Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

| A F | For the | 2022 calendar year, or tax year beginning and endi | ling | | |
|-------------------------|----------------------|--|-----------------|----------------------------------|---|
| | Check if applicable: | C Name of organization | | D Employer identifi | cation number |
| | Address | | | | |
| | Name change | Doing business as | | 42-14140 | 92 |
| | Initial return | T | m/suite | E Telephone numbe | |
| | Final return/ | 550 MADISON AVENUE | Jii ii Garto | 319-665- | |
| | termin- ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 36,454,929. |
| | Amende return | | İ | H(a) Is this a group re | |
| | Applica tion | F Name and address of principal officer: 302ANNE CONKAD | | for subordinates | |
| | pending | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No |
| 1 | Гах-ехе | mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or | 527 | If "No," attach a | list. See instructions |
| | Vebsite | | | H(c) Group exemption | |
| K F | orm of o | | L Year o | of formation: 1993 | M State of legal domicile: IA |
| Pa | | Summary | | | |
| Ð | 1 E | Briefly describe the organization's mission or most significant activities: TO SAVE | E ANI | D ENHANCE L | IVES |
| anc. | | THROUGH ORGAN AND TISSUE DONATION. | | | |
| Activities & Governance | 2 (| Check this box if the organization discontinued its operations or disposed o | | ı | |
| Š | 3 1 | Number of voting members of the governing body (Part VI, line 1a) | | | 18 |
| 8 | 4 1 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 18 217 |
| ies | 5 7 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | | 83 |
| Ĭ | 6 7 | Total number of volunteers (estimate if necessary) | | | 0. |
| Ac | h | Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | D | Net differenced business taxable income from Form 990-1, Fart I, life 11 | <u> </u> | Prior Year | Current Year |
| Revenue | 8 (| Contributions and grants (Part VIII, line 1h) | | 2,672,353. | 504,309. |
| | 9 F | Program service revenue (Part VIII, line 2g) | 32,392,621. | 33,408,939. | |
| | 10 | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 575,099. | 64,600. |
| æ | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 63,012. | 49,130. |
| | | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 35,703,085. | 34,026,978. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 14 E | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| Ś | 15 5 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 15,085,512. | 17,651,518. |
| Expenses | 16 a F | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| xbe | . b⊺ | Total fundraising expenses (Part IX, column (D), line 25) 494,790. | | | |
| Ш | '' \ | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | <u>16,225,698.</u> | |
| | 18 7 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 31,311,210. | 34,420,376. |
| | 19 F | Revenue less expenses. Subtract line 18 from line 12 | | 4,391,875. | |
| SOI | 20 T 21 T 22 N | 5 (D V. l' d) | | ginning of Current Year | End of Year |
| Sset | 20 | Total assets (Part X, line 16) | | <u>39,614,924.</u> 6,471,900. | 36,187,340. 5,251,145. |
| let A | 21 1 | otal liabilities (Part X, line 26) Vet assets or fund balances. Subtract line 21 from line 20 | | 33,143,024. | 30,936,195. |
| <u>∠</u> ; | art II | Signature Block | | 33,143,024. | 30,930,193. |
| | | ties of perjury, I declare that I have examined this return, including accompanying schedules and | 1 statemei | nts, and to the hest of my | / knowledge and helief it is |
| | • | , and complete. Declaration of preparer (other than officer) is based on all information of which p | | | , knowledge and belief, it is |
| | | | | | |
| Sig | n [| Signature of officer | | Date | |
| - er | ر ا | SUZANNE CONRAD, CHIEF EXECUTIVE OFFICER | | | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | | ate Check | PTIN |
| Paid | : <u> </u> | BRIAN ARONSON, CPA BRIAN ARONSON, CPA | A 0 | 4/27/23 self-employ | |
| rep | | Firm's name BERGANKDV, LTD. | | Firm's EIN 4 | 1-1431613 |
| Jse | Only | Firm's address P.O. BOX 2100 | | _ | |
| | | WATERLOO, IA 50704-2100 | | Phone no. 31 | 9-234-6885 |
| May | the IR | S discuss this return with the preparer shown above? See instructions | | | X Yes No |

| | 990 (2022) TOWA DONOR NETWORK 42 1414072 Page 2 |
|-----|--|
| Pai | t III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | WORKING TOGETHER TO TRANSFORM LIVES THROUGH ORGAN AND TISSUE DONATION. |
| | |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$26 , 467 , 864including grants of \$) (Revenue \$33 , 408 , 939) |
| | ORGAN AND TISSUE RECOVERY: |
| | |
| | IOWA DONOR NETWORK (IDN) IS A NON-PROFIT 501(C)(3) ORGANIZATION THAT |
| | OPERATES AS THE PRIMARY CONTACT FOR ORGAN, TISSUE AND EYE DONATION |
| | SERVICES IN THE STATE OF IOWA. THE CENTERS FOR MEDICARE AND MEDICAID |
| | SERVICES (CMS) HAS CERTIFIED IDN TO FUNCTION AS THE SINGLE ORGAN |
| | PROCUREMENT ORGANIZATION SERVING THE STATE OF IOWA. IDN ALSO PROVIDES |
| | TISSUE RECOVERY SERVICES. IN 2022, ORGAN RECOVERY SERVICES GENERATED |
| | \$25,657,912 IN REVENUES WHILE TISSUE RECOVERY SERVICES CONTRIBUTED |
| | |
| | \$7,751,027 TOWARD REVENUES. |
| | MUDOUGU DEEEDDAL GALLG EDON NODE MUAN AND TOWN WORDTHALG WEALTH |
| | THROUGH REFERRAL CALLS FROM MORE THAN 270 IOWA HOSPITALS, HEALTH |
| 4b | (Code:) (Expenses \$2,018,051. including grants of \$) (Revenue \$33,534. |
| | HOSPITAL DEVELOPMENT, PUBLIC EDUCATION, AND DONOR FAMILY SERVICES: |
| | |
| | IDN IS COMMITTED TO MEETING ALL HOSPITALS' EDUCATIONAL AND COMPLIANCE |
| | NEEDS REGARDING DONATION. THIS INCLUDES: TRAINING IN THE |
| | IDENTIFICATION, REFERRAL AND MANAGEMENT OF ORGAN DONORS, SENSITIVITY |
| | AND TIMING FOR APPROACHING POTENTIAL DONOR FAMILIES WITH THE OPTION OF |
| | DONATION AND REPORTING ON ORGAN AND TISSUE DONOR POTENTIAL AND OUTCOMES |
| | TO HOSPITAL ADMINISTRATION FOR USE, AS NECESSARY, WITH THEIR OWN |
| | COMPLIANCE AND ACCREDITATION REPORTING. |
| | EVERY HOSPITAL, MEDICAL EXAMINER'S OFFICE, DMV OFFICE, AND EMS PROGRAM |
| | IN IOWA HAS AN ASSIGNED IDN REPRESENTATIVE WHOSE JOB IT IS TO MAKE SURE |
| | THAT PERSONNEL KNOW HOW AND WHEN TO CONTACT IDN FOR DONATION |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
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| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$\frac{\text{including grants of \$}}{\text{(Revenue \$}}\) |
| 4e | Total program service expenses 28,485,915. |

Form 990 (2022) IOWA DONOR NETWORK Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|----------|-----|----------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1_ | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | X | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | l |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> X</u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | l |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> X</u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u> X</u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | <u> </u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | <u> X</u> |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | 3,7 |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | 37 | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | _ |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | _ |
| f | | | | \ |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | <u> </u> |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 4.0 | v | |
| | Schedule D, Parts XI and XII | 12a | X | _ |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 40. | | ₩ |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ├^ |
| а | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | 146 | | x |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b | | <u> </u> |
| ıo | | 45 | | x |
| 16 | foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | 1 |
| 10 | | 16 | | x |
| 17 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 16 | | ^ |
| ., | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." | " | | \vdash |
| .5 | | 19 | | x |
| 202 | complete Schedule G, Part III | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | \vdash |
| - ' | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| | demostic government on tractic, committy y, into the new rest, complete officeurie i, rants i and ii | | | |

| Form | 990 (2022) IOWA DONOR NETWORK 4 | 2-1414092 | Р | age 4 |
|------|--|-----------|-----|--------------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | l |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | l l | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's compensation answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization and | urrent | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as | l l | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | e | | |
| | Schedule K. If "No," go to line 25a | 24a | X | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeat | ase | | |
| | any tax-exempt bonds? | 24c | | Х |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, | I | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete that the transaction has not been reported on any of the organization. | | | |
| | Schedule L. Part I | | | х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employed | | | |
| 21 | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% c | • • | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Pa | | | x |
| 00 | | | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV | , | | |
| _ | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | 00- | | x |
| | "Yes," complete Schedule L, Part IV | | х | |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | Λ | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | _V |
| | "Yes," complete Schedule L, Part IV | | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | l l | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | 3, |
| | contributions? If "Yes," complete Schedule M | | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | <u>-</u> - |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | _ |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33_ | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, all | nd | | |

Part V, line 1 34 **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

| | | | | Yes | No | | |
|--|----|----|----|-----|----|--|--|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 98 | | | | | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | | | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | | | | | |
| (gambling) winnings to prize winners? | | | 1c | Х | | | |

