Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A I</u>	or u	ne 2020 calendar year, or tax year beginning all	na enaing	_	
В	Check i applica	if lble: C Name of organization		D Employer identifie	cation number
	Addı				
	Nam char	nge Doing business as		42-14140	92
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	☐Fina retur	550 MADISON AVENUE		319-665-	3787
	term ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	32,782,496.
		ended NODMU TIDEDMY IN 52217		H(a) Is this a group re	
F	aaA	lica-		for subordinates	
	tion pend	SAME AS C ABOVE			—
_	-		4)	H(b) Are all subordinates in	
			1) or 527	∃ ′	list. See instructions
		site: WWW.IOWADONORNETWORK.ORG		H(c) Group exemptio	
		of organization: X Corporation	L Year	of formation: 1993 N	M State of legal domicile: IA
Pa	art I				
ø	1	Briefly describe the organization's mission or most significant activities: ${\color{red} {\bf TO}}$	SAVE AN	ID ENHANCE L	IVES
ĕ		THROUGH ORGAN AND TISSUE DONATION.			
r	2	Check this box if the organization discontinued its operations or disp	osed of more	than 25% of its net ass	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	18
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
დ	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			176
Ė	6	Total number of volunteers (estimate if necessary)			50
Activities & Governance	7.			7a	0.
Ą	' ;	b Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	 	b Net unrelated business taxable income from Form 990-1, Fart 1, line 11			
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Prior Year	Current Year 415, 224.
ě	8	Contributions and grants (Part VIII, line 1h)		410,093.	
Revenue	9	Program service revenue (Part VIII, line 2g)		26,875,292.	29,127,761.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		152,238.	337,513.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		60,009.	51,553.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		27,497,632.	29,932,051.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
'n	15			11,778,628.	13,220,458.
Expenses	16	a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Sen C	"	b Total fundraising expenses (Part IX, column (D), line 25)	066.		
Ä	17			12,532,059.	13,030,591.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		24,310,687.	26,251,049.
				3,186,945.	3,681,002.
	19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or	3		B.	eginning of Current Year	End of Year
SSel	20	Total assets (Part X, line 16)		32,015,474.	38,187,563.
T A	21	Total liabilities (Part X, line 26)		7,710,862.	10,090,083.
	22			24,304,612.	28,097,480.
	art II				
Und	ler per	nalties of perjury, I declare that I have examined this return, including accompanying schedu	ules and statem	ents, and to the best of my	knowledge and belief, it is
true	, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of	which prepare	has any knowledge.	
Sig	n	Signature of officer		Date	
Her		SUZANNE CONRAD, CHIEF EXECUTIVE OFFICE	CER		
	•	Type or print name and title			
_				Date Check	PTIN
Dair	4	Print/Type preparer's name BRIAN ARONSON, CPA Preparer's signature BRIAN ARONSON,		\= (0= (04 i	
Paid			CPA (
	parer	Firm's name BERGANKDV, LTD.		Firm's EIN ▶	41-1431613
Use	Only				0 004 6005
		WATERLOO, IA 50704-2100		Phone no. 31	9-234-6885
May	y the	IRS discuss this return with the preparer shown above? See instructions			X Yes No

Form 990 ((2020) IOWA	DONOR	NETWORK	42-1414092	Page 2
Part 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?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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 \$20 , 580 , 827including grants of \$) (Revenue \$29 , 127 , 761
	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 2020, ORGAN RECOVERY SERVICES GENERATED
	\$20,670,230 IN REVENUES WHILE TISSUE RECOVERY SERVICES CONTRIBUTED
	\$8,457,531 TOWARD REVENUES. THROUGH REFERRAL CALLS FROM MORE THAN 125
	IOWA HOSPITALS, HEALTH CENTERS AND REHABILITATION FACILITIES, MEDICAL
	EXAMINER OFFICES AND EMS AGENCIES, IDN EVALUATES OVER 12,000 PATIENT
4b	(Code:) (Expenses \$2, 490, 751. including grants of \$) (Revenue \$)
	HOSPITAL DEVELOPMENT, PUBLIC EDUCATION, AND DONOR FAMILY SERVICES:
	TON TO CONSTRUED TO MEDITIO ALL MOODINALO, EDUCATIONAL AND CONDITANCE
	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. IN 2020, IN RESPONSE TO THE
	PANDEMIC, NEARLY ALL OF THESE SERVICES WERE PROVIDED REMOTELY, MEETING
	HOSPITAL PATIENT SAFETY NEEDS. EVERY HOSPITAL, MEDICAL EXAMINER'S
	OFFICE, DMV OFFICE, AND EMS PROGRAM IN IOWA HAS AN ASSIGNED IDN
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 23,071,578.
	000

42-1414092

Page 3

Form 990 (2020) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		_X_
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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	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?			37
	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		77	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441.		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44-		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444	Х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	- 21	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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		Х
	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Part 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	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 of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
	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 defease			
	any tax-exempt bonds?	24c		_X_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
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%			37
	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 employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			х
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see 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-		х
	"Yes," complete Schedule L, Part IV	28a	Х	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Λ	
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		Х
20	"Yes," complete Schedule L, Part IV	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		21
30		30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	٠.		
52	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai		_		
	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 176 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7<u>d</u> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 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 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 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. a 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. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

Page 6

Form 990 (2020) IOWA DONOR NETWORK 42-1414092 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to line 2 through 7b below t to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint 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, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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 reached at the			
	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 Revenue Code.)			
	(This social 2 logistic mismatch as sat policies to require by the mismatch as social)		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 chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
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 approval by independent			
	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 in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	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 filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble
. =	for public inspection. Indicate how you made these available. Check all that apply.	,/		-
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.		ui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	HEIDI HOLLENBECK - 319-665-3787			
	550 MADISON AVENUE, NORTH LIBERTY, IA 52317			

Page 7

Form 990 (2020)

42-1414092

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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.

