# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning 7/01, 2014, and ending 6/30, 2015. Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service	► Information about Form 8879-EO and its instructions is at www.irs.gov/form	n8879eo.	2017
Name of exempt organization IO	WA GEOGRAPHIC INFORMATION COUNCIL	Employer id	entification number
	O IOWA STATE UNIVERSITY	71-095	9940
JOSHUA OBRECHT	rn and Return Information (Whole Dollars Only)	<del></del>	
Check the box for the return check the box on line 1a, 2 leave line 1b, 2b, 3b, 4b, o	In for which you are using this Form 8879-EO and enter the applicable amount, ta, 3a, 4a, or 5a, below, and the amount on that line for the return being filed witer 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the complete more than 1 line in Part I.	h this form	was blank thon
1 a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12).		1 b
2a Form 990-EZ check h	nere X b Total revenue, if any (Form 990-EZ, line 9)		2b 88,836.
3a Form 1120-POL chec	k here <b>b Total tax (F</b> orm 1120-POL, line 22)		3 b
4a Form 990-PF check h	nere b Tax based on investment income (Form 990-PF, Part VI, line	e 5)	4b
5a Form 8868 check her	e ▶ D Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)		5 b
Part II Declaration a	nd Signature Authorization of Officer		
	I declare that I am an officer of the above organization and that I have examine		f the experientiants 2014
further declare that the arintermediate service provide the IRS (a) an acknowledge refund, and (c) the date of funds withdrawal (direct de organization's federal taxes contact the U.S. Treasury F authorize the financial institutions and resolve and resolve the support of the U.S. Treasury F authorize the financial institutions and resolve the support of the U.S. Treasury F authorize the financial institutions and resolve the support of the U.S. Treasury F authorize the financial institutions are support of the support of the U.S. Treasury F authorize the financial institutions are support of the sup	panying schedules and statements and to the best of my knowledge and belief, they are mount in Part I above is the amount shown on the copy of the organization's ele ler, transmitter, or electronic return originator (ERO) to send the organization's rement of receipt or reason for rejection of the transmission, (b) the reason for any refund. If applicable, I authorize the U.S. Treasury and its designated Finan bit) entry to the financial institution account indicated in the tax preparation soft sowed on this return, and the financial institution to debit the entry to this account indicated in the tax preparation soft in a second in the second in the second in the processing of the electronic payment of taxes to receive the insulated in the payment. I have selected a personal identification number turn and, if applicable, the organization's consent to electronic funds withdrawal turn and, if applicable, the organization's consent to electronic funds withdrawal	e true, correctronic return to the eturn to the eturn to the eturn to the eturn to delay in cial Agent ware for paint. To revolute the eturn (settle et (PIN) as	ct, and complete.  Irn. I consent to allow my  ERS and to receive from processing the return or to initiate an electronic syment of the like a payment, I must ement) date. I also
Officer's PIN: check one be			
X   authorize   Weber	Accounting Services LLC to enter my PIN	9095	9 as my signature
	ERO firm name	nter five numb o not enter all	pers, but zeros
on the organization's tax a state agency(ies) reg the return's disclosure o	year 2014 electronically filed return. If I have indicated within this return that a copy of ulating charities as part of the IRS Fed/State program. I also authorize the afore	f the return i	s being filed with
indicated within this ret	nization, I will enter my PIN as my signature on the organization's tax year 2014 electron urn that a copy of the return is being filed with a state agency(ies) regulating ch y PIN on the return's disclosure consent screen.	onically filed arities as p	return. If I have art of the IRS Fed/State
Officer's signature	Date ► V		
Part III Certification a	and Authentication		·
· · · · · · · · · · · · · · · · · · ·	r six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN	[	42450206719 do not enter all zeros
I certify that the above num above. I confirm that I am s Authorized IRS <i>e-file</i> Providen	neric entry is my PIN, which is my signature on the 2014 electronically filed return submitting this return in accordance with the requirements of <b>Pub 4163</b> , Moderniters for Business Returns.	n for the or zed e-File (	ganization indicated MeF) Information for
ERO's signature ► <u>Amy W</u>	Jeber anyweller Date - 11 41	15_	
-	ERO Must Retain This Form — See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So		

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2014)

## Weber Accounting Services LLC 2337 230TH ST SUITE 101

2337 230TH ST SUITE 101 AMES, IA 50014 515-292-2177

November 4, 2015

IOWA GEOGRAPHIC INFORMATION COUNCIL C/O IOWA STATE UNIVERSITY 213 DURHAM AMES, IA 50011 515-294-6990

FEDERAL FORMS							
Form 990-EZ Schedule A Schedule B Schedule O Form 8879-EO	2014 Return of Organization Exempt from Income Tax Organization Exempt Under Section 501(c)(3) Schedule of Contributors Supplemental Information IRS e-file Signature Authorization	\$	325.00 48.00 144.00 48.00				

FEE SUMMARY	
Preparation Fee DISCOUNT TO QUOTED PRICE	\$ 565.00 (140.00)
Amount Due	\$ 425.00

## 2014 Exempt Org. Return prepared for:

## IOWA GEOGRAPHIC INFORMATION COUNCIL C/O IOWA STATE UNIVERSITY 213 DURHAM AMES, IA 50011

Weber Accounting Services LLC 2337 230TH ST SUITE 101 AMES, IA 50014

## WEBER ACCOUNTING SERVICES LLC 2337 230TH ST SUITE 101 AMES, IA 50014 515-292-2177 www.WASlowa.com

November 4, 2015

IOWA GEOGRAPHIC INFORMATION COUNCIL C/O IOWA STATE UNIVERSITY 213 DURHAM AMES, IA 50011

Dear Client:

Your 2014 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions. We appreciate your business and your referrals!