42-1414092

Page 5

022) IOWA DONOR NETWORK

Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | | _ | Yes | No | | | | | |
|--|---|-------------------------------|---------------------|--------------|-----|----------|--|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 21 | _7 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 2b | Х | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | . 3a | | X | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | O | | 3b | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | | | | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | . 5a | | Х | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions. | | | - 1 | | Х | | | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | X | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | | | | | | | | | | |
| | were not tax deductible? | | | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | | |
| а | $ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ service \ and \ partly \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ goods \ goods \ and \ goods \$ | vices p | rovided to the payo | r? 7a | | X | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | . 7b | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | as requ | iired | | | | | | | | |
| | to file Form 8282? | | | 7с | | <u> </u> | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | Х | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | | | | | | | | |
| f | | | | | | | | | | | |
| g | | | | | | | | | | | |
| h | | | | | | | | | | | |
| 8 | 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | | | |
| ^ | sponsoring organization have excess business holdings at any time during the year? | | | | | | | | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | | | | | | | |
| _ | a Did the sponsoring organization make any taxable distributions under section 4966? | | | | | | | | | | |
| b 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: | | | 9b | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 10.5 | | | | | | | | | |
| | Gross income from members or shareholders | 11a | | | | | | | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | | | |
| | amounts due or received from them.) | 11b | | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? |) | 12a | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | . 13a | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | | | | | | |
| | Enter the amount of reserves on hand | 13c | | | | | | | | | |
| | | | | | | X | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | | | 14b | | | | | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | | | | | |
| excess parachute payment(s) during the year? | | | | | | | | | | | |
| If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| 47 | If "Yes," complete Form 4720, Schedule O. | 4 i, ,i 4 ! ≃ - | | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any action would result in the imposition of an excise tax under section 4951, 4952 or 49532. | | | 17 | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | . 17 | | | | | | | |
| | n 100, osmploto i omi occo. | | | | | | | | | | |

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

| 800 | | | | | | X | | | | | | |
|-----|--|-----------|---|-------|---------|-----|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | Г | | | | | | |
| _ | | Ι. | 1 10 | | Yes | No | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | <u>1a</u> | 18 | | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | 10 | | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | _1b | 18 | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with | any other | | | | | | | | | |
| | officer, director, trustee, or key employee? | | | 2 | | X | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | direc | t supervision | | | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | | X | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | Did the organization have members or stockholders? | | | 6 | | X | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | point | one or | | | | | | | | | |
| | more members of the governing body? | | | 7a | | Х | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockho | lders, or | | | | | | | | | |
| | persons other than the governing body? | | | 7b | | Х | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the yea | | | | | | | | | | | |
| а | The governing body? | - | = | 8a | Х | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | | | | | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | | 9 | | х | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | | | | | | | | | | | |
| | (The social Disquisition in an analysis of the regards of the rega | | | | Yes | No | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | Х | | | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | | | | | | | | | |
| | | | | 10b | | | | | | | | |
| 11a | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | | | | |
| b | | | | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | | | | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | Х | | | | | | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | | | | | | | | | | | |
| | on Schedule O how this was done | , | | 12c | Х | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | | | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | • | • | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | Х | | | | | | | |
| | Other officers or key employees of the organization | | | 15b | Х | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem | nent w | rith a | | | | | | | | | |
| | taxable entity during the year? | | | 16a | | Х | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | - | = | | | | | | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filedNONE | | | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar | nd 990 | 0-T (section 501(c)(3)s | only) | availat | ole | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | , | • • | | | | | | | | |
| | Own website Another's website X Upon request Other (explain | on S | chedule O) | | | | | | | | | |
| 19 | (-) | | | | | | | | | | | |
| | statements available to the public during the tax year. | | , | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | ks an | d records | | | | | | | | | |
| | HEIDI HOLLENBECK - 319-665-3787 | | | | | | | | | | | |
| | 550 MADISON AVENUE, NORTH LIBERTY, IA 52317 | | | | | | | | | | | |

IOWA DONOR NETWORK

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| (A) | (B) | (C) | | | | | (D) | (E) | (F) | |
|----------------------------|------------------------|--------------------------------------|------------------------------|---------|-----------------------|---------------------------------|------------|-----------------|-----------------|-----------------------------|
| Name and title | Average | Position (do not check more than one | | | | | Reportable | Reportable | Estimated | |
| | hours per | box | ox, unless person is both an | | | | n an | compensation | compensation | amount of |
| | week | | | | d a director/trustee) | | | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dir | 9.0 | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related | ustee | trust | | e e | suedi | | (W-2/1099-MISC/ | 1099-NEC) | organization and related |
| | organizations below | ual tr | tional | | ploye | t con | | 1099-NEC) | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) SUZANNE CONRAD | 40.00 | = | = | 0 | × | Τ 60 | ш. | | | |
| CEO | | - | | х | | | | 350,715. | 0. | 40,532. |
| (2) SARAH FEWELL | 40.00 | | | | | | | · | | , |
| CHIEF CLINICAL OFFICER | | | | Х | | | | 285,381. | 0. | 24,452. |
| (3) KENT ALLISON | 40.00 | | | | | | | | | _ |
| CHIEF ADMIN OFFICER | | | | Х | | | | 197,005. | 0. | 28,032. |
| (4) MEGHAN STEPHENSON | 40.00 | | | | | | | | | |
| DIRECTOR OF ORGAN PROCUREM | | | | | | X | | 187,602. | 0. | 25,101. |
| (5) JULIE SCHNEIDER | 40.00 | | | | | | | | | |
| CHIEF DEVELOPMENT OFFICER | | | | X | | | | 178,403. | 0. | 20,800. |
| (6) VICTORIA STOKES | 40.00 | | | | | | | | _ | |
| MANAGER MAXIMIZE THE GIFT | | | | | | Х | | 163,678. | 0. | 34,333. |
| (7) PRISCILLA SUMERLIN | 40.00 | | | | | | | | _ | |
| ORGAN RESOURCE SUPERVISOR | | | | | | X | | 167,865. | 0. | 19,242. |
| (8) JENNIFER HOUTMAN | 40.00 | | | | | | | | _ | |
| CHIEF OPTIMIZATION OFFICER | | | | X | | | | 170,168. | 0. | 12,131. |
| (9) KACIE TURNIS | 40.00 | | | | | | | | _ | |
| MANAGER INSPIRE THE GIFT | | | | | | Х | | 121,552. | 0. | 17,479. |
| (10) KAYLA FORMAN | 40.00 | | | | | | | | _ | |
| MANAGER OF ORGAN RECOVERY | | | | | | Х | | 117,466. | 0. | 14,839. |
| (11) ERIC BRIESEMEISTER | 2.00 | | | | | | | | _ | _ |
| CHAIR | | Х | | X | | | | 0. | 0. | 0. |
| (12) BECKY ANTHONY | 2.00 | | | | | | | | _ | _ |
| VICE CHAIR | | Х | | X | | | | 0. | 0. | 0. |
| (13) MICHAEL HENSCH | 2.00 | | | | | | | | | |
| TREASURER | | Х | | X | | | | 0. | 0. | 0. |
| (14) KIM BURDAKIN | 2.00 | | | | | | | | _ | _ |
| SECRETARY | | Х | | X | | | | 0. | 0. | 0. |
| (15) TAMMI ERB | 2.00 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (16) DENISE CUNDY | 2.00 | | | | | | | | _ | _ |
| DIRECTOR | 2 22 | Х | Ш | | | | | 0. | 0. | 0. |
| (17) TARA MCENANY | 2.00 | ٠, | | | | | | | _ | • |
| DIRECTOR | | X | | | | | <u> </u> | 0. | 0. | <u> </u> |

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| Form 990 (2022) 1 OWA 1 | DONOR NEIWC | תתי | | | | | | | 42-1414 | U9Z Page U |
|---|--|--|-----------------------|---------|--------------|---------------------------------|------------------------------------|---|---|--|
| Part VII Section A. Officers, Directors | , Trustees, Key Emp | oloy | ees, | and | l Hig | ghes | t Co | ompensated Employee | s (continued) | |
| (A) | (B) | | | (C) | | | | (D) | (E) | (F) |
| Name and title | Average hours per week | Position (do not check more than one box, unless person is both a officer and a director/trustee | | | than o | n an | Reportable compensation from | Reportable compensation from related | Estimated amount of other | |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (18) KALPAJ PAREKH, MD DIRECTOR | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (19) TAHUANTY PENA, MD | 2.00 | 25 | | | | | | • | • | • |
| DIRECTOR | 2.00 | х | | | | | | 0. | 0. | 0. |
| (20) OLIVIA THOMPSON | 2.00 | | | | | | | | | <u> </u> |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (21) AMBER BATTANI | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (22) LAURA WENMAN DIRECTOR | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (23) NICHOLAS WEIG | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (24) STEPHEN DONAHOE DIRECTOR | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (25) TROY DEJOODE | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (26) THOMAS DEPRENGER | 0.50 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,939,835. | 0. | 236,941. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,939,835. | 0. | 236,941. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|---------------------------------|---------------------|
| MIDWEST TRANSPLANT NETWORK | | |
| PO BOX 843313, KANSAS CITY, MO 64184-3313 | ORGAN PROCUREMENT | 2,166,066. |
| UNIVERSITY OF IOWA, 2100 UNIVERSITY, | HOSPITAL RECOVERY | |
| CAPITOL CENTRE, IOWA CITY, IA 52242 | SERVICES | 1,381,286. |
| NATIONWIDE ORGAN RECOVERY TRANSPORT ALLIANC | | |
| 3815 E MAIN ST. STE C, SAINT CHARLES, IL 60 | ORGAN PROCUREMENT | 760,934. |
| ORGAN RECOVERY SYSTEMS, INC. | | |
| 1 PIERCE PLACE, ITASCA, IL 60143 | ORGAN PROCUREMENT | 687,928. |
| LIVE ON NEBRASKA | | |
| 3867 LEAVENWORTH ST, OMAHA, NE 68105 | ORGAN PROCUREMENT | 651,000. |
| 2 Total number of independent contractors (including but not limited to those listed | l above) who received more than | |
| \$100,000 of compensation from the organization 36 | | |