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

See instructions for the order in which to list the persons above.

(A)	(B)	T	IIIZa		C)	ipei	isaid	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than d	one	Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	يه			ted		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	truste		99	npens		(W-2/1099-MISC)		organization and related
	below	Individual trustee or director	Institutional trustee	_	Key employee	st con	e.			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) SUZANNE CONRAD	40.00	1							_	
CEO	1000			Х				344,623.	0.	56,217.
(2) SARAH FEWELL	40.00	4						0.6.6.000		02 005
(2) WENT ALL EQUI	40.00				Х			266,228.	0.	23,285.
(3) KENT ALLISON	40.00	1						167 451	_	22 120
CHIEF ADMIN OFFICER (4) MEGHAN STEPHENSON	40.00			Х				167,451.	0.	33,130.
DIRECTOR OF ORGAN PROCUREMENT	40.00	1				Х		145,694.	0.	30,655.
(5) LINDSEY JONES	40.00							143,034.	0.	30,033.
DIRECTOR OF BUSINESS SERVI	40.00	1				x		137,649.	0.	16,047.
(6) JULIE SCHNEIDER	40.00							,	-	,
DIRECTOR OF OUTREACH SERVICES						Х		131,863.	0.	13,718.
(7) EVE MENZEL	40.00									
DIRECTOR OF QUALITY SYSTEMS						X		129,326.	0.	37,777.
(8) JEN HOUTMAN	40.00	1								
DIRECTOR OF CONTINUOUS IMPROVEMENT						Х		127,585.	0.	14,568.
(9) TARA MCENANY	2.00	ļ								•
DIRECTOR	2 00	Х						0.	0.	0.
(10) ROBIN THOMPSON	2.00	х						0.	0.	0
(11) ERIC BRIESEMEISTER	2.00	Α.	-					0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(12) TROY DEJOODE	2.00	25						•	•	<u>.</u>
DIRECTOR		х						0.	0.	0.
(13) THOMAS DEPRENGER	2.00								-	-
DIRECTOR		Х						0.	0.	0.
(14) FATHER MARTY GOETZ	2.00									_
DIRECTOR		Х						0.	0.	0.
(15) TAMMI ERB	2.00]							_	_
DIRECTOR		Х						0.	0.	0.
(16) STEPHEN DONAHOE	2.00	ļ								•
DIRECTOR (4.7.) PROVIDENCE AND ADDRESS OF THE PROVIDENCE AND ADDRE	2 00	Х						0.	0.	0.
(17) BECKY ANTHONY	2.00	х						0.	0.	0.
DIRECTOR	1	Λ						1 0.	U •	0.

101111330 (2020)	010 101110		•							<u> </u>		<u> </u>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghe	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable	Es	stimate	∍d
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	an	nount (of
	week	-	cer ar	nd a d	irecto	or/trus	tee)	from	from related		other	
	(list any	ector						the	organizations		pensa	
	hours for related	or di	96			ated		organization	(W-2/1099-MISC)	1	rom the	
	organizations	ustee	trust		e e	Suedi		(W-2/1099-MISC)			janizati d relate	
	below	ual tr	tional		ploye	t col				1	anizatio	
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			l	ai iiZuti	5110
(18) NANCY RICHARDSON	2.00	T -	-		×	1 0						
DIRECTOR		Х						0.	0.			0.
(19) OLIVIA THOMPSON	2.00											
DIRECTOR		Х						0.	0.			0.
(20) KALPAJ PAREKH	0.50	1										
DIRECTOR		Х						0.	0.	Ļ		0.
(21) DALE MEYER	0.50	1							_			
DIRECTOR		Х				_		0.	0.	<u> </u>		0.
(22) DENNIS KLEIN, MD	0.50	ļ										_
DIRECTOR	0.00	Х				-		0.	0.	├──		0.
(23) CHRISTIE THOMAS, MD	2.00	٠,,		,,								^
CHAIR (OA) TANDA WENNESS	2 00	Х		Х		-		0.	0.	-		0.
(24) LAURA WENMAN	2.00	х		х				0.	0.			0.
VICE CHAIR (25) KIM BURDAKIN	2.00	^		^		+		0.	0.	├─		<u> </u>
SECRETARY	2.00	х		х				0.	0.			0.
(26) MICHAEL HENSCH	2.00	^		^				0.	0.			<u> </u>
TREASURER	2.00	\mathbf{x}		Х				0.	0.			0.
		-					▶	1,450,419.	0.	22	5,39	
1b Subtotal c Total from continuation sheets to Part V								0.	0.		<u>,,,,,</u>	0.
d Total (add lines 1b and 1c)								1,450,419.	0.	22	5,39	
Total number of individuals (including but r							o re		_		-,	
compensation from the organization				.		,		, , , , , , , , , , , , , , , , , , ,	,000 01 1000 10010			20
											Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s	such individual									3		X
4 For any individual listed on line 1a, is the si												
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J fo	or such individual		4	Х	
5 Did any person listed on line 1a receive or	accrue comper	nsati	on fi	om	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	ıch į	oers	on				5		X
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)	(B)	(C)
Name and business address	Description of services	Compensation
MIDWEST TRANSPLANT NETWORK		
PO BOX 843313, KANSAS CITY, MO 64184-3313	ORGAN PROCUREMENT	1,533,363.
MID-AMERICA TRANSPLANT, 1110 HIGHLIANDS		
PLAZA DRIVE E #100, ST LOUIS, MO 63110	ORGAN PROCUREMENT	805,000.
DONOR ALLIANCE, 200 SPRUCE STREET SUITE		
200, DENVER, CO 80230	ORGAN PROCUREMENT	798,000.
UNIVERSITY OF IOWA, 2100 UNIVERSITY,	HOSPITAL RECOVERY	
CAPITOL CENTRE, IOWA CITY, IA 52242-5500	SERVICES	779,650.
GRAHAM CONSTRUCTION COMPANY	CONSTRUCTION	
56 16TH AVE SW, CEDAR RAPIDS, IA 52404	SERVICES	582,938.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 18		
		- 000