Sincerely,

Amy Weber

amy@WASIowa.com

## 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 private foundations)

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public + Inspection.

В	Chaol	if applicable: C , 2014, and ending	6/30		, 2015
	Addre	is change		D Employer i	dentification number
	Name	change IOWA GEOGRAPHIC INFORMATION COUNCIL	71-09	59940	
F	Initial	eturn C/O IOWA STATE UNIVERSITY	E Telephone	number	
	Final re	213 DURHAM		515-2	94-6990
	Атеп	AMES, IA 50011			
		ation pending		F Group E: Number	xempuon ►
G	Acco	unting Method: X Cash Accrual Other (specify) ►	H Check	< ► ☐ if the	organization is not
ı		site: ► www.iowagic.org	requir	ed to attach	Schedule B
J	Тах-е	tempt status (check only one) $ \times$ 501(c)(3) $\longrightarrow$ 501(c) ( ) $\rightarrow$ (insert no.) $\longrightarrow$ 4947(a)(1) or $\longrightarrow$ 527	(Form	1990, 990-E	Z, or 990-PF).
K		of organization: X Corporation Trust Association Other			
L	Add asse	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	more, or i	if total ⊾ ċ	22 226
D:		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see			88,836.
		Check if the organization used Schedule O to respond to any question in this Part I	e the ins	tructions t	or Part I) ्रि
	1	Contributions, gifts, grants, and similar amounts received		1	Δ
	2	Program service revenue including government fees and contracts.			26 526
	3	Membership dues and assessments		3	<u>26,536.</u>
	4	Investment income			62,300.
	5 a	Gross amount from sale of assets other than inventory			
		Less: cost or other basis and sales expenses. 5b			
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	_	5 c	
	6	Gaming and fundraising events		3C	
R	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		16	
Ž	b	Gross income from fundraising events (not including \$ of contribution of contr	itions		
REVENUE	·	from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			
_	С	Less: direct expenses from gaming and fundraising events 6c	<u> </u>		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
		Gross sales of inventory, less returns and allowances			
	b	Less: cost of goods sold			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c	
	8	Other revenue (describe in Schedule O)		8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		> 9	88,836.
i	10	Grants and similar amounts paid (list in Schedule O).		10	500.
	11	Benefits paid to or for members		11	
E	12	Salaries, other compensation, and employee benefits		12	
くせんとうしゃく	13	Professional fees and other payments to independent contractors		13	
Ñ	14	Occupancy, rent, utilities, and maintenance			·
Ĕ	15	Printing, publications, postage, and shipping		15	·-
•	16	Other expenses (describe in Schedule O)	ıle O	16	76,326.
	17	Total expenses. Add lines 10 through 16		► 17	76,826.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	12,010.
A NS EE T T	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w figure reported on prior year's return)	ith end-of-	vear	<del></del>
'Ţ	20	Other changes in net assets or fund balances (explain in Schedule O)			30,301.
-	21	Net assets or fund balances at end of year. Combine lines 18 through 20.		≥ 21	40.015
BA	For	Paperwork Reduction Act Notice, see the separate instructions.			42,311. Form <b>990-EZ</b> (2014)
		•			(2017)

Pai	Balance Sheets (see the inst	ructions for Part II)	estion in this Part II			
	5.100 to 9.4112 day 1 day 2 0.11	sadio o to rospona to any qu	acadori in ana i are ii	(A) Beginning of ye		(B) End of year
22	Cash, savings, and investments			30,301		42,311.
23	Land and buildings				23	/
24	Other assets (describe in Schedule O)				24	
25	Total assets			30,301	. 25	42,311.
26	Total liabilities (describe in Schedule 0)	)		0		0.
27	Net assets or fund balances (line 27 of			30,301	. 27	42,311.
Pai	Statement of Program Service Ad	complishments (see the ins	tructions for Part III)	🔽		Expenses
What	Check if the organization used Sc is the organization's primary exempt purpose? See	Schedule O			(Req (c)(3	uired for section 501 ) and 501(c)(4)
Desc mea bene	cribe the organization's program service a sured by expenses. In a clear and concise fitted, and other relevant information for e	ccomplishments for each of e manner, describe the servi each program title.	its three largest proc ces provided, the nu	gram services, as mber of persons	orgai	nizations; optional thers.)
28						
29		is amount includes foreign g	rants, check here	<u>-</u> F	28 a	64,500.
23	See Schedule 0					
	(Grants \$ ) If th					
30		s amount includes foreign g			29 a	11,303.
	(Grants \$ ) If thi	is amount includes foreign g	rants, check here		30 a	
31	Other program services (describe in Sch	edule O)				
32	Total program service expenses (add lin	s amount includes foreign g nes 28a through 31a)		<b>•</b>	31 a	75,803.
Par	t IV List of Officers, Directors, 1	rustees, and Key Emp	lovees (list each one e	ven if not compensated — s	ee the i	nstructions for Part (V)
	Check if the organization used Sci	nedule O to respond to any o	question in this Part	IV		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensat (Forms W-2/1099-MISC (1f not paid, enter -0-)	on (d) Health benefits contributions to employ benefit plans, and defice compensation	s, byee erred	(e) Estimated amount of other compensation
	T BOECK irman				_	
	K HAVET	4		0.	_0.	0.
	E-CHAIR	2	,	,	ا ۾	
	Y BARRETT			).	0.	0.
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	HUA OBRECHT			<del>, ,</del>	<u> </u>	0.
Tre	asurer	2		).	0.	0.
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BAA		TEEA0812L 0	5/28/14			Form <b>990-EZ</b> (2014)