Form 990

| Form 990 I OWA DOIN | OIL HEIM | , | • | | | | | | 42-141 | |
|--|---|-------------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|---|
| Part VII Section A. Officers, Directors, T | rustees, Key Er | nplo | yee | s, aı | nd H | lighe | est (| Compensated Employ | ees (continued) | |
| (A) Name and title | (B) Average hours | age Position (check all that apply) | | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (27) DALE MEYER DIRECTOR | 0.50 | x | | | | | | 0. | 0. | 0 |
| (28) DENNIS KLEIN, MD | 0.50 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| | | | | | | | | | | |
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Form 990 (2022) IOWA DONOR NETWORK
Part VIII Statement of Revenue

| | | Check if Schedule O contain | ns a response o | or note to anv lin | e in this Part VIII | | | |
|--|----------|---|---------------------------------------|--------------------|---------------------|-------------------|------------------|---------------------------------|
| | | | | | (A) | (B) | (C) | (D) |
| | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded from tax under |
| | | | | | | function revenue | business revenue | sections 512 - 514 |
| S S | 1 a | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues | | | | | | |
| جَ جَ | | Fundraising events | | 76,583. | | | | |
| fts, | | Related organizations | | ,,,,,,,,, | | | | |
| ig ig | | | | 82,083. | | | | |
| Sir | | Government grants (contribution | | 02,003. | | | | |
| utio | T | All other contributions, gifts, grants, | | 345,643. | | | | |
| ë | | similar amounts not included above | | 13,500. | | | | |
| o d | • | Noncash contributions included in lines 1a- | 1f 1g \$ | 13,300. | 504,309. | | | |
| O a | <u>n</u> | Total. Add lines 1a-1f | | Business Code | 304,305. | | | |
| - | | ODGAN C MIGGIE DDOGUDENE | NT/ITI | | 22 572 001 | 22572001 | | |
| <u>ice</u> | 2 a | ORGAN & TISSUE PROCUREME | N.T. | 900099 | 32,572,881. | 32572881. | | |
| er < | b | CALL CENTER REVENUE | 900099 | 836,058. | 836,058. | | | |
| n S | С | | | | | | | |
| ran 3ev | d | | | | | | | |
| Program Service Revenue | е | | | | | | | |
| ۵ | | All other program service revenu | | | | | | |
| \longrightarrow | g | Total. Add lines 2a-2f | | | 33,408,939. | | | |
| | 3 | Investment income (including di | vidends, intere | st, and | | | | |
| | | other similar amounts) | | 192,345. | | | 192,345. | |
| | 4 | Income from investment of tax-e | xempt bond p | roceeds | | | | |
| | 5 | Royalties | | | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents 6a | | | | | | |
| | b | Less: rental expenses 6b | | | | | | |
| | С | Rental income or (loss) 6c | | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a | 2,288,365. | | | | | |
| | b | Less: cost or other basis | | | | | | |
| e | | and sales expenses 7b | 2,416,110. | | | | | |
| Revenue | С | Gain or (loss) 7c | -127,745. | | | | | |
| Bè | d | Net gain or (loss) | · · · · · · · · · · · · · · · · · · · | | -127,745. | | | -127,745. |
| her | | Gross income from fundraising even | | | | | | |
| ₹ | | including \$ 76,5 | 83. of | | | | | |
| | | contributions reported on line 10 | c). See | | | | | |
| | | Part IV, line 18 | 8a | 27,437. | | | | |
| | b | Less: direct expenses | | 11,841. | | | | |
| | С | Net income or (loss) from fundra | ising events | | 15,596. | | | 15,596. |
| | | Gross income from gaming activ | · — | | | | | |
| | | Part IV, line 19 | II. | | | | | |
| | b | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gamin | | | | | | |
| | | Gross sales of inventory, less re | _ | | | | | |
| | | and allowances | II. | | | | | |
| | b | Less: cost of goods sold | II. | | | | | |
| | | Net income or (loss) from sales of | | | | | | |
| \Box | | , , , | | Business Code | | | | |
| Snc | 11 a | MISCELLANEOUS REVENUE | | 900099 | 33,534. | 33,534. | | |
| ne The | b | - | | | , | , | | |
| Miscellaneous Revenue | c | | | | | | | |
| Sci | | All other revenue | | | | | | |
| Σ | | Total. Add lines 11a-11d | | | 33,534. | | | |
| | 12 | Total revenue. See instructions | | | 34,026,978. | 33442473. | 0. | 80,196. |
| | | | | | | | | |

42-1414092 Page **10** Form 990 (2022) IOWA DONOR NETWORK
Part IX Statement of Functional Expenses

| 04 | Costing 501/c/(2) and 501/c/(4) associations must be used to all solutions All others associations must be solution (A) | | | | | | | |
|-------|--|-----------------------|-----------------------------|---------------------------------|-------------------------|--|--|--|
| Secti | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). | | | | | | | |
| _ | Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. (A) (B) (C) | | | | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses | | | |
| 1 | Grants and other assistance to domestic organizations | | | | | | | |
| | and domestic governments. See Part IV, line 21 | | | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | | |
| | individuals. See Part IV, line 22 | | | | | | | |
| 3 | Grants and other assistance to foreign | | | | | | | |
| | organizations, foreign governments, and foreign | | | | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | |
| | trustees, and key employees | 1,314,903. | 725,291. | 589,612. | | | | |
| 6 | Compensation not included above to disqualified | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | |
| | persons described in section 4958(c)(3)(B) | | | | | | | |
| 7 | Other salaries and wages | 13,231,035. | 10,233,715. | 2,674,471. | 322,849. | | | |
| 8 | Pension plan accruals and contributions (include | • | , , | • • | • | | | |
| = | section 401(k) and 403(b) employer contributions) | 629,873. | 475,805. | 139,981. | 14,087. | | | |
| 9 | Other employee benefits | 1,267,715. | 986,589. | 250,309. | 30,817. | | | |
| 10 | Payroll taxes | 1,207,992. | 912,514. | 268,462. | 27,016. | | | |
| 11 | Fees for services (nonemployees): | | | • | , | | | |
| | Management | | | | | | | |
| | Legal | 213,655. | | 213,655. | | | | |
| | Accounting | 53,165. | | 53,165. | | | | |
| | Lobbying | 36,000. | | 36,000. | | | | |
| | Professional fundraising services. See Part IV, line 17 | , | | , | | | | |
| f | Investment management fees | 28,945. | | 28,945. | | | | |
| a. | Other. (If line 11g amount exceeds 10% of line 25, | | | | | | | |
| 9 | column (A), amount, list line 11g expenses on Sch O.) | 1,510,462. | 1,071,198. | 439,264. | | | | |
| 12 | Advertising and promotion | 157,564. | 144,135. | 202. | 13,227. | | | |
| 13 | Office expenses | 263,266. | 103,365. | 139,056. | 20,845. | | | |
| 14 | Information technology | 409,697. | 409,697. | , | - , | | | |
| 15 | Royalties | | | | | | | |
| 16 | Occupancy | 501,499. | 380,519. | 108,248. | 12,732. | | | |
| 17 | Traval | 371,528. | 249,066. | 105,861. | 16,601. | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | |
| .0 | for any federal, state, or local public officials | | | | | | | |
| 19 | Conferences, conventions, and meetings | 88,041. | 64,424. | 23,033. | 584. | | | |
| 20 | Interest | , | , | ==,,,,,,, | | | | |
| 21 | Payments to affiliates | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 404,062. | 276,679. | 120,698. | 6,685. | | | |
| 23 | Insurance | 170,977. | 149,872. | 18,665. | 2,440. | | | |
| 24 | Other expenses. Itemize expenses not covered | ., | ., | , , , , , , | , = = • • | | | |
| | above. (List miscellaneous expenses on line 24e. If | | | | | | | |
| | line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | | | | |
| а | DIRECT RECOVERY COSTS | 11,702,410. | 11,702,410. | | | | | |
| b | INDIRECT PROCUREMENT CO | 392,814. | 392,814. | | | | | |
| c | CONTINUOUS IMPROVEMENT | 177,444. | | 177,444. | | | | |
| d | SPECIAL PROJECTS | 90,788. | 73,216. | 202. | 17,370. | | | |
| | All other expenses | 196,541. | 134,606. | 52,398. | 9,537. | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 34,420,376. | 28,485,915. | 5,439,671. | 494,790. | | | |
| 26 | Joint costs. Complete this line only if the organization | | ., === , == = , | -,, | | | | |
| _5 | reported in column (B) joint costs from a combined | | | | | | | |
| | educational campaign and fundraising solicitation. | | | | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | | | | |
| | | | ıl | | 000 | | | |

Form 990 (2022)
Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Part X | (A) Beginning of year | | (B) |
|--------------|-----|---|---------------------------------|-----|-------------|
| | | | (A) | | (B) |
| | | | Degiriring or year | | End of year |
| | | Cash - non-interest-bearing | 150. | 1 | 74. |
| | _ | Savings and temporary cash investments | 6,602,789. | 2 | 1,350,041. |
| | | Pledges and grants receivable, net | 44,548. | 3 | 24,389. |
| | | Accounts receivable, net | 9,897,317. | 4 | 13,307,926. |
| | | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| ι | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| ۲ | | Prepaid expenses and deferred charges | 194,738. | 9 | 254,844. |
| 1 | l0a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 10,508,858. | | | |
| | | Less: accumulated depreciation 10b 2,988,848. | 7,720,324. | 10c | 7,520,010. |
| 1 | | Investments - publicly traded securities | 6,481,534. | 11 | 5,462,564. |
| 1 | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| 1 | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| 1 | | Intangible assets | 0 (50 504 | 14 | 0.065.400 |
| 1 | | Other assets. See Part IV, line 11 | 8,673,524. | 15 | 8,267,492. |
| | | Total assets. Add lines 1 through 15 (must equal line 33) | 39,614,924. | 16 | 36,187,340. |
| 1 | | Accounts payable and accrued expenses | 4,168,212. | 17 | 2,973,964. |
| | | Grants payable | | 18 | |
| | | Deferred revenue | | 19 | |
| 1 | 20 | Tax-exempt bond liabilities | | 20 | |
| | | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| se 2 | | Loans and other payables to any current or former officer, director, | | | |
| ≣ | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of these persons | 2,303,688. | 22 | 1,945,843. |
| 4 | | Secured mortgages and notes payable to unrelated third parties | 2,303,000. | 23 | 1,945,045. |
| | | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 4 | | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 0. | 25 | 331,338. |
| | 26 | | 6,471,900. | 26 | 5,251,145. |
| | .0 | Organizations that follow FASB ASC 958, check here | 0,411,500. | 20 | 3,231,143. |
| န္ | | and complete lines 27, 28, 32, and 33. | | | |
| واي | | Net assets without donor restrictions | 32,976,629. | 27 | 30,708,207. |
| 38 2 | | Net assets with donor restrictions | 166,395. | 28 | 227,988. |
| ة <u>-</u> | | Organizations that do not follow FASB ASC 958, check here | , | | |
| ᆵ | | and complete lines 29 through 33. | | | |
| ō 2 | | Capital stock or trust principal, or current funds | | 29 | |
| 우니 | | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| و <u>ق</u> | | Total net assets or fund balances | 33,143,024. | 32 | 30,936,195. |
| | | Total liabilities and net assets/fund balances | 39,614,924. | 33 | 36,187,340. |