		Check if Schedule O	ontair	ns a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns		1a					
au au									
ΩĔ		Fundraising events			38,609.				
ifts		Related organizations			·				
nis G		Government grants (contr			90,526.				
Sir		All other contributions, gifts,			·				
e E	•	similar amounts not included			286,089.				
풀	g				•				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f				415,224.			
					Business Code	,			
o l	2 a	ORGAN & TISSUE PROCU	JREME	NT	900099	28,405,761.	28,405,761.		
ķ	ے م h	CALL CENTER REVENUE		_	900099	722,000.	722,000.		
Ser	c	-				, -	, -		
E S	d			•					
gra Re	۰ و								
Program Service Revenue	f	All other program service	reveni	10					
		Total. Add lines 2a-2f				29,127,761.			
	3	Investment income (include				, , .			
	•	other similar amounts)				290,588.			290,588.
	4	Income from investment of				, -			, -
	5	Royalties							
	Ū	rioyanico		(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	c	Rental income or (loss)	6c						
	q	Net rental income or (loss)							
		Gross amount from sales of	ГΪ	(i) Securities	(ii) Other				
	, u	assets other than inventory	7a	2,838,260.	41,424.				
	h	Less: cost or other basis		, , .	,				
<u>o</u>	-	and sales expenses	7b	2,770,270.	62,489.				
Revenue	c	Gain or (loss)	7c	67,990.					
ě		Net gain or (loss)				46,925.			46,925.
ther F		Gross income from fundraising				,			,
Đ.	0 4	including \$							
		contributions reported on							
		Part IV, line 18		<i>'</i>	16,975.				
	b	Less: direct expenses			· ·				
		Net income or (loss) from				-711.			-711.
		Gross income from gamin							
	- 4	Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory, I	-	_					
	u	and allowances							
	h	Less: cost of goods sold							
		Net income or (loss) from			<u> </u>				
\neg		o. ()			Business Code				
Snc	11 a	MISCELLANEOUS REVENU	JΕ		900099	52,264.	52,264.		
Miscellaneous Revenue	b								
ella	С								
<u>iš</u> c	d	All other revenue							
2		Total. Add lines 11a-11d			>	52,264.			
	12	Total revenue. See instruction				29,932,051.	29,180,025.	0.	336,802.

Part IX | Statement of Functional Expenses

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 (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 866,394. 264,956. 601,438. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 118,430. Other salaries and wages 9,643,845. 8,557,854. 967,561. 7 Pension plan accruals and contributions (include 913,425. 771,934. 131,102. 10,389. section 401(k) and 403(b) employer contributions) 73,728. 935,129. 11,745. 849,656. Other employee benefits 9 861,665. 728,192. 123,673. 9,800. 10 Payroll taxes 11 Fees for services (nonemployees): Management 6,438. 6,438. Legal 30,925. 30,925. Accounting 36,000. 36,000. Lobbying Professional fundraising services. See Part IV, line 17 11,529. 11,529. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,300,909. 931,200. 356,484. 13,225. column (A) amount, list line 11g expenses on Sch O.) 46,392. 46,392. Advertising and promotion 12 291,922. 268,837. 16,721. 6,364. 13 Office expenses 216,836. 127,933. 88,903. 14 Information technology Royalties 15 569,189. 178,185. 387,825. 3,179. 16 Occupancy 153,013. 94,353. 52,140. 6,520. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 87,223. 63,981. 23,125. 117. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 93,573. 310,423. 215,543. 1,307. Depreciation, depletion, and amortization 22 139,444. 124,239. 14,648. 557. 23 Other expenses. Itemize expenses not covered 24 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 O.) 9,241,934. 9,241,934. DIRECT RECOVERY COSTS INDIRECT PROCUREMENT CO 242,096. 242,096. 65,412. SPECIAL PROJECTS 64,634. 778. 63,693. 63,693. d CONTINUOUS IMPROVEMENT $217,2\overline{13}$ 90,019. 126,539. 655. e All other expenses 26,251,049. 23,071,578. 2,996,405. 183,066. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2020)
Part X Balance Sheet