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71-0959940

Form 990-EZ (2014) IOWA GEOGRAPHIC INFORMATION COUNCIL

Ves.   No.	Pa	<b>and Description</b> (Note the Schedule A and personal benefit contract statement reference the instructions for Part V) Check if the organization used Schedule O to respond to an	equirements in See Sched y question in this Part V	lule	0	. X
34	33	Did the organization engage in any significant activity not previously reported to the IRS?			Yes	_=
a charge to the reparations have. Otherwise, apidan the tanger or Schedule (see Instruction).  3a bid the organization have unrelated business gross cancer of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  (such as those reported on lines 2, 6a, and 7a, among others)?  5b If 1''es', to line 58a, has the organization field of Form 990-Tr for the year? If 'No,' provide an explanation in Schedule O, 55b or charged the properting, and proxy tax requirements during the year? If 'Yes, complete Schedule (C), Part III.  3c III.  3c III.  3c III.  3d III		If 'Yes,' provide a detailed description of each activity in Schedule O		33		Х
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on ines 2, 6a, and 7a, among others); a more provided an explanation in Schedule O. 2 bit New, 10 line 35a, has the organization filed a Form 990-T for the year? If No.) provide an explanation in Schedule O. 2 was the organization subject on School of Co. 35b or 10 the organization of School (CO), 50, and 50 (CO), 50,	J-1	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	e amended documents if they reflect	24		32
(such as those reported on lines 2, 6s, and 7s, among others)?  bit l'Yes, it oin 83s, has the regnarization filed a form 990-T for the year? If No.; provide an explanation in Schedule O. c Was the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization subject to section 6033(c) notice.  reporting, and proxy tax requirements during the year? If Yes, complete Speciate C, Part III.  35 Dit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete speciate C, Part III.  36 Dit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N	35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from	business activities	34		A
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c) notice, reporting, and proxy lax requirements during the year? If Yes, complete Schedule C, Part III.  36 Dit the organization undergo a liquidation, dissolution, termination, or significant disposition of rel sesses during the year? If Yes, complete organization or of section 501(c) organization or new section of the		(such as those reported on lines 2, 6a, and 7a, among others)?		35 a		Х
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition on hel assets during the year 1" fives, complete applicable parts of Schedule N 36 X 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. *   37 a   0.		b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an	explanation in Schedule O.	35 b		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition on hel assets during the year 1" fives, complete applicable parts of Schedule N 36 X 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. *   37 a   0.	1	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sec reporting, and proxy tax requirements during the year? If 'Yes' complete Schedule C. Part	tion 6033(e) notice,	25.0		37
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37 a   0.      38 a 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 outstanding at the end of the tax year covered by this return?  38 b   N/A   38   X   38   X   38   X   38   X   39   39   30   30   30   30   30   30	36	Did the organization undergo a liquidation, dissolution, termination, or significant			i	
b Did the organization file Form 1128-POL for this year?  38a Did the organization from or 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 outstanding at the end of the tax year covered by this return?  38b Diff Yes; complete Schedule, L. Part II and enter the total  38 Section 501(c)(27) organizations. Enter  a Initiation fees and capital contributions included on line 9.  39 Section 501(c)(3) organizations. Enter  a Initiation fees and capital contributions included on line 9.  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 + O.; section 4912 - O.; section 4955 - O.  5 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 organization any of its prior forms 900 or 990 organizations. Did the organization enagae in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-EZT if Yes; complete Schedule L, Part I 40 b X  5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year order sections 4912, 4955, and 4956.  4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations and filter programizations. Enter amount of tax on line 40c reimbursed by the organizations and filter programizations. Enter amount of tax on line 40c reimbursed by the organization and the programization appears to a prohibited tax shelter transaction? If Yes; complete Form 8566-1.  40 Expert Polymerations or the second organization appears to a prohibited tax shelter transaction? If Yes; complete Form 8566-1.  41 List the states with which a capy of this return is filed * None  See the instructions for exceptions and filting resultm	37	<b>a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions.	l i			
38a Did the organization borrow from, or make any loans to, any officer, director, trustec, or key employee or wore any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  39 Section 501(c)(7) organizations. Enter:  30 Initiation fees and capital contributions included on line 9.  39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  30 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  30 Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under:  30 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit thrasaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did, and 501(c)(29) organizations. Enter amount of tax unionsed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax unionsed on organization with the properties of th				National Control	100	
b   Yes   complete Schedule   Part   II and enter the total amount involved.  38 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9.  39 a   M/A    39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 > 0   section 4915   0   section 4915   0    b Section 501(c)(3) 501(c)(4) and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes; complete Schedule   Part   40   X    40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes; complete Schedule   Part   Aprt   Adob   X    40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958.	38	a Did the organization borrow from or make any loans to any officer, director, trustee, or key	employee ar were	¥		
a Initiation fees and capital contributions included on line 9.  a Initiation fees and capital contributions included on line 9.  b Gross receipts, included on line 9, for public use of club facilities.  39a N/A  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \(^1\) 0. section 4915 \(^1\) 0. section 4915 \(^1\) 0.  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction any or line year.  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization reported on any of its pror Forms 99 or 990-EZ? If Yes, complete Schedule I., Part I.  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization reported on any of its pror Forms 99 or 990-EZ? If Yes, complete Fored sections 4912, 4955, and 4950.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reinbursed by the organization.  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8866-1.  40e X  41 List the states with which a copy of this return is filled * None  42a The organizations.  books are in case of * JOSH OBRECHT  Telephore no. * 515-294-6990  Located at * 213 DURHAM ANES TA  219 + 4 * 50011  D At any time during the calendar year, did the organization have an interest in or a signature or other authority or a formation of the foreign country (such as a bank account, securities account, or other financial account)?  If Yes, enter the name of the foreign country: *  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 – Check here.  A Here of Form 990-EZ  44 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ  44 Section 44 Section 64 Section 590-EZ in lieu of Form 99	ł	<b>b</b> If 'Yes,' complete Schedule L. Part II and enter the total		30 a		Х
a Initiation fees and capital contributions included on line 9.  b Gross receipts, included on line 9, for public use of club facilities.  39b N/A 39b	20					
b Gross receipts, included on line 9, for public use of club facilities.  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 * 0 _ ; section 4912 * 0 _ ; section 4955 * 0 _ , b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, 'complete Schedule I., Part I.						VŽ.
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 — 0 .; section 4915 — 0.; section 4915 — 0. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization agage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part .  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disquisitified persons during the year under sections 4912, 4955, and 4958 .  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax in prosed on organization on the section 4912, 4955, and 4958 .  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and time sections 4912, 4955, and 4958 .  e All organizations and time 40c reimbursed by the organization and the section 4912 and 501(c)(29) organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete form 886-1.  40e				100		
section 491 P. 0.; section 4912 P. 0.; section 4915 P. 0.  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Scheduble I, Part I.  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax indicated an organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax indicated to tax on line 40c reimbursed by the organization.  e All organizations. A lary time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8856-T.  40e					#37 S	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, 'complete Schedule L, Part I.  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and the part of	700	40.00		illeszeke. Me		eta Parine
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T.  40 e	1	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in a	v section 40E9 evense			
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .    d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 88861.    40e		Denetit transaction during the year, or did it engage in an excess benefit transaction in a pri	or year that has not been			Proof included the Section of
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8866-T.  40		reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		40 b	10.2	X
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization    e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8586-T.  41 List the states with which a copy of this return is filed    None  42 a The organization's books are in care of    JOSH OBRECHT  Located at    213 DURHAM AMES TA    Telephone no.    515-294-6990  21P + 4    50011  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)?   42 b		managers or disqualified persons during the year under sections 4912, 4955, and 4958	ation ► 0.			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8866-T.  All cist the states with which a copy of this return is filed None  12a The organization's books are in care of DOSH OBRECHT Telephone no. 5155-294-6990  Located at 213 DÜRHAM AMES TA TIP+4 50011  b 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)?  If 'Yes,' enter the name of the foreign country: 142b X  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c X  If 'Yes,' enter the name of the foreign country: 142b X  3 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 143 N/A and enter the amount of tax-exempt interest received or accrued during the tax year. 143 N/A A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  44b X  C Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  44b X  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a X	(	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbur by the organization	sed		#61 <sub>20</sub>	e e
42a The organization's books are in care of > JOSH OBRECHT Telephone no. > 515-294-6990   Located at > 213 DURHAM AMES TA	•	All organizations. At any time during the tax year, was the organization a party to a prohibite	d tou		\$	
42 a The organization's books are in care of ► JOSH OBRECHT Located at ► 213 DÜRHAM AMES TA  DORHAM AMES TA  DIRHAM AMES TA	<b>4</b> 1	List the states with which a copy of this return is filed   None	• • • • • • • • • • • • • • • • • • • •	40 e		_X_
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See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  If 'Yes,' enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  if 'Wo,' provide an explanation in Schedule O.  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	ŀ			<sub>-</sub>	Voc	Nio
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d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O		and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ	completed instead	44a	N	No X
44 d 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	b	and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ.	completed instead	44a 44b	N	No X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?	b	and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year?  If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	completed instead be completed	44a 44b	N	No X
Form 000 and School to D. was a support of the first of the support of the suppor	b c d	and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year?  If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	completed instead be completed	44a 44b 44c	N	X X X X
Form 990-EZ (see instructions).	b c d 45 a	and enter the amount of tax-exempt interest received or accrued during the tax year.  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year?  If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O.  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	completed instead	44 a 44 b 44 c 44 d 45 a	Yes	N/A No X X X X