Form **990** (2022)

Form 990 (2022)

| Pa | rt XI Reconciliation of Net Assets | | | | | |
|--|---|----------|---------|------------|---------------------|-------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | | X |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 34, | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 34, | | | |
| 3 Revenue less expenses. Subtract line 2 from line 1 | | | | | | <u>98.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 33, | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -1, | <u>056</u> | 5,02 | <u>22.</u> |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | - 8 | 3,13 | 12. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | 749 | , 29 | 97 . |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 30, | 936 | 5,19 | 95 <u>.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | | |
| | | | _ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | L | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | L | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | L | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | L | За | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir | | Г | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | |
| | | | F | orm | 9 <mark>90</mark> (| (2022) |

232012 12-13-22

SCHEDULE A

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

IOWA DONOR NETWORK 42-1414092 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

| Part II | Suppor | t Schedule for | Organizations | Described in S | ections 17 | 70(b)(1)(A)(iv) a | nd 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.)

| <u> </u> | ction A. Public Support | | | | | | | |
|----------|--|-----------------------------|---------------------|---|----------------------|---------------------|-----------------|--|
| | ndar year (or fiscal year beginning in) Gifts, grants, contributions, and | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | |
| 1 | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | | |
| 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) | | | | | | | |
| _ | Public support. Subtract line 5 from line 4. | | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | |
| | Amounts from line 4 | (4) 2010 | (6) 2013 | (6) 2020 | (4) 2021 | (6) 2022 | (i) rotai | |
| | Gross income from interest. | | | | | | | |
| Ŭ | 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.) | | | | | | _ | |
| | Total support. Add lines 7 through 10 | | | | | | | |
| | Gross receipts from related activities, | | | | | 12 | | |
| 13 | First 5 years. If the Form 990 is for the | • | | • | | | | |
| 800 | organization, check this box and stoperion C. Computation of Publi | | | | | | | |
| | | | | column (f)) | | 14 | 0/ | |
| | Public support percentage for 2022 (I Public support percentage from 2021 | | • | * | | 15 | <u>%</u> | |
| | | | | | | | | |
| | 6a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| b | stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | | |
| | and stop here. The organization qual | | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | | |
| | and if the organization meets the fact | :s-and-circumstance | es test, check this | box and stop he | ere. Explain in Part | VI how the organiz | ation | |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pu | ublicly supported o | organization | | | |
| b | 10% -facts-and-circumstances test | : - 2021. If the org | anization did not | check a box on line | e 13, 16a, 16b, or | 17a, and line 15 is | 10% or | |
| | more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the | | | | | | | |
| | organization meets the facts-and-circle | umstances test. Th | ne organization qu | alifies as a publicly | / supported organi | zation | | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17l | b, check this box a | | | |
| | | | | | | Calaaduda A | (Farm 000) 0000 | |

IOWA DONOR NETWORK

42-1414092 Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | ction A. Public Support | ciow, picase comp | noto i dit ii.j | | | | | |
|------|--|---------------------------|--------------------------|------------------------|--------------------|----------------------|------------------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | |
| | Gifts, grants, contributions, and membership fees received. (Do not | (=,==== | (3) = 1 : 2 | (-), | (=, === | (-) | (-) | |
| | include any "unusual grants.") | 1151020. | 410,093. | 415,224. | 2672353. | 504,309. | 5152999. | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 23030887. | 26875292. | 29127761. | 32392621. | 33408939. | 144835500 | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 6 | Total. Add lines 1 through 5 | 24181907. | <u> 27285385.</u> | <u> 29542985.</u> | <u>35064974.</u> | <u>33913248.</u> | 149988499 | |
| 78 | Amounts included on lines 1, 2, and 3 received from disqualified persons | 5263969. | 5168851. | 5456205. | 5901926. | 5650133. | 27441084. | |
| k | 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. | |
| c | Add lines 7a and 7b | 5263969. | 5168851. | 5456205. | 5901926. | 5650133. | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 122547415 | |
| Se | ction B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | |
| 9 | Amounts from line 6 | 24181907. | 27285385 . | 29542985. | 35064974. | <u>33913248.</u> | <u>149988499</u> | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 52,833. | 134,144. | 290,588. | 393,148. | 192,345. | 1063058. | |
| t | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | | |
| | acquired after June 30, 1975 | 52,833. | 134,144. | 200 500 | 393,148. | 102 245 | 1063058. | |
| | Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | 52,633. | 134,144. | 290,566. | 393,140. | 192,343. | 1003030. | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 234,749. | 90,392. | 69,239. | 72,336. | 49,130. | 515,846. | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 24469489. | 27509921. | 29902812. | 35530458. | 34154723. | 151567403 | |
| 14 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, | fourth, or fifth tax y | ear as a section 5 | 01(c)(3) organizatio | on, | |
| | | | | | | | | |
| | ction C. Computation of Publi | | | | | | | |
| | 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 80 • 85 % | | | | | | | |
| | 16 Public support percentage from 2021 Schedule A, Part III, line 15 79.85 % | | | | | | | |
| | ction D. Computation of Inves | | | | | | 7.0 | |
| | Investment income percentage for 20 | | | | | 17 | .70 % | |
| | Investment income percentage from | | | | | 18 | .65 % | |
| 19a | 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not | | | | | | | |
| t | more than 33 1/3%, check this box at 33 1/3% support tests - 2021. If the | = | - | | • | | | |
| | line 18 is not more than 33 1/3%, che | ck this box and st | op here. The orga | nization qualifies a | s a publicly suppo | rted organization | | |
| 20 | Private foundation. If the organization | on did not check a | box on line 14, 19a | a, or 19b, check th | is box and see ins | tructions | | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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| Hes the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described or line 11a above? A 36% controlled entity of a person described or line 11a above? A 36% controlled entity of a person described or line 11a above? Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization officers, directors, or fusitess at all times during the tax year? If No. describe in Part VI have the organization officers, directors, or fusitess at all times during the tax year? If No. describe in Part VI have the organization and vinits conditions or restrictions, if any, applied to such powers during the tax year and vinits conditions or restrictions, if any, applied to such powers during the tax year and vinits conditions or restrictions, if any, applied to such powers during the tax year and vinits conditions or restrictions, if any, applied to such powers during the tax year and vinits conditions or restrictions, if any, applied to such powers during the tax year and vinits conditions or restrictions, if any, applied to such powers during the tax year and vinits or controlled the supporting organization or restrictions, if any, applied to such powers during the tax year and vinits or the applications of the described organization organizations and vinits or controlled the supporting organizations. Were a majority of the organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the organization provide to each of its supported organization is in Part VI have the organization is any each grown provided organization or supported organization, and (iii) copies of the orga | | t IV Supporting Organizations (continued) | <u> </u> | 2 F | age 5 |
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| 11. Has the organization accepted a gift or contribution from any of the following persons? A person with directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A 33% controlled entity of a person described on line 11a above? A 33% controlled entity of a person described on line 11a and the above? If "Yes" to line 11a, 11b, or 11c, provide significant persons. 1 Did the governing body, membras of the aporenting body, offices setting in their official capability. The person of the persons are provided organization of the setting of the organization of the supported organization of organization of the supported organization of the supporting organization with supported organization of the supported organization or supported organization organizati | ı u | tri capporting organizations (continued) | | Voc | No |
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| 11a below, the governing body of a supported organization? A 38% controlled entity of a person described on line 11a at above? A 38% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide data in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers described to the supported organizations of the supported organization organization organizations organizations organization organizations organizations organizations organizations org | | | | | |
| b A family member of a person described on line 11a above? A 38% controlled entity of a person described on line 11a or 11b above? A 11b, or 11c, provide detail, in Part VI. Section B. Type I Supporting Organizations I Did the greening body, members of the governing body, officers acting in their official capacity, or membership of one or noise supported organizations have the provide the organization is not because of the province of th | u | | 112 | | |
| e. A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, effectively operated, supervised or controlled the organizations and properties organizations and the organizations and properties organizations of the organizations and properties organizations and the organizations are supported organizations and the organizations are supported organizations of the organizations are supported organizations organizations or the organizations organization organizations or trustees of each of the organizations supported organization organizations organizations or trustees of each of the organizations supported organizations organizations are supported organizations organizations or trustees of each of the organizations directors or trustees of each of the organizations directors or trustees of each of the organizations supported organizations of the organization organizations organization are supported organizations or trustees of each of the organizations supported organizations or trustees of each of the organizations or trustees of each of the organizations of the organizatio | h | | | | |
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| Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations afficiens, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization (secondary) and with conditions or restrictions, If any, applied to such powers during the tax year as a power organization and what conditions or restrictions, If any, applied to such powers during the tax year. If I was apported organization organization organization of the tax pears. 2 Did the organization operate for the benefit of any supported organization other than the supported organization (s) that operated, arganization operate for the benefit of any supported organization (b) that operated, arganization of the tax year also a majority of the organization such benefit carried out the purposes of the supported organization(s) that operated, supporting organization. Section C. Type II Supporting Organizations 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 supported organization(s)? If "No," describe in Part VI how control or remangement of the supporting organization was vested in the same persons that controlled or managed the supported organizations is supported organizations. The supported organization is apported organization is a possible organization or sovering documents in effect or the date of notification, and (iii) copies of the organization is opening documents in effect or the date of notification, to the extent not previously provided? 2 Were any of the organization so officers, directors, or trustees either (ii) appointed or elected by the supported organization shape a significant voice in the organization is supported organizations in subsequently appointed organization is supported organizations have a significant | | | | Ves | No |
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| 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 Part VI now providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization's was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization's tax year, (i) a veryop of the Form 980 that was most recently filed as of the date of notification, and (iii) copies of the organization's so governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's officers, directors, or trustees either (ii) appointed or elected by the supported organization's officers, directors, or trustees either (ii) appointed or elected by the supported organization maintained a close and continuous working relationship with the supported organization(s). 2 Were any of the organization's effects, directors, or trustees either (ii) appointed organizations organizations). 3 by reason of the relationship described on line 2, above, did the organization's supported organization(s). 3 by reason of the relationship described on line 2, above, did the organization's supported organization's income or assets at all times during the tax year? If "Yes," descr | | | 1 | | |
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| Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, superpised, or controllect the supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting Organization was vested in the same persons that controlled or managed the supported organizations was vested in the same persons that controlled or managed the supported organizations. 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently field as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (so) of (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organizations have a significant voice in the organization is investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI there the drapanization's income or assets at all times during the tax year? If "Yes," describe in Part VI there the drapanization's supported organization satisfied the Activities Test. Complete line 2 below. 5 Cection 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). 2 Activities Test. Answer | _ | | | | |
| Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization of softiers, directors, or trustees either (ii) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described on line 2, above, did the organization's supported organization's investment policies and in directing the use of the organization's supported organizations played in this regard. Section E. Type III Functionally integrated Supporting Organizations 1 Check the both or the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization of organization's position that its supported organizations in involvement, one or more of the organization's supported organizations, and how the organization is involve | | | | | |
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| or management of the supporting organization was vested in the same persons that controlled or managed | • | | | | |
| Section D. All Type III Supporting Organizations Yes No | | | | | |
| Section D. All Type III Supporting Organizations Yes No | | | 1 | | |
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| | ~ | | 3b | | |