Par	נא	Balance Sheet					
		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			157.	1	104.
	2	Savings and temporary cash investments	9,030,191.	2	9,657,091.		
	3	Pledges and grants receivable, net	40,846.	3	50,905.		
	4	Accounts receivable, net	5,695,626.	4	8,687,117.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
ıχ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges	209,480.	9	145,941.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,148,670.			
	b	Less: accumulated depreciation		2,357,440.	7,484,695.	10c	7,791,230.
	11	Investments - publicly traded securities			1,119,705.	11	3,707,398.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	8,434,774.	15	8,147,777.		
	16	Total assets. Add lines 1 through 15 (must equa			32,015,474.	16	38,187,563.
	17	Accounts payable and accrued expenses		2,806,615.	17	3,283,389.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
တ္က	22	Loans and other payables to any current or form	er office	er, director,			
iii		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e perso	ons		22	
=	23	Secured mortgages and notes payable to unrelate	ted thir	d parties	4,904,247.	23	4,627,194.
	24	Unsecured notes and loans payable to unrelated	third p	parties		24	2,179,500.
	25	Other liabilities (including federal income tax, pay	/ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	12 22 22
	26				7,710,862.	26	10,090,083.
		Organizations that follow FASB ASC 958, check	ck here	• ► X			
Se		and complete lines 27, 28, 32, and 33.			04 440 505		25 25 422
lan	27				24,140,597.	27	27,879,109.
B	28	Net assets with donor restrictions			164,015.	28	218,371.
S		Organizations that do not follow FASB ASC 95	58, che	ck here 🕨 📖			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or eq		Г		30	
ţ	31	Retained earnings, endowment, accumulated inc			04 204 642	31	00 005 400
욷	32	Total net assets or fund balances			24,304,612.	32	28,097,480.
\Box	33	Total liabilities and net assets/fund balances			32,015,474.	33	38,187,563.

Form **990** (2020)

Form	990 (2020) IOWA DONOR NETWORK	42-	14140	92	Pag	ge 12
Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,	<u> 251</u>	., O	<u>49.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				02.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,			
5	Net unrealized gains (losses) on investments	5		<u>402</u>	2,28	<u>87.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	_	<u> 290</u>	, 4:	21.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	28,	<u>097</u>	, 48	80.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		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 in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	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?			2b	X	
	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?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	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 Sin	gle Aud	it			
	Act and OMB Circular A-133?		L	3а		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm !	990	(2020)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

IOWA DONOR NETWORK

Employer identification number 42-1414092

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1
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 or 990-EZ).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). 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)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) 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 university: 2 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). 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 sectio
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) 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 III.) 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 university: 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). 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 in lines 12a through 12d that describes the type of supporting organization
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: 5
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.) 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.) 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 university: 10 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). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type II. 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
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.) 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 university: 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). 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 in 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 organizations) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV,
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.) 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)(iv). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university: 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). 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 in lines 12a through 12d that describes the type of supporting organization and promise incomplete 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 on supporting organization and complete lines 12e, 12f, and 12g. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
section 170(b)(1)(A)(iv). (Complete Part II.) 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 university: 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). 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 in 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
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 III.) 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 university: 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). 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 in 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
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 university: 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 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 in 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 organizations) 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
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 university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organizated 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a 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. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
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 university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 1 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. 1 Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
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 university: 10 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 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 1 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. 5 Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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). 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 in 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
 university: 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). 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 in 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
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). 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 in 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
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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a 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. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
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). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a 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. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in 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
An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a 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. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a 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. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a 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. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a 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. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
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
 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
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
organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
control of management of the supporting organization vested in the same persons that control of 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.
d 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.
e 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.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other
(described on lines 1-10 (described on lines 1-10)
above (see instructions)) Yes No Support (see instructions) support (see instructions)
Total

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

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

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	ı					
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)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1					
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	1					
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						>
Sec	tion C. Computation of Public	c Support Per	centage			т т	
	Public support percentage for 2020 (li		•	* * * * * * * * * * * * * * * * * * * *		14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the o	-			14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. 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						
b							
4	and stop here. The organization quali						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the facts				•	vi now the organiz	ation
	meets the facts-and-circumstances tes	-	•		-	170 and the 451 :	P L
b	10% -facts-and-circumstances test	_					10% Or
	more, and if the organization meets the				-		▶ □
40	organization meets the facts-and-circu		-		•		
ıĸ	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 100, 1/a, 0r 1/k	o, cneck this box a	nu see instructions	······· P

Schedule A (Form 990 or 990-EZ) 2020 IOWA DONOR NETWORK 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		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	523,426.	508,414.	1151020.	410,093.	415,224.	3008177.
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	18290448.	18370373.	23030887.	26875292.	29127761.	115694761
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness 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		18813874.	18878787.	24181907.	27285385.	29542985.	118702938
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons	4785276.	4128670.	5263969.	5168851.	5456205.	24802971.
b	Amounts included on lines 2 and 3 received	1,002,00	11100701	32003031	32000321	31332331	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
_	Add lines 7a and 7b	4785276.	4128670.	5263969.	5168851.	5456205.	24802971.
	Public support. (Subtract line 7c from line 6.)	47032701	41200700	3203303.	3100031.		93899967.
	etion B. Total Support						p3033307•
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
		18813874.		24181907	27285385	29542985.	118702938
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	8,187.	11,076.	52 833.	134,144.	290 588.	496 828.
h	Unrelated business taxable income	0,107.	11,070.	32,033.	134,144.	250,5001	450,020.
L.	(less section 511 taxes) from businesses						
	annihing of the line of 1075						
_		8,187.	11,076.	52 833	134,144.	290,588.	496,828.
	Add lines 10a and 10b Net income from unrelated business	0,107.	11,070.	32,033.	134,144.	250,500.	450,020.
••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital	38 440	2/1 12/	224 740	90,392.	69,239.	673,944.
40	assets (Explain in Part VI.)	18860501.					
					•		•
14	First 5 years. If the Form 990 is for the	· ·		•	•		·
800	check this box and stop here ction C. Computation of Publi						<u> </u>
	•			. (2)		T T	70 22
15	Public support percentage for 2020 (I					15	78.33 %
16	Public support percentage from 2019					16	76.10 %
	ction D. Computation of Inves					<u> </u>	4.1
17	Investment income percentage for 20					17	.41 %
18	Investment income percentage from					18	.20 %
19a	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2019. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a l	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 in line 12 on 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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.)