Form <b>990</b>	D-EZ (2014) IOWA GEOGRAPHIC INF	ORMATION COUN	CIL	71-095	9940	F	age
<b>46</b> Did	the organization ongoes directly as indica-	othy in political server	nian potinition on the sec	of or in a ====:k'=== t-	<u> </u>	Yes	No
can	the organization engage, directly or indire didates for public office? If 'Yes,' complete	ctiy, in political campa e Schedule C, Part I	aign activities on benaif	of or in opposition to	46	i i i i i i i i i i i i i i i i i i i	Х
Part VI	Section 501(c)(3) organizations	only		<u> </u>		<u>l</u>	1 22
	All section 501(c)(3) organization for lines 50 and 51.	ons must answer (	questions 47-49b an	d 52, and complete	the table	es	
	Check if the organization used Schedul	e O to respond to any	· / question in this Part VI				. Г
<b>47</b> Did	the organization engage in lobbying activities	or have a section 5010	a) election in effect during	the tay year? If IVec !		Yes	No
com	nplete Schedule C, Part II						X
	ne organization a school as described in se						Х
49 a Did	the organization make any transfers to an 'es,' was the related organization a section	exempt non-charitable	le related organization?.	• • • • • • • • • • • • • • • • • • • •	49 a		X
<b>50</b> Com	related organization a section plete this table for the organization's five high ployees) who each received more than \$100,00	nest compensated empl	ovees (other than officers.	directors, trustees and ke			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		
None				·	·		
•		·- · -					
	al number of other employees paid over \$1						
com	plete this table for the organization's five high pensation from the organization. If there is	iest compensated indep s none, enter 'None.'	endent contractors who ea	ach received more than \$1	00,000 of		
	(a) Name and business address of each independent co	ontractor	<b>(b)</b> Type	of service	(c) Com	ensatio	<del></del> п
None							
<u> </u>							
			-				
					<del>_</del> ,		
<b>-</b>							
						<del>-</del>	
	I number of other independent contractors						
com	the organization complete Schedule A? <b>No</b> pleted Schedule A	nte. All section 501(c)(	3) organizations must at	ttach a 	► X Yes	Г	No
	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than officer				ief, it is	<u> </u>	
<u></u>		,	or milar proporer has any known	icugo.		<del></del> -	
Sign	Signature of officer			Date	<del>.</del>		
Here	JOSHUA OBRECHT Type or print name and title			Treasurer			_
	Print/Type preparer's name	Propaler's signature, \_ 0	Date	[ <del>V</del> ] PTI	IN	<u> </u>	
Paid	Amy Weber	Amy Weber	wali	Check △ if	0090671	9	
Preparer	Firm's name ► Weber Accounting	Services LLC	- \ 1 }				

