities (attach schedule)	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	
	6b	Less direct expenses other than fundraising expenses	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)		
7a	Gross sales of inventory, less returns and allowances		
7b	Less cost of goods sold		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)		
8	Other revenue (describe ▶ _____ )		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	33208 45	
Expenses	10	Grants and similar amounts paid (attach schedule)	
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	11423 54
	13	Professional fees and other payments to independent contractors	653 99
	14	Occupancy, rent, utilities, and maintenance	1938 58
	15	Printing, publications, postage, and shipping	780 66
	16	Other expenses (describe ▶ <u>conferences, dues, insurance, travel, office supplies</u> )	2194 72
17	Total expenses (add lines 10 through 16)	16991 49	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	16123 96
	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)	0
	20	Other changes in net assets or fund balances (attach explanation)	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	16216 96

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 22	8460 57
23	Land and buildings	0 23	0
24	Other assets (describe ▶ <u>accounts receivable</u> )	0 24	8156 06
25	Total assets	0 25	16616 63
26	Total liabilities (describe ▶ <u>payroll liabilities, accounts payable</u> )	0 26	399 67
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27	16216 96

For Paperwork Reduction Act Notice, see the separate instructions

Cat No 106421

Form 990-EZ (2001)

SCANNED FEB 18 2009

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40)		Expenses
What is the organization's primary exempt purpose? <b>policy and issue research, public education</b>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts optional for others)
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>Policy research, media and public education, organizing to impact administrative decisions. Environmental and consumer protection issues</i>	28a 15290
29	(Grants \$)	29a
30	(Grants \$)	30a
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32

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
Amber Hard <i>* Divides staff, not board.</i> 3911 University, Des Moines, IA 50311	President/ 5	4335.67	130.07	0
Kimberly Larson 1433 W St NW, Washington, DC 20009	Vice President/ 5	0	0	0
Tom Fendley 29 Temple Place, Boston, MA 02111	Secretary/ .5	0	0	0

Part V Other Information (Note the attachment requirement 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		✓
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		✓
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		
a	Did the organization have unrelated business gross income of \$1,000 or more or 5033(e) notice reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		✓
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?		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved ▶ 38b		
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 ▶ 39a		
b	Gross receipts included on line 9 for public use of club facilities ▶ 39b		
40a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4955 ▶		
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		✓
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		
d	Enter Amount of tax on line 40c above reimbursed by the organization ▶		
41	List the states with which a copy of this return is filed ▶ Ia		
42	The books are in care of ▶ Amber Hard Telephone no ▶ (515) 282-4193 Located at ▶ 1723 Grand Ave, Des Moines, IA ZIP + 4 ▶ 50309		
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 ▶ 43		

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

*Amber M Hard* 11/31/03  
Signature of officer Date

Amber Hard, Advocate  
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶	Date ▶	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instructions) ▶
	Firm's name (if self-employed) address, and ZIP + 4 ▶	EIN ▶	Phone no ▶	