	Yes	No
1		
•		
2		
За		
3b		
3с		
0.0		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b n 990 or 99	N E7	2020
1 220 OL 28	,∪- ⊏ ∠)	ZUZU

Pai	rt IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
		elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in line 11a above?	11b		
		6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	now providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	ason of the relationship described in line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
800	suppo tion F	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a b		The organization satisfied the Activities Test. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	tatia	اء	
2		ties Test. Answer lines 2a and 2b below.	truction	Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
u		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organization(s) to which the organization was responsive. If Tes, then if I are this definity			
		he organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
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):			
a	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-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

	rdule A (Form 990 or 990-EZ) 2020 IOWA DONOR NE	TWORK	nizations (continu		2-1414092 Page 7
	ion D - Distributions	(u)(o) cupper ting Grad	inizations _{(continu}	<u>ea)</u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	emnt nurnoses		1	Ourient real
	Amounts paid to supported organizations to accomplish exemples and to perform activity that directly furthers exemple to the supported organizations to accomplish exemples to accompli			$\overline{}$	
_	organizations, in excess of income from activity	or purposed or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	2	3	
4	Amounts paid to acquire exempt-use assets	4			
 -	Qualified set-aside amounts (prior IRS approval required - pr	rovido dotoilo in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.	Ovide details in Fait VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
Ü	(provide details in Part VI). See instructions.	ne organization is responsive		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10	Line o amount divided by line 3 amount	(i)	(ii)	-10	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution: Pre-2020	s	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
—— а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
a	EAGGGG HOITI EUTO				

Schedule A (Form 990 or 990-EZ) 2020

b Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

42-141<u>4092 Page 8</u>

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. (See instructions.)

SCHEDULE A, PART	III, LINE 12, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS RE	VENUE
2016 AMOUNT: \$	38,440.
2017 AMOUNT: \$	45,074.
2018 AMOUNT: \$	206,210.
2019 AMOUNT: \$	52,371.
2020 AMOUNT: \$	52,264.
ORS SETTLEMENT	
2017 AMOUNT: \$	125,000.
INSURANCE PROCEE	DS
2017 AMOUNT: \$	71,050.
FUNDRAISING INCO	ME
2018 AMOUNT: \$	28,539.
2019 AMOUNT: \$	38,021.
2020 AMOUNT: \$	16,975.
SCHEDULE A, LIST	OF UNUSUAL GRANTS RECEIVED:
DESCRIPTION: CON	TRIBUTION
DATE: 06/17/16	AMOUNT: 348250.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

10WA DONOR NETWORK

42-1414092

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-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: Or	Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule					
X	X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 2

Name of organization

Employer identification number

IOWA DONOR NETWORK

42-1414092

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person **Payroll** 83,910. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person X **Payroll** 5,200. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Х Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Х 6 Person **Payroll** 7,660. Noncash (Complete Part II for noncash contributions.)

Page 2

Name of organization Employer identification number

IOWA DONOR NETWORK 42-1414092

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

Name of organization

Employer identification number

1OWA DONOR NETWORK

42-1414092

Partii	Noticasti 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
(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

III E	NOR NETWORK		- 11 - FOAL VIEW (c) (42-1414092
f	Exclusively religious, charitable, etc., contribut rom any one contributor. Complete columns (a) through (e) and the following line ent	try. For organizations	
c	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. onc	ce.) > \$
ι	Use duplicate copies of Part III if additional	space is needed.		
•	(b) Purpose of gift	(a) Has of sift	(d) Door	winting of how wift in hold
	(b) Purpose of gift	(c) Use of gift	(a) Desc	cription of how gift is held
_				
-				
		(e) Transfer of gift	+	
		(e) Trailerer er gill	•	
	Transferee's name, address, a	nd 7I P ± 4	Relationship of tra	nsferor to transferee
	Transfered 5 hame, address, a		riciationomp or tra	noteror to transfer co
-				
-				
-				
		I		
•	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-				
- _				
_				
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
_				
•	(1) D	() 11 () 15	(1) 5	
	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-				
		(e) Transfer of gift	+	
		(e) trailerer et gill	•	
	Transferee's name, address, a	nd 7I P ± 4	Relationship of tra	nsferor to transferee
	Transferos o name, adareces, a		Troid a original or a d	
-				
-				
-				
		T T		
•	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
- 1				
	_		— I —	
-				
_ _		İ		
- - -				
. - _		(e) Transfer of gift	t	
			t	
	Transferee's name, address, a			nsferor to transferee
-	Transferee's name, address, a			nsferor to transferee
-	Transferee's name, address, a			nsferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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	lions: Complete Part III.			
Nam	ne of organization			En	nployer identification number
_		NOR NETWORK	504()		42-1414092
Pa	rt I-A Complete if the org	anization is exempt und	er section 501(c) (or is a section 527 of	organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities		>	* \$
Pa	rt I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization unc	der section 4955	>	\$
	Enter the amount of any excise tax				
	If the organization incurred a section				
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				(-)(O)
		anization is exempt und		-	
	Enter the amount directly expended				\$
2	Enter the amount of the filing organ		•		•
•	exempt function activities				\$
3	Total exempt function expenditures		•		- ¢
4	line 17b				
5	Enter the names, addresses and em				
Ū	made payments. For each organizat				
	contributions received that were pro				•
	political action committee (PAC). If	additional space is needed, prov	ride information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-6	contributions received and