► X Yes No
Form 990-EZ (2014)

May the IRS discuss this return with the preparer shown above? See instructions....

Use Only

Firm's address ► 2337 230TH ST SUITE 101

AMES, IA 50014

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## **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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Ons is

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2014

Name		RAPHIC INFORMA			Employer identific	ation number
		STATE UNIVERSI			71-095994	.0
Par	Reason for Public Ch	arity Status (All o	rganizations must	complete this	s part.) See instruc	tions.
The	organization is not a private four	ndation because it is:	(For lines 1 through 11,	check only one	box.)	
1	A church, convention of church			tion 170(b)(1)(A)	(i).	
2	A school described in section	on <b>170(b)(1)(A)(ii).</b> (At	tach Schedule E.)			
3	A hospital or a cooperative	hospital service organ	nization described in <b>se</b>	ction 170(b)(1)(/	<b>A)(iii).</b>	
4	A medical research organiz	ation operated in conj	unction with a hospital	described in sec	ction 170(b)(1)(A)(iii). E	Enter the hospital's
	name, city, and state:		•			
5	An organization operated for 170(b)(1)(A)(iv). (Complete	Part II.)				in section
6	A federal, state, or local go	vernment or governme	ental unit described in s	section 170(b)(1)	)(A)(v).	
7	An organization that normally in section 170(b)(1)(A)(vi).	(Complete Part II.)			it or from the general pul	blic described
8	A community trust describe	d in section 170(b)(1)	(A)(vi). (Complete Part	II.)		
9	An organization that normally from activities related to its exinvestment income and unrulune 30, 1975. See section	tempt functions – subje elated business taxab <b>509(a)(2).</b> (Complete	et to certain exceptions, le income (less section Part III.)	and (2) no more t 511 tax) from b	than 33-1/3% of its supp usinesses acquired by	ort from groce
10	An organization organized a					
11	An organization organized a or more publicly supported lines 11a through 11d that or	ordanizations describe	ed in section 509(a)(1)	or section 509/a	V2) See continu 500/s	ut the purposes of one (X3). Check the box in
а	_ I _ I	tion operated, supervise egularly appoint or elect	d or controlled by its sui	nnorted organizat	ion(s) typically by giving	j the supported on <b>. You must</b>
b	Type II. A supporting organi management of the supporting must complete Part IV, Sec	zation supervised or og organization vested in tions A and C.	the same persons that o	ontrol or manage	the supported organizat	ion(s). You
c	organization(s) (see instruction	l. A supporting organizations). <b>You must com</b>	tion operated in connectio plete Part IV, Sections	n with, and function A, D, and E.	onally integrated with, its	supported
d		rated. A supporting ord	ianization operated in col	nnaction with ite c	supported ergonization(e)	that is not
е	Check this box if the organize integrated, or Type III non-f	zation received a writt unctionally integrated	en determination from supporting organization	the IRS that is a ı.	Type I, Type II, Type	III functionally
f	Enter the number of supported	organizations				
g	Provide the following information	on about the supported	d organization(s).			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes No		
(A)						
(B)						
(C)						
(D)			,			
(E)						
Total						

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

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		•				
Cale	endar year (or fiscal year inning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization'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						
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)				The second secon		
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			and the second			
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10					illere (A. )	
12	Gross receipts from related activ	ities, etc (see inst	tructions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 20	14 (line 6, column	(f) divided by lin	e 11, column (f)).		14	%
15	Public support percentage from 2	2013 Schedule A,	Part II, line 14				%
16 a	33-1/3% support test $-$ 2014. If and stop here. The organization	the organization o qualifies as a pub	did not check the olicly supported or	box on line 13, ar ganization	nd the line 14 is 3	3-1/3% or more, ch	eck this box
	<b>33-1/3% support test</b> — <b>2013.</b> If to and <b>stop here.</b> The organization	qualifies as a put	Diliciy supported oi	rganization	• • • • • • • • • • • • • • • • • • • •		▶∐
17 a	10%-facts-and-circumstances te or more, and if the organization rete organization meets the 'facts'	MAATE THA 'tacte a	nd circumctanece	toot abaalithia			1 1
	10%-facts-and-circumstances teror more, and if the organization rorganization meets the 'facts-and	neets the facts-a l-circumstances' t	nd-circumstances est. The organiza	' test, check this i tion qualifies as a	box and <b>stop here</b> publicly supporte	e. Explain in Part V ed organization	I how the
18	Private foundation. If the organiz	ation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see instru	uctions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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.)