| Pai | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organi | zations | |
|------|---|-----------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust on N | lov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | | | |
| Sect | ion 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 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| _5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| _6 | Multiply line 5 by 0.035. | 6 | | |
| _7_ | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ally integrated | d Type III supporting orga | inization (see |
| | instructions). | | | |

Schedule A (Form 990) 2022

| | dule A (Form 990) 2022 IOWA DONOR NE | | | 42 | 2-1414092 Page 7 |
|------------|---|-------------------------------|---------------------------------------|------|---|
| Pa | rt V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations _{(continu} | ıed) | |
| Sect | ion D - Distributions | | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| _3_ | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | i | 3 | |
| _4_ | Amounts paid to acquire exempt-use assets | | | 4 | |
| _5_ | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| _6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| _7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2022 | ıs | (iii) Distributable Amount for 2022 |
| _1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| a | From 2017 | | | | |
| b | From 2018 | | | | |
| c | From 2019 | | | | |
| d | From 2020 | | | | |
| e | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2022 distributable amount | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | |
| _ <u>i</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: | | | | |

Schedule A (Form 990) 2022

a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

42-141<u>4092 Page 8</u> IOWA DONOR NETWORK Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

| SCHEDULE A, PART | III, LINE 12, EXPLANATION FOR OTHER INCOME: |
|------------------|---|
| MISCELLANEOUS RE | VENUE |
| 2018 AMOUNT: \$ | 206,210. |
| 2019 AMOUNT: \$ | 52,371. |
| 2020 AMOUNT: \$ | 52,264. |
| 2021 AMOUNT: \$ | 59,476. |
| 2022 AMOUNT: \$ | 33,534. |
| | |
| FUNDRAISING INCO | ME |
| 2018 AMOUNT: \$ | 28,539. |
| 2019 AMOUNT: \$ | 38,021. |
| 2020 AMOUNT: \$ | 16,975. |
| 2021 AMOUNT: \$ | 12,860. |
| 2022 AMOUNT: \$ | 15,596. |
| | |
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| | |

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

| J | IOWA DONOR NETWORK | 42-1414092 |
|---|--|---|
| Organization type (check | k one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | $\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| Note: Only a section 501(General Rule X For an organizat property) from all | on is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. | otaling \$5,000 or more (in money or |
| Special Rules | | |
| sections 509(a)(⁻ contributor, duri | tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16 ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount (EZ, line 1. Complete Parts I and II. | 6b, and that received from any one |
| contributor, duri | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ing the year, total contributions of more than \$1,000 exclusively for religious, charitab ational purposes, or for the prevention of cruelty to children or animals. Complete Parn (b) instead of the contributor name and address), II, and III. | ole, scientific, |
| year, contributio is checked, ente purpose. Don't c | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ons exclusively for religious, charitable, etc., purposes, but no such contributions total er here the total contributions that were received during the year for an exclusively recomplete any of the parts unless the General Rule applies to this organization becauable, etc., contributions totaling \$5,000 or more during the year | aled more than \$1,000. If this box eligious, charitable, etc., use it received <i>nonexclusively</i> |
| answer "No" on Part IV, li | n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 99 iling requirements of Schedule B (Form 990). | |

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

Name of organization Employer identification number

IOWA DONOR NETWORK

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | |
|------------|--|-------------------------|--|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 1 | | \$60,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 2 | | | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 3_ | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 4_ | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 5 | | \$7,230. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| <u>6</u> | | \$13,500. | Person Payroll Noncash X (Complete Part II for noncash contributions.) | | | |

Name of organization Employer identification number

IOWA DONOR NETWORK

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | | |
|------------|--|-------------------------|--|--|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| 7 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| 8 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) | (c) Total contributions | (d) Type of contribution | | | | |
| 9 | Name, address, and ZIP + 4 | \$\$\$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| 10 | Hamo, address, and Zii + + | \$\$_10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| 11_ | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| 12 | | \$\$. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |

Name of organization Employer identification number

IOWA DONOR NETWORK

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | | |
|------------|--|----------------------------|--|--|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| 13 | | \$5,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | |

42-1414092

Schedule B (Form 990) (2022) Page **3**

| | 3 |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
| | |

IOWA DONOR NETWORK

| Part II | rt II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | |
|------------------------------|---|---|----------------------|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | QUILTS | | | | | |
| 6 | | | | | | |
| | | \$\$ | 03/30/22 | | | |
| (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 | | | |
| | | \$ | | | | |

Name of organization **Employer identification number** IOWA DONOR NETWORK 42-1414092 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

223454 11-15-22 Schedule B (Form 990) (2022)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

| • Section 501(c)(4), (5), or (6) organizat | tions: Complete Part III. | | Τ= | |
|--|---------------------------------------|--------------------------|---------------------------|---|
| Name of organization | | | Emı | oloyer identification number |
| | NOR NETWORK | 1: 504() | | 42-1414092 |
| Part I-A Complete if the org | janization is exempt und | er section 501(c) | or is a section 527 o | rganization. |
| Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai | ures | | | |
| Part I-B Complete if the org | janization is exempt und | er section 501(c)(| 3). | |
| 1 Enter the amount of any excise tax | incurred by the organization und | der section 4955 | | |
| 2 Enter the amount of any excise tax | | | | |
| 3 If the organization incurred a sectio | | | | |
| 4a Was a correction made? | | | | |
| b If "Yes," describe in Part IV. | | | | |
| Part I-C Complete if the org | janization is exempt und | er section 501(c), | except section 501(| c)(3). |
| 1 Enter the amount directly expended | d by the filing organization for se | ction 527 exempt func | tion activities | \$ |
| 2 Enter the amount of the filing organ | ization's funds contributed to ot | her organizations for se | ection 527 | |
| exempt function activities | | | | \$ |
| 3 Total exempt function expenditures | | | , | |
| line 17b | | | | \$ |
| 4 Did the filing organization file Form | | | | |
| 5 Enter the names, addresses and en | | | | |
| made payments. For each organization contributions received that were pro- | · · · · · · · · · · · · · · · · · · · | | | · |
| political action committee (PAC). If | • • | | • | to segregated faria of a |
| (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| (a) Name | (b) Address | (C) EIN | filing organization's | contributions received and |
| | | | funds. If none, enter -0- | |
| | | | | delivered to a separate political organization. |
| | | | | If none, enter -0 |
| | | | | |
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Schedule C (Form 990) 2022

2a Lobbying nontaxable amountb Lobbying ceiling amount(150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amounte Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| X X 501(c)(5) | X X X X X X X | | 5,000. |
|---------------|---------------------------------|--|--|
| | X X X X X X | | |
| | X X X X X | | |
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| | X | | |
| | X | | |
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| | Х | | |
| 501(c)(5) | Х | 30 | , 000. |
| 501(c)(5) | Λ | | |
| 501(c)(5) | | | |
| 501(c)(5) | | | |
| 501(c)(5) | | | |
| . (0)(0) | . or sec | tion | |
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| | | Yes | No |
| | 1 | | |
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| | 3 | | |
| 501(c)(5) | , or sec | tion | |
| o" OR (k | o) Part I | II-A, line | 3, is |
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| ti | prior year? 501(c)(5) Io" OR (k | 2 2 501(c)(5), or sector OR (b) Part II 1 2a 2b 2c 3 stical 4 5 | 2 3 501(c)(5), or section 1 1 2a 2b 2c 3 s s s s s s s s s |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

IOWA DONOR NETWORK

Employer identification number 42-1414092

| Pai | t I Organizations Maintaining Donor Advised | d Funds or Other Similar Funds | or Accounts. Complete if the |
|----------|--|---|--------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, line | e 6. | · |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advis | sed funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor or | r donor advisor, or for any other purpose | conferring |
| | | | |
| Pai | t II Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990, | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply) | |
| | Preservation of land for public use (for example, recreated | tion or education) Preservation o | f a historically important land area |
| | Protection of natural habitat | Preservation o | f a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| | | | |
| | Number of conservation easements on a certified historic stru | | 2c |
| d | Number of conservation easements included in (c) acquired a | • | |
| | historic structure listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the | e organization during the tax |
| | year | | |
| 4 | Number of states where property subject to conservation eas | | |
| 5 | Does the organization have a written policy regarding the per | | |
| | violations, and enforcement of the conservation easements it | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | nandling of violations, and enforcing con- | servation easements during the year |
| - | Amount of automatic manifesting incomes in a second in the | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conserva | ation easements during the year |
| | Does each conservation easement reported on line 2(d) above | a action, the requirements of section 170 | (b)(4)(D)(i) |
| 8 | | | |
| 9 | In Part XIII, describe how the organization reports conservation | on accompate in its revenue and expense | |
| 9 | balance sheet, and include, if applicable, the text of the footn | • | |
| | organization's accounting for conservation easements. | iote to the organization's infancial statem | ents that describes the |
| Pai | t III Organizations Maintaining Collections of | Art, Historical Treasures, or O | ther Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | | and balance sheet works |
| | of art, historical treasures, or other similar assets held for pub | • | |
| | service, provide in Part XIII the text of the footnote to its finan | | |
| b | If the organization elected, as permitted under FASB ASC 95 | | |
| | art, historical treasures, or other similar assets held for public | · · · · · · | |
| | provide the following amounts relating to these items: | , | , |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | | | • |
| 2 | If the organization received or held works of art, historical trea | | |
| | the following amounts required to be reported under FASB A | | |
| а | Revenue included on Form 990, Part VIII, line 1 | • | \$ |
| L | Accets included in Form 000, Part V | | Φ |

Land, Buildings, and Equipment.