No

reporting section 4911 tax for this year?

42-1414092 Page 2

Scriedule C (r	om 990 of 990-E2) 2020 IOWA DONOR NEIWORK	42-1414032	rage
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed For	m 5768 (election und	er
	section 501(h)).		

A Check	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
	expenses, and share of excess lobbying expenditures).

B Check ▶ if the filing organization checked box A and "limited control" provisions apply.

	Limits on Lobb (The term "expenditures" m	(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence publ	ic opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a leg	islative body (direct lobbying)		
С	Total lobbying expenditures (add lines 1a and	l 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines	s 1c and 1d)		
f	Lobbying nontaxable amount. Enter the amount	unt from the following table in both columns.		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of	line 1f)		
h	Subtract line 1g from line 1a. If zero or less, e	nter -0-		
i	Subtract line 1f from line 1c. If zero or less, en	nter -0-		
j	If there is an amount other than zero on either	r line 1h or line 1i, did the organization file Form 4720		

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	1)	(b)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? \dots		X		
С	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
f	7 01 1		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X	X	2.6	. 000
	Other activities?	Λ			,000.
J	Total. Add lines 1c through 1i		Х	30	,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Λ		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(o), or sec	tion	
	501(c)(6).		-,,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(o), or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year				
С	Total				
3			_		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
Par					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 aı	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
TDN	I DEMYLING Y LUDGALING ELDM WU DENI MILMR I EGIGIYMING .	recitee	ם דיד א תיי	<u> </u>	
דחד	N RETAINS A LOBBYING FIRM TO DEAL WITH LEGISLATIVE I	- COUED	кепят.	טו עני	
OB C	AN AND TISSUE DONATION.				
01/0	THE TIDDOL DOMNITOR.				

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 Open to Public Inspection

Name of the organization

IOWA DONOR NETWORK

Employer identification number 42-1414092

Par	t I Organizations Maintaining Donor Advised	Funds or Other S	Similar Funds or <i>F</i>	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advis	ed 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 w	-		
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that g	rant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose confe	erring
Da	impermissible private benefit?			
Pai				V, line 7.
1	Purpose(s) of conservation easements held by the organization	_	_	
	Preservation of land for public use (for example, recreati	ion or education)	_	storically important land area
	Protection of natural habitat		Preservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
а				
b				
С	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired af	•		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the orga	nization during the tax
_	year ▶			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period		ction, handling of	
	violations, and enforcement of the conservation easements it I			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	and enforcing conservat	tion easements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ling of violations, and e	nforcing conservation e	easements during the year
_	> \$			-) (0)
8	Does each conservation easement reported on line 2(d) above	•		
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	s financiai statements t	nat describes the
Par	organization's accounting for conservation easements. TIII Organizations Maintaining Collections of	Art. Historical Tre	easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	•	, de di e	
1a	If the organization elected, as permitted under FASB ASC 958		venue statement and h	alance sheet works
	of art, historical treasures, or other similar assets held for publ	•		
	service, provide in Part XIII the text of the footnote to its finance	,		arise of public
b	If the organization elected, as permitted under FASB ASC 958			ce sheet works of
-	art, historical treasures, or other similar assets held for public	· ·		
	provide the following amounts relating to these items:	caribition, caddation, c	or research in fartheran	oc of public scrotoc,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				k 4
2	If the organization received or held works of art, historical trea			
_	the following amounts required to be reported under FASB AS		-	,, p. 5
а	Revenue included on Form 990, Part VIII, line 1	-		• \$
	Assets included in Form 990, Part X			