	ction A. Public Support					=	
	endar year (or fiscal yr beginning in) 🟲	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions and membership fees						
	and membership fees received. (Do not include any 'unusual grants.')	05 350	45 410	07 100	00.000		
2	Gross receipts from admis-	85,350.	45,418.	87,100.	96,969.	73,603.	388,440.
_	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
_	tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade	ļ					
	or business under section 513,						0.
4			-				
	organization's benefit and either paid to or expended on						
_	its behalf						0.
5	The value of services or facilities furnished by a						
	governmental unit to the						
_	organization without charge				_		0.
	<b>Total.</b> Add lines 1 through 5 <b>a</b> Amounts included on lines 1.	85,350.	45,418.	87,100.	96,969.	73,603.	388,440.
,	2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	0.
	<b>b</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	0.	0.	0.	0.	0.	0
	c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line	HE AND SHIPE	# / L		***************************************		
	7c from line 6.)						388,440.
	ction B. Total Support	I			·		
	ndar year (or fiscal yr beginning in) ► Amounts from line 6	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	( <b>d</b> ) 2013	<b>(e)</b> 2014	(f) Total
	a Gross income from interest, dividends,	85,350.	45,418.	87,100.	96,969.	73,603.	388,440.
	payments received on securities loans.						
	payments received on securines idans.		i i				
	rents, royalties and income from						
i	rents, royalties and income from similar sources						0.
İ	rents, royalties and income from similar sources						0.
i	rents, royalties and income from similar sources						
(	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	0.	0.	0		0	0.
(	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  Net income from unrelated business	0.	0.	0.	0.	0.	
(	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.  Net income from unrelated business activities not included in line 10b, whether or not the business is	0.	0.	0.	0.	0.	0.
11	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.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	0.	0.	0.	0.	0.	0.
11	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.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of	0.	0.	0.	0.	0.	0.
11	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.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in	0.	0.	0.	0.	0.	0.
11 12	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.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0.	0.	0.	0.	0.	0.
11 12 13	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.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11 and 12.)	85,350.	45,418,	87.100	96 969	73 603	0. 0. 0.
11 12 13	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.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11 and 12.).  First five years. If the Form 990	85,350.	45, 418.	87,100.	96, 969.	73,603.	0. 0. 0. 388,440.
11 12 13 14	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.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11 and 12.).  First five years. If the Form 990 organization, check this box and	85,350. is for the organizat stop here	45,418.	87,100.	96, 969.	73,603.	0. 0. 0. 388,440.
11 12 13 14 Sec	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.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11 and 12.).  First five years. If the Form 990 organization, check this box and	85, 350. is for the organizat stop here	45,418. ion's first, second	87,100. , third, fourth, or	96, 969.	73, 603. a section 501(c)(3)	0. 0. 0. 388,440.
11 12 13 14 Sec 15	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.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11 and 12.).  First five years. If the Form 990 organization, check this box and public support percentage for 20	85,350. is for the organizat stop here. blic Support Pe	45,418. ion's first, second	87,100. , third, fourth, or	96, 969.	73, 603. a section 501(c)(3)	0. 0. 0. 388,440. 
11 12 13 14 Sec 15 16	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.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11 and 12.).  First five years. If the Form 990 organization, check this box and public support percentage for 20 Public support percentage from 2	85,350. is for the organizat stop here Dlic Support Pe 14 (line 8, column 2013 Schedule A, F	45,418. ion's first, second rcentage (f) divided by line Part III, line 15	87,100. , third, fourth, or	96, 969.	73, 603. a section 501(c)(3)	0. 0. 0. 388,440.
11 12 13 14 Sec 15 16 Sec	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.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11 and 12.).  First five years. If the Form 990 organization, check this box and public support percentage for 20 Public support percentage from 20 income. Computation of Investion D. Computation of Investion D. Computation of Investion D. Computation of Investigation in taxes in the support percentage from 20 income.	85, 350. is for the organizat stop here blic Support Pe 14 (line 8, column 2013 Schedule A, Festment Incom	45,418. ion's first, second rcentage (f) divided by line Part III, line 15	87,100. , third, fourth, or	96, 969.	73,603. a section 501(c)(3)	0. 0. 0. 388,440. ► 100.00 % 100.00 %
11 12 13 14 Sec 15 16 Sec 17	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.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11 and 12.).  First five years. If the Form 990 organization, check this box and public support percentage for 20 Public support percentage from 2 ition D. Computation of Investment income percentage for 20 Investment Income	85, 350. is for the organizat stop here blic Support Pe 14 (line 8, column 2013 Schedule A, F estment Incom or 2014 (line 10c, c	45,418. ion's first, second rcentage (f) divided by line Part III, line 15 e Percentage olumn (f) divided	87,100., third, fourth, or	96, 969. fifth tax year as a	73,603. a section 501(c)(3) 	0. 0. 0. 388,440. 
11 12 13 14 Sec 15 16 Sec 17 18	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  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11 and 12.).  First five years. If the Form 990 organization, check this box and cition C. Computation of Pul Public support percentage for 20 Public support percentage from 2 cition D. Computation of Inv.  Investment income percentage for 33-1/3% support tests — 2014. If	85,350. is for the organizat stop here. Dlic Support Pe 14 (line 8, column 2013 Schedule A, Festment Incom 2014 (line 10c, com 2013 Schedule the organization described in the organizatio	45, 418. ion's first, second rcentage (f) divided by line Part III, line 15 e Percentage olumn (f) divided A, Part III, line 1	87,100. , third, fourth, or  13, column (f)). by line 13, column	96, 969.  fifth tax year as a	73,603. a section 501(c)(3)	0. 0. 0. 388,440. 100.00 % 100.00 % 0.00 %
11 12 13 14 Sec 15 16 Sec 17 18 19 a	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  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11 and 12.).  First five years. If the Form 990 organization, check this box and ction C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv.  Investment income percentage from 33-1/3% support tests — 2014. If is not more than 33-1/3%, check	85,350. is for the organizat stop here. Dic Support Pe 14 (line 8, column 2013 Schedule A, F estment Incom or 2014 (line 10c, com 2013 Schedule the organization d this box and stop	45,418. ion's first, second rcentage (f) divided by line Part III, line 15 e Percentage olumn (f) divided A, Part III, line 1 id not check the b here. The organiz	87,100.  , third, fourth, or  13, column (f)).  by line 13, column  7	96, 969.  fifth tax year as a	73, 603. a section 501 (c) (3)	0. 0. 0. 388,440. 100.00 % 100.00 % 0.00 %
11 12 13 14 Sec 15 16 Sec 17 18 19 a	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.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11 and 12.).  First five years. If the Form 990 organization, check this box and public support percentage for 20 public support percentage from 20 public support percentage from 21 investment income percentage from 33-1/3% support tests — 2014. If is not more than 33-1/3%, check as 33-1/3% support tests — 2013. If	85, 350. is for the organizat stop here blic Support Pe 14 (line 8, column 2013 Schedule A, F estment Incom or 2014 (line 10c, com 2013 Schedule the organization d this box and stop the organization di	45,418. ion's first, second rcentage (f) divided by line Part III, line 15 e Percentage olumn (f) divided A, Part III, line 1 id not check the behere. The organized not check a how	87,100.  , third, fourth, or  13, column (f)).  by line 13, column 7.  oox on line 14, and ation qualifies as a con line 14 or line	96, 969.  fifth tax year as a first form (f).  In (f).	73,603. a section 501(c)(3)  15 16  17 18 than 33-1/3%, and rited organization.	0. 0. 0. 388,440. 100.00 % 100.00 % 0.00 % d line 17 × X
11 12 13 14 Sec 15 16 Sec 17 18 19 a	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  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11 and 12.).  First five years. If the Form 990 organization, check this box and ction C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv.  Investment income percentage from 33-1/3% support tests — 2014. If is not more than 33-1/3%, check	85, 350. is for the organizat stop here Dlic Support Pe 14 (line 8, column 2013 Schedule A, F estment Incom or 2014 (line 10c, com 2013 Schedule the organization d this box and stop the organization di , check this box an	45, 418. ion's first, second ircentage (f) divided by line Part III, line 15 e Percentage olumn (f) divided A, Part III, line 1 id not check the b here. The organiz d not check a boy d stop here. The	87,100.  , third, fourth, or  13, column (f)).  by line 13, column  7	96, 969.  fifth tax year as a min (f)).  In (f)).  Id line 15 is more a publicly suppo	73,603. a section 501(c)(3)  15 16  17 18 than 33-1/3%, and red organization. 5 is more than 33-13 supported organization.	0. 0. 0. 388,440. 100.00 % 100.00 % 0.00 % 0.00 % United by the second of the