Describe in Part XIII the intended uses of the organization's endowment funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10

| Complete if the organization answered Tes out of the 990, Fart 19, line Tra. Gee Form 990, Fart X, line To. | | | | | | | |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|--|--|--|
| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value | | | |
| 1a Land | | 838,814. | | 838,814. | | | |
| b Buildings | | 7,806,478. | 1,906,945. | 5,899,533. | | | |
| c Leasehold improvements | | 217,234. | 114,583. | 102,651. | | | |
| d Equipment | | 1,646,332. | 967,320. | 679,012. | | | |
| e Other | | | | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) | | | | | | | |

Schedule D (Form 990) 2022

| Schedule D (Form 990) 2022 IOWA DONOR N | ETWORK | 42 | -1414092 Page 3 |
|--|---------------------------|---|------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" o | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" o | | 11d. See Form 990, Part X, line 15. | |
| | escription | | (b) Book value |
| (1) INTEREST IN NET ASSETS OF | | | 7,886,741. |
| | MUNITY FO | | 49,413. |
| (3) RIGHT-OF-USE ASSETS | | | 331,338. |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| | | | |
| | | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15 \ | | 8,267,492. |
| Part X Other Liabilities. | 15.) | | 0,201,452. |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | |
| 1. (a) Description of liability | · · · · · · | , , | (b) Book value |
| (1) Federal income taxes | | | |
| (2) LEASE LIABILITIES | | | 331,338. |
| (3) | | | , |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 25.) | | 331,338. |
| 2. Liability for uncertain tax positions. In Part XIII, provide t | | the organization's financial statements the | nat reports the |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

-749,297.

232054 09-01-22 Schedule D (Form 990) 2022

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN INTEREST IN ALLOSOURCE NET ASSETS

SCHEDULE G (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Schedule G (Form 990) 2022

Employer identification number

| IOWA DO | NOR NETWORK | | | | 42-1414 | 092 | |
|---|---|--|--|---|----------------------|------------|--|
| Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. | | | | | | | |
| 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the | e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua | ion of ion of fundra (include ofessi | non-g gover aising ding of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | Yes | | |
| (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Did fundraiser have custody or contributions? contributions? from activity (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) | | | | | | | |
| | | Yes | No | | | | |
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| Total | | | | | | | |
| List all states in which the organization or licensing. | n is registered or licensed to solicit o | ontrib | utions | or has been notified | it is exempt from re | gistration | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| Pa | irt | Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions. | | | | | |
|-----------------|-----|---|---------------------------------|------------------------------|---------------|-----------------------|--|
| | | | (a) Event #1 GREEN 5K/DONOR DAS | (b) Eve | nt #2 | (c) Other events NONE | (d) Total events (add col. (a) through |
| ø) | | | (event type) | (event | type) | (total number) | col. (c)) |
| Revenue | 1 | Gross receipts | 104,020. | | | | 104,020. |
| | 2 | Less: Contributions | 76,583. | | | | 76,583. |
| | 3 | Gross income (line 1 minus line 2) | 27,437. | | | | 27,437. |
| | 4 | Cash prizes | | | | | |
| Ø | 5 | Noncash prizes | 2,353. | | | | 2,353. |
| beuse | 6 | Rent/facility costs | | | | | |
| Direct Expenses | 7 | Food and beverages | | | | | |
| | 8 | Entertainment | 1,387. | | | | 1,387. |
| | 9 | Other direct expenses | | | | | 1,387. 8,101. |
| | 10 | | | | | | 11 011 |
| | 11 | Net income summary. Subtract line 10 from li | | | | | 1 1 5 6 6 |
| Pa | ırt | Gaming. Complete if the organization | answered "Yes" on Form | 990, Part IV, | line 19, or i | reported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | | |
| Revenue | | | (a) Bingo | (b) Pull tab bingo/progre | | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Rev | 1 | Gross revenue | | | | | |
| es S | 2 | Cash prizes | | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | | |
| Direct | 4 | Rent/facility costs | | | | | |
| | 5 | Other direct expenses | | | | | |
| | 6 | Volunteer labor | Yes % No | Yes No | % | Yes | % |
| | 7 | Direct expense summary. Add lines 2 through | s 5 in column (d) | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | | |
| 9 | En | ter the state(s) in which the organization condu | ete geming estivities: | | | | |
| - | | the organization licensed to conduct gaming ac | _ | states? | | | Yes No |
| | | No," explain: | | | | | |
| 10- | | are any of the evapoiration's service lies | worked augusted cut- | rminated d | ng the tax | unar? | Vac Na |
| | | ere any of the organization's gaming licenses re Yes," explain: | | | | real (| Yes No |
| | _ | | | | | | |

| Sch | edule G (Form 990) 2022 IOWA DONOR NETWORK 42- | 1414092 | Page 3 |
|-----|--|-------------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | ☐ No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | No |
| 12 | Indicate the percentage of gaming activity conducted in: | | |
| | | 122 | 07 |
| | The organization's facility | | <u>%</u> |
| | An outside facility | 13b | <u>%</u> |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name | | |
| | Address | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | ☐ No |
| b | If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount | | |
| _ | of gaming revenue retained by the third party \$ | | |
| _ | If "Yes," enter name and address of the third party: | | |
| · | il les, entername and address of the tillid party. | | |
| | Name | | |
| | Address | | |
| 16 | Gaming manager information: | | |
| | Name | | |
| | | | |
| | Gaming manager compensation \$ | | |
| | | | |
| | Description of services provided | | |
| | | | |
| | | | |
| | | | |
| | Diversity / Afficers | | |
| | Director/officer Employee Independent contractor | | |
| | | | |
| 17 | Mandatory distributions: | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | Yes | L No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| | organization's own exempt activities during the tax year \$ | | |
| Pa | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P | art III, lines 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
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232083 10-27-22 Schedule G (Form 990) 2022

| Schedule 6 | G (Form 990) | IOWA | DONOR | NETWORK | | 42-1414092 | Page 4 |
|------------|-----------------------------------|----------|-------------|---------|------|------------|--------|
| Part IV | G (Form 990) Supplemental Inform | mation / | (continued) | | | | J |
| | | | continuca) | | | | |
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

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

Employer identification number

42-1414092 IOWA DONOR NETWORK **Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Written employment contract Compensation committee X Compensation survey or study X Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X **a** Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X **c** Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a X 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

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

Regulations section 53.4958-6(c)?

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2022

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

42-1414092

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W | /-2 and/or 1099-MISO compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) | |
|----------------------------|------|---------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|---------------------------------|---|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 | |
| (1) SUZANNE CONRAD | (i) | 311,174. | 39,541. | 0. | 18,156. | 22,376. | 391,247. | 0. | |
| CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (2) SARAH FEWELL | (i) | 285,381. | 0. | 0. | 15,571. | 8,881. | 309,833. | 0. | |
| CHIEF CLINICAL OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (3) KENT ALLISON | (i) | 197,005. | 0. | 0. | 11,554. | 16,478. | 225,037. | 0. | |
| CHIEF ADMIN OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (4) MEGHAN STEPHENSON | (i) | 187,602. | 0. | 0. | 8,615. | 16,486. | 212,703. | 0. | |
| DIRECTOR OF ORGAN PROCUREM | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (5) JULIE SCHNEIDER | (i) | 178,403. | 0. | 0. | 9,410. | 11,390. | 199,203. | 0. | |
| CHIEF DEVELOPMENT OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (6) VICTORIA STOKES | (i) | 163,678. | 0. | 0. | 10,138. | 24,195. | 198,011. | 0. | |
| MANAGER MAXIMIZE THE GIFT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (7) PRISCILLA SUMERLIN | (i) | 167,865. | 0. | 0. | 10,198. | 9,044. | 187,107. | 0. | |
| ORGAN RESOURCE SUPERVISOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (8) JENNIFER HOUTMAN | (i) | 170,168. | 0. | 0. | 10,135. | 1,996. | 182,299. | 0. | |
| CHIEF OPTIMIZATION OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
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| | (ii) | | | | | | | | |

| Schedule J (Form 990) 2022 | IOWA D | ONOR NETWORK | | | | | 42-1414092 | Page 3 |
|---------------------------------------|---------------|---------------------------------|---------------------------|-----------------------|--------------------------|--------------------|---------------------------------|--------|
| Part III Supplemental Information | | | | | | | | |
| Provide the information, explanation, | or descriptio | ns required for Part I, lines 1 | 1a, 1b, 3, 4a, 4b, 4c, 5a | a, 5b, 6a, 6b, 7, and | 8, and for Part II. Alse | o complete this pa | art for any additional informat | ion. |
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SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public Inspection

Employer identification number Name of the organization 42-1414092 IOWA DONOR NETWORK SEE PART VI FOR COLUMN CONTINUATIONS (F) Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (g) Defeased (h) On behalf (i) Pooled (e) Issue price of issuer financing Yes No Yes No Yes No FINANCE NEW 05/23/14 5,986,500. FACILITY IN ALTOO A COUNTY OF POLK, IOWA 42-6004519 NONE Х X Х D Proceeds C D 4,017,204. 1 Amount of bonds retired Amount of bonds legally defeased 5,986,500 Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds 6 Proceeds in refunding escrows Issuance costs from proceeds 8 Credit enhancement from proceeds **9** Working capital expenditures from proceeds 5,986,500. Capital expenditures from proceeds Other spent proceeds Other unspent proceeds 2015 13 Year of substantial completion No Yes Yes No Yes No Yes No 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Х if issued prior to 2018, a current refunding issue)? 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if Х issued prior to 2018, an advance refunding issue)? Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the

Х

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Schedule K (Form 990) 2022

final allocation of proceeds?