	dule D (Form 990) 2020 IOWA DONO						42-14			age 2
Pai	rt III Organizations Maintaining Coll	ections of Art,	Historical Tre	asures, o	r Other	Similar	Asset	s (conti	nued)	
3	Using the organization's acquisition, accession,	and other records,	check any of the f	ollowing that	t make si	gnificant ι	ise of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc							
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's collect	tions and explain h	now they further th	e organizatio	on's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or re-	ceive donations of	art, historical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be mainta							Yes		No
Pai	t IV Escrow and Custodial Arranger	ments. Complete	e if the organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Part X,	line 21.								
1a	Is the organization an agent, trustee, custodian of	or other intermedia	ry for contributions	s or other ass	sets not i	ncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII and									
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Form							Yes		No
	If "Yes," explain the arrangement in Part XIII. Che		•			,				
	t V Endowment Funds. Complete if the					0.				
		a) Current year	(b) Prior year	(c) Two yea		(d) Three y	ears back	(e) Fou	r vears	back
1a	Beginning of year balance	32,141.	17,814.		0,240.					
b	Contributions	1,000.	10,000.		8,750.		10,000.			
c	Net investment earnings, gains, and losses	4,833.	4,327.	-:	1,176.		240.			
d	Grants or scholarships	,	,		,					
e	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g	End of year balance	37,974.	32,141.	1	7,814.		10,240.			
2	Provide the estimated percentage of the current	· · ·	•		, -		, -	1		
a	Board designated or quasi-endowment		%	j ricia as.						
b	Permanent endowment 100	%	.70							
C	Term endowment > %									
·	The percentages on lines 2a, 2b, and 2c should	egual 100%								
32	Are there endowment funds not in the possessic		on that are held ar	nd administa	red for th	e organiza	tion			
Oa	by:	or or the organization	on that are neld ar	ia aarriiriistoi	ica ioi tii	c organize	ttiori		Yes	No
								3a(i)	X	140
								3a(ii)	- 21	х
h	(ii) Related organizations	no lietod oo roquiro	d on Cohodulo D2							
4	Describe in Part XIII the intended uses of the org									
	t VI Land, Buildings, and Equipmen		ment iunus.							
			Dart IV line 11a S	00 Form 000	Dort V	lino 10				
	Complete if the organization answered "Y							(al) Da a	باجييا	
	Description of property	(a) Cost or oth basis (investme		or other (other)		ccumulate preciation	eu	(d) Boo	k valu	ie
	Lond	טמטוט (ווועפטנווופ		` ,	ue	JI GOIALIUI I		0.2	Q O	1 /
_	Land			$\frac{8,814.}{1,700}$	1 6	10 10	20			$\frac{14.}{12}$
b	Buildings			$\frac{1,700.}{7,234}$		519,18		6,24		
C	Leasehold improvements			$\frac{7,234}{0,922}$	-	85,62				$\frac{12.}{9.2}$
d	Equipment		1,33	0,922.	<u> </u>	752,63	• •	5/	υ, Δ	92.
е	Other	1	<u> </u>		l					

Schedule D (Form 990) 2020

7,791,230.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII	Investments - Other Securities.			
(a) Dagaria	Complete if the organization answered "Yes"			afa
	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value
	al derivatives			
(2) Closely (3) Other	held equity interests			
(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"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u> (8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1) II	TEREST IN NET ASSETS OF	ALLOSOURCE		8,121,760.
(2) BE	ENEFICIAL INTEREST IN COM	MUNITY FO		26,017.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				0 1/7 777
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	<u>: 15.) </u>	>	8,147,777.
1 4.171	Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
1.	(a) Description of liability	orr orr coo, r are rv, mic	110 01 111. 000 1 0111 000, 1 urt X, iii 0 20.	(b) Book value
	deral income taxes			
(2)	derai moeme taxee			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) line	25.)	>	
2. Liability	y for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements the	at reports the
organiz	ration's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been prov	vided in Part XIII

-290,421.

032054 12-01-20 Schedule D (Form 990) 2020

CHANGE IN INTEREST IN ALLOSOURCE NET ASSETS

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

2020

Open to Public Inspection

Name of the organization

IOWA DONOR NETWORK

Employer identification number 42-1414092

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 raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Га		of fundraising event contributions and great	-			
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GREEN 5K (event type)	(event type)	(total number)	col. (c))
une			(CVCITE type)	(event type)	(total number)	
Revenue	1	Gross receipts	55,584.			55,584.
	2	Less: Contributions	38,609.			38,609.
	3	Gross income (line 1 minus line 2)	16,975.			16,975.
	4	Cash prizes				
S	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	1 1			17,686.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	17,686.
Da		Net income summary. Subtract line 10 from li			>	-711.
Pa	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$13,000 on Form 990-E2, line oa.		(b) Pull tabs/instant		(d) Total gaming (add
ηne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
æ	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		er the state(s) in which the organization condu		states?		Yes No
		No," explain:				
10a	We	re any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax v	ear?	Yes No
		Yes," explain:				
	_					

Sch	edule G (Form 990 or 990-EZ) 2020 IOWA DONOR NETWORK 42	-1414	092	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
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
•	Enter the marie and dadress of the person who propares the organization's garming 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 \$\bigs\\$ and the amount			
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Coming manager componentian			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
47	Manufacture d'altitud'anne			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		163	NO
D	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	Part III. lin	es 9. 9	b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			-,,
	Tob, 100, 10, and 110, as applicable. Also provide any additional illiamination.			

Schedule G	i (Form 990 or 990-EZ)	IOWA DONOR	NETWORK	42-1414092	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
		(

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.