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Supporting	Organizations
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				Yes	No
	1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		707E
	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
	3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	За	n zanti (A	5.5
	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 <b>Part VI</b> when and how the organization made the determination.	3b	श्वास	
	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 <b>Part VI</b> what controls the organization put in place to ensure such use	3c	E 1000	590 a
	4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
	С	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 <b>Part VI</b> 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	4c		
	5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
	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?	5b	iger)	
	С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
		Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .	6		
		Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7	l-i, e	# # # # # # # # # # # # # # # # # # #
	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).	8		au XXIII R
		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 <b>Part VI</b>	9a		
	b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b	. (1993 <b>)</b>	*******
	С	Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b>	9c		
1		Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below.	10a		
	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.).	10h		

Pa	ort IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c	-	<u> </u>
	ction B. Type I Supporting Organizations	.1		<u> </u>
_			Yes	No
7	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		K.
Se	ction C. Type II Supporting Organizations	<u>'                                    </u>		
			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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	- 12°	
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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	- 1 - <b>V</b>	
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		(4) (4)
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	The organization satisfied the Activities Test. Complete line 2 below.			
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
-	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
		s).		
2	Activities Test. Answer (a) and (b) below.	[-	Yes	No
ā	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 <b>Part VI identify those supported organizations and explain</b> 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.	2a		
k	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	9	1	4 n
	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? <i>Provide details in Part VI</i>	3a	25.	
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 <b>Part VI</b> the role played by the organization in this regard	3b	in de la companya da	

