



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



2940935307019

OMB No 1545 1150

Form **990-EZ**

Short Form **8000**

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

2001

Open to Public Inspection

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

Please use IRS label or print or type See Specific Instructions

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
42-148878-674

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 ▶

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

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)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
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	

EO ACCOUNTS RECEIVED

MAR 21 2001
TPR BRANCH
OGDEN

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

(See Specific Instructions on page 39)

	(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 2003

SCANNED APR 01 2003

9

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? <u>policy and issue research, public education</u>		
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	<u>Policy research, media and public education, organizing & impact administrative decisions. Environmental and consumer protection issues.</u> (Grants \$)	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 Quidgas Staff, not board. 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.		<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"/>	<input checked="" type="checkbox"/>
a	Did the organization have unrelated business gross income of \$1,000 or more or 5013(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"/>	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
39	501(c)(7) organizations. Enter a. Initiation fees and capital contributions included on line 9. 39a	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b	Gross receipts included on line 9, for public use of club facilities. 39b	<input checked="" type="checkbox"/>	<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"/>	<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 ▶		
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 ▶ <u>IA</u>		
42	The books are in care of ▶ <u>Amber Hard</u> Telephone no ▶ <u>(515) 282-4193</u> Located at ▶ <u>1723 Grand Ave, Des Moines, IA</u> ZIP + 4 ▶ <u>50309</u>		
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 ▶ <u>43</u>		

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.

Please Sign Here: Amber Hard (Signature of officer) Date: 11/31/03
Amber Hard, Advocate (Type or print name and title)

Paid Preparer's Use Only: Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's SSN or PTIN (See General Instructions): _____
 Firm's name (do not use if self-employed): _____ EIN: _____
 address and ZIP: _____ Phone no: _____