42-1414092

Page 2

| Par | t III Private Business Use | | | | | | | | |
|-----|---|-----|----------|-----|-----|----------|----------|-------------|-------------|
| | | | A | E | 3 | (| | |) |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, | Yes | No | Yes | No | Yes | No | Yes | No |
| | which owned property financed by tax-exempt bonds? | | X | | | | | | |
| 2 | Are there any lease arrangements that may result in private business use of | | | | | | | | |
| | bond-financed property? | | х | | | | | | |
| За | Are there any management or service contracts that may result in private | | | | | | | | |
| | business use of bond-financed property? | | x | | | | | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside | | | | | | | | |
| _ | counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| | Are there any research agreements that may result in private business use of | | | | | | | | |
| ŭ | hand financed average of O | | Х | | | | | | |
| | If "Yes" to line 3c, does the organization routinely engage bond counsel or other | | | | | | | | |
| u | outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| | | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities | | 07 | | 0.4 | | 07 | | 0/ |
| | other than a section 501(c)(3) organization or a state or local government | | % | | % | | % | | <u>%</u> |
| 5 | Enter the percentage of financed property used in a private business use as a | | | | | | | | |
| | result of unrelated trade or business activity carried on by your organization, | | | | | | | | |
| | another section 501(c)(3) organization, or a state or local government | | % | | % | | % | | % |
| _6_ | Total of lines 4 and 5 | | <u>%</u> | | % | | <u>%</u> | | <u>%</u> |
| _7_ | Does the bond issue meet the private security or payment test? | | Х | | | | | | |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a non- | | | | | | | | |
| | governmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or | | | | | | | | |
| | disposed of | | % | | % | | % | | <u>%</u> |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations | | | | | | | | |
| | sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that all | | | | | | | | |
| | nonqualified bonds of the issue are remediated in accordance with the | | | | | | | | |
| | requirements under Regulations sections 1.141-12 and 1.145-2? | х | | | | | | | |
| Par | t IV Arbitrage | | | | | | | | |
| | | A B | | 3 | (| <u> </u> | [|) | |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and | Yes | No | Yes | No | Yes | No | Yes | No |
| | Penalty in Lieu of Arbitrage Rebate? | | Х | | | | | | |
| 2 | If "No" to line 1, did the following apply? | | • | | | | • | | • |
| | Rebate not due yet? | | Х | | | | | | |
| | Exception to rebate? | Х | | | | | | | |
| | No rebate due? | | Х | | | | | | |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was | | • | | | | • | | • |
| | performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | Х | | | | | | |
| | 0.40.00.00 | | _ | | | | Coh | odulo K (Eo | m 000) 2023 |

| TOWN DONOR NEIWOR | IOWA | A DONOR | NETWORK |
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|-------------------|------|---------|---------|

42-1414092

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| П | raue | |

| Part I\ | Arbitrage (continued) | | | | | | | | |
|------------|---|-------------|--------------|----------|----|-----|----------|-----|----------|
| | | | 4 | E | 3 | |) | |) |
| 4a ⊦ | las the organization or the governmental issuer entered into a qualified | Yes | No | Yes | No | Yes | No | Yes | No |
| | edge with respect to the bond issue? | | X | | | | | | |
| | lame of provider | | | | | | | | |
| сТ | erm of hedge | | | | | | | | |
| | Vas the hedge superintegrated? | | | | | | | | |
| e V | Vas the hedge terminated? | | | | | | | | |
| 5a V | Vere gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | | | | | |
| b N | lame of provider | | | | | | | | |
| c T | erm of GIC | | | | | | | | |
| d V | Vas the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 V | Vere any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| 7 ⊢ | las the organization established written procedures to monitor the | | | | | | | | |
| re | equirements of section 148? | X | | | | | | | |
| Part V | Procedures To Undertake Corrective Action | | | _ | | | | | |
| | | | 4 | E | 3 | (| <u> </u> | | <u> </u> |
| | las the organization established written procedures to ensure that violations | Yes | No | Yes | No | Yes | No | Yes | No |
| | f federal tax requirements are timely identified and corrected through the | | | | | | | | |
| | oluntary closing agreement program if self-remediation isn't available under | | | | | | | | |
| | pplicable regulations? | | X | | | | | | |
| | Supplemental Information. Provide additional information for responses to questions | on Schedule | K. See instr | uctions. | | | | | |
| | DULE K, PART I, BOND ISSUES: | | | | | | | | |
| | ISSUER NAME: COUNTY OF POLK, IOWA | | | | | | | | |
| (F) | DESCRIPTION OF PURPOSE: FINANCE NEW FACILITY | IN ALTO | DONA, I | OWA | | | | | |
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Schedule K (Form 990) 2022

SCHEDULE L

Department of the Treasury

section 4958

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

(d) Corrected?

No

Yes

Open To Public Inspection

Name of the organization Employer identification number IOWA DONOR NETWORK 42-1414092 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (a) Name of disqualified person (c) Description of transaction person and organization

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | fron | an to or n the zation? | (e) Original principal amount | (f) Balance due | (g) defa |) In ault? | (h) Ap by bo comm | proved ard or iittee? | (i) W agreei | ritter ment |
|-------------------------------|---|---------------------|------|------------------------------|-------------------------------|-----------------|-------------|---------------|-------------------------|-----------------------------|-----------------|----------------|
| | | | То | From | | | Yes | No | Yes | No | Yes | N |
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Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

42-1414092 Page 2

IOWA DONOR NETWORK

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sha organiz | zation |
|--|---|---------------------------|--------------------------------|--------------------|----------|
| | Farancia and angumenta | | | reven | No No |
| CAS FEWELL | SON OF OFFICER | 114,103. | COMPENSATIO | | X |
| | | | | | |
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| TV Supplemental Information. Provide additional information for re | esponses to questions on Schedule L (see in | nstructions). | | | |
| | TRANSACTIONS INVOLVING | | D PERSONS: | | |
| NAME OF PERSON: LUCA | S FEWELL | | | | |
| DESCRIPTION OF TRANS | ACTION: COMPENSATION PA | AYMENTS AS | AN EMPLOYEE | FOR | |
| A DONOR NETWORK DURING | G 2022. | | | | |
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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

rm 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number 12 - 1111092

IOWA DONOR NETWORK 42-1414092 FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: CENTERS AND REHABILITATION FACILITIES, NURSING HOMES, HOSPICES, MEDICAL EXAMINER OFFICES AND EMS AGENCIES. IDN EVALUATES OVER 14,000 PATIENT DEATHS PER YEAR FOR THE POTENTIAL FOR ORGAN AND TISSUE DONATION. TO MAINTAIN THIS REFERRAL NETWORK AND PROVIDE ORGAN AND TISSUE DONATION IDN ENGAGES IN MANY INTERRELATED ACTIVITIES: ORGAN AND TISSUE SERVICES ORGAN DISTRIBUTION BOTH OF LOCALLY RECOVERED ORGANS AND THOSE RECOVERY, BROUGHT IN FROM OUT-OF-STATE DONORS, PUBLIC EDUCATION AND AWARENESS ACTIVITIES, HOSPITAL AND COMMUNITY DONOR REFERRAL DEVELOPMENT, DONOR FAMILY CARE AND FOLLOW-UP SERVICES. AN IDN ORGAN DONATION COORDINATOR MANAGES THE IDENTIFICATION EVALUATION AND MEDICAL MAINTENANCE OF ORGAN AND TISSUE DONORS. THIS INCLUDES, ASSISTING OR PERFORMING THE SURGICAL RECOVERY OF ORGANS AND

AN IDN ORGAN DONATION COORDINATOR MANAGES THE IDENTIFICATION,

EVALUATION AND MEDICAL MAINTENANCE OF ORGAN AND TISSUE DONORS. THIS

INCLUDES, ASSISTING OR PERFORMING THE SURGICAL RECOVERY OF ORGANS AND

TISSUES, AND COORDINATING THE PLACEMENT AND TRANSPORTATION OF RECOVERED

ORGANS. IDN ALSO WORKS WITH IOWA LIONS EYE BANK TO FACILITATE EYE

DONATION AND RECOVERY.

IDN, SUPPORTED BY THE STATE OF IOWA, WAS ONE OF THE FIRST DONATION

SERVICE AREAS IN THE UNITED STATES TO DEVELOP A DONOR REGISTRY AND

ENACT FIRST PERSON CONSENT LEGISLATION. THE REGISTRY, COMBINED WITH

LEGISLATION, ALLOWS IOWANS TO LEGALLY CONSENT TO ORGAN AND TISSUE

DONATION PRIOR TO DEATH. THIS PROCESS, MEMORIALIZING A DONOR'S

DECISION, ALLEVIATES THE STRESS ON SURVIVING FAMILY MEMBERS OF TRYING

TO MAKE THAT DETERMINATION AT A VERY DIFFICULT TIME, DURING THE LOSS OF

LOVED ONE.