Pa	rt Y   Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	ations	<del></del>
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Norther Type III non-functionally integrated supporting organizations must complet	loveml e Sec	per 20, 1970. <b>See instruction</b> tions A through E.	ns. All
Sec	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions).	3		·
4	Add lines 1 through 3	4		
5	Depreciation and depletion.	5		
6	Portion of operating expenses paid or incurred for production or 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		
Sec	tion B – Minimum Asset Amount	<del></del>	(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):			
a	Average monthly value of securities	1a		Action of the Ac
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1ď		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		#4-2-201
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3).	5		·
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6).	8		
	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Land Table State Control	· · · · · · · · · · · · · · · · · · ·
2	Enter 85% of line 1	2	3.0 3.0 3.0 3.0	
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-inte (see instructions).	grate	d Type III supporting organ	nization
BAA	<del></del>		Schedule A (Form	990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	<u> </u>
Section D — Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt			
2 Amounts paid to perform activity that directly furthers exempt purpose in excess of income from activity	s of supported organization	S,	
3 Administrative expenses paid to accomplish exempt purposes of	supported organizations.		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			·
6 Other distributions (describe in <b>Part VI</b> ). See instructions			
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to which the organization Part VI). See instructions	ation is responsive (provide	details	
9 Distributable amount for 2014 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable			The Table of State of
cause required — see instructions).			
3 Excess distributions carryover, if any, to 2014:			
a			
b	200	+2000 c	Free Co.
C d		2.83	
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			TO SERVICE SER
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions).			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			76 2 A
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			Alternative Control of the Control o
<b>b</b> Applied to 2014 distributable amount	2 12 12 12 13 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	FELL STATE OF THE STATE OF	
c Remainder. Subtract lines 4a and 4b from 4.		10 C 10 C 10 C	anger to the state of the stat
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7:	F		
a and the state of		4.0	
b	AV.	72	
C	No. 27 His Alexander	2.50	
d Excess from 2013			
e Excess from 2014			
BAA		Sabadula A //	990 or 990-EZ) 2014

Schedule **A** (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization IOWA GEOGRAPHIC ]	NFORMATION COUNCIL	Employer identification number		
C/O LOWA STATE UN	VIVERSITY	71-0959940		
Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
4947(a)(1) nonexempt charitable trust <b>not</b> 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	ate foundation		
	501(c)(3) taxable private foundation			
Check if your organization is covered by the Go	eneral Rule or a Special Rule			
	anization can check boxes for both the General Rule and a S	Special Rule. See instructions		
General Rule	and a constant and and a constant and and a constant a constant and a constant an	productions.		
X For an organization filing Form 990, 990-F7	Z, or 990-PF that received, during the year, contributions total te Parts I and II. See instructions for determining a contribu	aling \$5,000 or more (in money or ator's total contributions.		
Special Rules				
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, II, and III.				
\$1,000. If this box is checked, enter here the charitable, etc., purpose. Do not complete a	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received to religious, charitable, etc., purposes, but no such contributione total contributions that were received during the year for any of the parts unless the <b>General Rule</b> applies to this orgatle, etc., contributions totaling \$5,000 or more during the year	ons totaled more than an exclusively religious,		
Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 1990-PF), but it <b>must</b> 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

1 of

1 of **Part 1** 

IOWA GEOGRAPHIC INFORMATION COUNCIL

Employer identification number 71-0959940

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is need	ed.
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	•		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	IOWA STATE UNIVERSITY  3606 ASB	\$ <u>17,750</u> .	1
	AMES, IA 50011		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNIVERSITY OF NORTHERN IOWA  1227 WEST 27TH ST	\$17,000.	Person X Payroll  Noncash
i	CEDAR FALLS, IA 50614	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	UNIVERSITY_OF_IOWA_(ITF)  2263 OLD_FARMSTEAD_ROAD	\$20,000.	Person X Payroll Noncash
-	IOWA CITY, IA 52242		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash
BAA	TEEA0702L 07/17/14		(Complete Part II for noncash contributions.)

Name of organization

1 of Part II

IOWA GEOGRAPHIC INFORMATION COUNCIL

Employer identification number

71-0959940

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$ 	
(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
		  \$ 	
AA	Cohor	dule <b>B</b> (Form 990, 990-EZ, o	- 000 DE) (0014)

1 to 1 of Part III Name of organization
IOWA GEOGRAPHIC INFORMATION COUNCIL Employer identification number 71-0959940 Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8)
or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and
the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.
contributions of \$1,000 or less for the year. (Enter this information once, See instructions.).
Use duplicate copies of Part III if additional space is needed.

	Use duplicate copies of Part III if additional	space is needed.	~N
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
		(e) Transfer of gift	
	Transferee's name, addres	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held
Part I		Use of girt	Description of how gift is held
-	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of		Relationship of transferor to transferee
(a) lo. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address	(e) Transfer of gift	
		, with £11 T T	Relationship of transferor to transferee

#### **SCHEDULE O** (Form 990 or 990-EZ)

## 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

at www.irs.gov/form990.

2074

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form 990-EZ, Part I, Line 16

Name of the organization IOWA GEOGRAPHIC INFORMATION COUNCIL C/O IOWA STATE UNIVERSITY

Employer identification number 71-0959940

Total

Other Expenses	
Advertising and Promotion BOARD EXP	\$ 375. 148.
Conferences, Conventions, and Meetings PROGRAM SUPPLIES	11,303. 64,500.

### Form 990-EZ, Part III - Organization's Primary Exempt Purpose

COLLABORATION AND EDUCATION IN GEOGRAPHIC INFORMATION SYSTEMS

## Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

ESRI STATEWIDE LICENSE AGREEMENT: IGIC IS THE FACILITATOR OF AN AGREEMENT WITH A GIS DEVELOPMENT COMPANY TO PROVIDE SOFTWARE TO IOWA COLLEGES AT A GREATLY REDUCED RATE. IGIC PROVIDES COMMUNICATION , COORDINATION OF FEES, AND PROMOTION OF THE LICENSE TO COLLEGES.

## Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

BIENNIAL CONFERENCE PROVIDES NETWORKING AND EDUCATIONAL OPPORTUNITIES FOR USERS OF GEOGRAPHIC INFORMATION SYSTEMS IN IOWA. CONFERENCE COMMITTEE HAD CONFERENCE EXPENSES THAT WERE REIMBURSED TO INDIVIDUALS AND MEMBERS. OTHER EXPENSES INCLUDE FOOD, VENUE, REGISTRATION GIFTS, PROGRAMS AND OTHER RELATED ITEMS

## Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or	
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or	
indirectly, on a personal benefit contract?	No