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** 42-1414092 IOWA DONOR NETWORK IOWA DONOR NETWORK IS FULLY ACCREDITED BY THE ASSOCIATION OF ORGAN PROCUREMENT ORGANIZATIONS (AOPO). IN 2022, IOWA DONOR NETWORK PROVIDED LIFE-SAVING ORGANS TO WAITING RECIPIENTS FROM 128 DONORS. IN ADDITION, LIFE-SAVING AND LIFE-ENHANCING TISSUE WAS RECOVERED FROM 979 TISSUE DONORS. IDN'S COMMUNICATION CENTER RECEIVED MORE THAN 37,000 CALLS FROM IOWA HOSPITALS AND OTHER HEALTH CARE AND COMMUNITY AGENCIES REFERRING POTENTIAL ORGAN AND TISSUE DONORS. THIS 24-HOUR CALL CENTER PROVIDED DONOR FAMILIES WITH THE HIGHEST LEVEL OF CARE POSSIBLE. ANNUAL TRAINING WAS PROVIDED ON HOW TO CARE FOR FAMILIES DURING A CRISIS. THIS PROVIDED STAFF WITH VALUABLE TOOLS TO HELP SUPPORT GREIVING FAMILIES DURING THE DONATION PROCESS. IN ADDITION, IDN FOCUSED ON SELF-CARE FOR STAFF MEMBERS THROUGH TRAINING AND DEBRIEFINGS THROUGHOUT THE YEAR. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ASSISTANCE. IDN STAFF WORK WITH HOSPITALS AND ASSIGNED AGENCIES TO DEVELOP PROTOCOLS OR POLICIES AND PROCEDURES RELATED TO REFERRAL FOR ORGAN AND TISSUE DONATION. OTHER DUTIES INCLUDE: MEETING WITH HOSPITAL/ AGENCY LEADERSHIP AND PERSONNEL TO ENGAGE SUPPORT FOR ORGAN AND TISSUE DONATION, FOLLOW-UP AFTER EACH ORGAN REFERRAL AND FOLLOW-UP WITH STAFF AFTER EACH ORGAN OR TISSUE RECOVERY. IDN HAS A DEPARTMENT WITH TRAINED STAFF DEDICATED TO PROVIDING DONOR

FAMILY CARE SERVICES AT THE TIME OF CRISIS AND FOR A PERIOD OF UP TO $24\,$

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** 42-1414092 IOWA DONOR NETWORK MONTHS FOLLOWING DONATION IF SO DESIRED BY THE DONOR NEXT-OF-KIN. IOWA DONOR NETWORK PROVIDED GRIEF SUPPORT TO APPROXIMATELY OVER 900 IOWA FAMILIES WHO HAVE LOST A LOVED ONE AND MADE THE GENEROUS DECISION TO DONATE. IDN'S PUBLIC EDUCATION FOCUS IS TO INCREASE DONATION AWARENESS AND ACCEPTANCE. WITH DATA FROM THE IOWA DONOR REGISTRY, THIS EFFORT IS FOCUSED ON REGIONS OF THE STATE (COUNTIES) WITH LOWER-THAN-AVERAGE DONOR REGISTRATIONS. IDN CONDUCTED NUMEROUS PUBLIC EDUCATION PRESENTATIONS. ACTIVITIES AND PROMOTIONS ARE ORGANIZED AND CONDUCTED BY IDN'S OUTREACH STAFF, WITH THE HELP OF VOLUNTEERS AND CONTRACTED ADVERTISING AND PR AGENCIES. PUBLIC EDUCATION INCLUDES: PRESENTATIONS TO CIVIC GROUPS, WORK-PLACES, DRIVER'S EDUCATION AND SPECIAL EVENTS. IN 2022 IOWA HAD OVER 1.61 MILLION RESIDENTS SIGNED UP TO THE IOWA DONOR REGISTRY. THE REGISTRY CAPTURES THE AUTHORIZATION OF ANYONE IN THE STATE MAKING THE DECISION TO BE A DONOR. IDN PROVIDES RESOURCES TO VOLUNTEER ORGANIZATIONS AND SUPPORT GROUPS THROUGHOUT IOWA: THESE GROUPS ARE COMPOSED OF PEOPLE WAITING FOR TRANSPLANT, DONOR FAMILY MEMBERS, RECIPIENTS AND OTHER CONCERNED INDIVIDUALS. IDN IS ASSOCIATED WITH SEVERAL PROFESSIONAL ORGANIZATIONS AT THE NATIONAL LEVEL, INCLUDING THE NORTH AMERICAN TRANSPLANT COORDINATORS ORGANIZATION, THE ASSOCIATION OF ORGAN PROCUREMENT ORGANIZATIONS, THE AMERICAN SOCIETY FOR MULTICULTURAL HEALTH AND TRANSPLANT PROFESSIONALS, THE AMERICAN BOARD OF TRANSPLANT COORDINATION, THE AMERICAN ASSOCIATION OF TISSUE BANKS AND THE UNITED NETWORK FOR ORGAN SHARING. IN COOPERATION WITH THE GUIDELINES SET FORTH

BY THESE PROFESSIONAL ASSOCIATIONS AND GOVERNING BODIES, ALONG WITH THE

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 42-1414092 IOWA DONOR NETWORK TRANSPLANT CENTERS ACROSS THE COUNTRY, DONATED ORGANS ARE ALLOCATED EQUITABLY TO TRANSPLANT PATIENTS ACCORDING TO NATIONAL DISTRIBUTION POLICIES. SINCE 2012 IDN HAS BEEN ON A PERFORMANCE IMPROVEMENT JOURNEY THROUGH THE IOWA RECOGNITION FOR PERFORMANCE EXCELLENCE (IRPE) PROGRAM. USING THE BALDRIGE EXCELLENCE FRAMEWORK AS A TOOL, IDN IS ENGAGED IN A CONTINOUS REVIEW OF ORGANIZATIONAL SYSTEMS AND PROCESSES, THE IDENTIFICATION OF AREAS OF STRENGTH AND OPPORTUNIY, AND THE DETERMINATION OF WHAT AND HOW IDN SHOULD IMPROVE OR CHANGE. THIS PROCESS ENABLES IDN TO CONTINUOUSLY IDENTIFY WAYS TO PROVIDE THE HIGHEST QUALITY SERVICES POSSIBLE TO ACHIEVE ITS MISSION, VISION AND ORGANIZATIONAL PRIORITIES. FORM 990, PART VI, SECTION B, LINE 11B: THE IDN CHIEF EXECUTIVE OFFICER PROVIDES THE DRAFT FORM 990 TO THE BOARD OF DIRECTORS FOR DISCUSSION DURING ITS NEXT MEETING OR CONFERENCE CALL. MEMBERS OF THE THE BOARD OF DIRECTORS REVIEW ALL INFORMATION PROVIDED IN THE FORM 990 AND MAKE ANY RECOMMENDATIONS FOR CHANGES TO THE CHIEF EXECUTIVE OFFICER.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, OFFICER, KEY EMPLOYEE, BOARD COMMITTEE MEMBER, AND MEDICAL ADVISORY COMMITTEE MEMBER ANNUALLY SIGNS A STATEMENT, WHICH AFFIRMS SUCH PERSON:

- (A) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY.
- (B) HAS READ AND UNDERSTANDS THE POLICY
- (C) HAS AGREED TO COMPLY WITH THE POLICY, AND

Schedule O (Form 990) 2022 Page 2

Name of the organization

IOWA DONOR NETWORK

Employer identification number

42-1414092

(D) UNDERSTANDS THAT IDN IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL

TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR

MORE OF ITS TAX-EXEMPT PURPOSES.

DECLARATION OF CONFLICT ADDED TO ALL BOARD/COMMITTEE AGENDAS.

FORM 990, PART VI, SECTION B, LINE 15:

IDN USES AN EXTERNAL COMPANY THAT PROVIDES TWO SOURCES OF DATA INCLUDING COMPARABLE 990S OF LIKE-SIZE OPOS AND THEIR OWN DATABASE OF NON-PROFIT ORGANIZATIONS TO DETERMINE MARKET COMPENSATION. THE MARKET IS SURVEYED EVERY TWO YEARS FOR STAFF WAGES AND THREE YEARS FOR EXECUTIVES TO EVALUATE EXISTING WAGE AND SALARY RANGES TO MAINTAIN THE OVERALL INTEGRITY AND COMPETITIVENESS OF OUR MARKET BASED SYSTEM. ESTABLISHED WAGE AND SALARY RANGES ARE REVIEWED WITH ASSISTANCE FROM AN OUTSIDE COMPENSATION SPECIALIST. SALARY INCREASES ARE NOT GRANTED AUTOMATICALLY, BUT ONLY AS A RESULT OF DEMONSTRATED PERFORMANCE, DOCUMENTED BY A JOB-RELATED PERFORMANCE APPRAISAL. THE BOARD ANNUALLY APPROVES THE PERFORMANCE REVIEW OF THE CHIEF EXECUTIVE OFFICER AND ESTABLISHES COMPENSATION BASED ON RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE AND BOARD CHAIR. FOR OFFICERS OR KEY EMPLOYEES, THE BOARD APPROVES APPROPRIATE COMPENSATION AND BENEFIT POLICIES AND PRACTICES. DOCUMENTATION REGARDING THE COMPENSATION ARRANGEMENT IS MAINTAINED BY THE DIRECTOR OF BUSINESS SERVICES. PERIODIC REVIEWS ARE CONDUCTED AND AT A MINIMUM INCLUDE THE FOLLOWING SUBJECTS: (A) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, AND THE RESULT OF ARMS LENGTH BARGAINING, (B) WHETHER COMPENSATON ARRANGEMENTS AND ALL PAYMENTS FOR SERVICES CONFORM TO IDN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER IDN CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR

| Schedule O (Form 990) 2022 | Page 2 |
|--|---|
| Name of the organization IOWA DONOR NETWORK | Employer identification number 42-1414092 |
| IN AN EXCESS BENEFIT TRANSACTION. | |
| FORM 000 PART UT GROWTON G I TAND 10 | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINAN | ICIAL STATEMENTS |
| ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. | |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| CHANGE IN INTEREST IN NET ASSETS OF ALLOSOURCE | -749,297. |
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