Open to Bubl

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

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

IOWA DONOR NETWORK

Employer identification number

42-1414092

Pa	art I Questions Regarding Compensation						
	<u> </u>			Yes	No		
1 a	Check the appropriate box(es) if the organization provided a	ny 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 organizati	ion 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				
2	Did the organization require substantiation prior to reimbursi	ing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director,	, regarding the items checked on line 1a?	2				
3	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 e	explain in Part III.					
	Compensation committee	X Written employment contract					
	X Independent compensation consultant	X Compensation survey or study					
	X Form 990 of other organizations	X Approval by the board or compensation committee					
4	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:						
а	Receive a severance payment or change-of-control payment	?	4a		X		
b	Participate in or receive payment from a supplemental nonqu	ualified retirement plan?	4b		X		
С	Participate in or receive payment from an equity-based comp	pensation arrangement?	4c		X		
	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) organization	ions must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a,	did the organization pay or accrue any compensation					
	contingent on the revenues of:						
а	The organization?		5a		X		
b			5b		Х		
	If "Yes" on line 5a or 5b, describe in Part III.						
6	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:						
а	The organization?		6a		X		
			6b		Х		
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a,						
			7		X		
8	Were any amounts reported on Form 990, Part VII, paid or a	ccrued pursuant to a contract that was subject to the					
	initial contract exception described in Regulations section 53	3.4958-4(a)(3)? If "Yes," describe in Part III	. 8		X		
9	If "Yes" on line 8, did the organization also follow the rebutta	able presumption procedure described in					
	Regulations section 53.4958-6(c)?		9				

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

Schedule J (Form 990) 2020

Page 2

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deneiits	(B)(i)-(D)	reported as deferred on prior Form 990		
(1) SUZANNE CONRAD	(i)	309,187.	35,436.	0.	32,696.	23,521.	400,840.	0.		
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.		
(2) SARAH FEWELL	(i)	245,438.	20,790.	0.	20,259.	3,026.	289,513.	0.		
C00	(ii)	0.	0.	0.	0.	0.	0.	0.		
(3) KENT ALLISON	(i)	155,301.	12,150.	0.	16,321.	16,809.	200,581.	0.		
CHIEF ADMIN OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.		
(4) MEGHAN STEPHENSON	(i)	138,444.	7,250.	0.	13,895.	16,760.	176,349.	0.		
DIRECTOR OF ORGAN PROCUREMENT	(ii)	0.	0.	0.	0.	0.	0.	0.		
(5) LINDSEY JONES	(i)	132,649.	5,000.	0.	12,623.	3,424.	153,696.	0.		
DIRECTOR OF BUSINESS SERVI	(ii)	0.	0.	0.	0.	0.	0.	0.		
(6) EVE MENZEL	(i)	106,326.	23,000.	0.	12,487.	25,290.	167,103.	0.		
DIRECTOR OF QUALITY SYSTEMS	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)							<u> </u>		

Schedule J (Form 990) 2020 IOWA DONOR NETWORK	42-1414092	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also comp	plete this part for any additional information.	

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.

2020
Open to Public Inspection

Name of the organization

IOWA DONOR NETWORK

Employer identification number
42-1414092

	IOWA DONOR	NETWORK							4	<u>⊿ – ⊥</u>	<u>414</u>	092		
Part	t I Bond Issues SI	EE PART VI	FOR COLUMN	(F) CONT	TAUNI	ONS								
	(a) Issuer name	(d) Date issued	e issued (e) Issue price (f) Description of purpose			on of purpose	(g) Defeased (h) On behal					(i) Pooled		
										of is			ncing	
									Yes	No	Yes	No	Yes	No
							FINANCE	NEW						
ΑC	COUNTY OF POLK, IOWA	42-6004519	NONE	05/23/14	5,986	,500.	FACILITY	IN ALTOC)	Х	X			Х
В														
С														
D														
Part	t II Proceeds													
				Α			В	С				D		
_1	Amount of bonds retired			. 1,32	8,790.									
2	Amount of bonds legally defeased													
3	Total proceeds of issue			. 5,98	6,500.									
4	Gross proceeds in reserve funds													
5	Capitalized interest from proceeds													
6	Proceeds in refunding escrows													
7	Issuance costs from proceeds													
8	Credit enhancement from proceeds													
9	Working capital expenditures from proceeds													
10	Capital expenditures from proceeds			. 5,98	6,500.									
11	Other spent proceeds													
12	Other unspent proceeds													
13	Year of substantial completion			2	015									
				Yes	No	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part of a refunding	issue of tax-exempt b	onds (or,											
	if issued prior to 2018, a current refunding iss	ue)?			X									
15	Were the bonds issued as part of a refunding	issue of taxable bond	ls (or, if											
	issued prior to 2018, an advance refunding is	sue)?			X									
16	Has the final allocation of proceeds been made	le?			X									
17	Does the organization maintain adequate boo	ks and records to sup	pport the											
	final allocation of proceeds?			X										
	For Donormoral Dodovillan Ast Nation and									<u> </u>	.1112			

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

Schedule K (Form 990) 2020

42-1414092

Page 2

Par	t III Private Business Use									
		A		В		(Ç	D		
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						<u> </u>	
2	Are there any lease arrangements that may result in private business use of									
	bond-financed property?		X							
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?									
С	Are there any research agreements that may result in private business use of									
	bond-financed property?		X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other									
	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						ļ			
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%	
5	Enter the percentage of financed property used in a private business use as a						ļ			
	result of unrelated trade or business activity carried on by your organization,						ļ			
	another section 501(c)(3) organization, or a state or local government		%	%		%			%	
_6	Total of lines 4 and 5		%		%	%			%	
_7	Does the bond issue meet the private security or payment test?		X							
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						ļ			
	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?	X								
Par	t IV Arbitrage									
		Ą		E	3	(Ç	Γ	<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?		X							
2	If "No" to line 1, did the following apply?									
a	Rebate not due yet?		X							
	Exception to rebate?	X								
c	No rebate due?		X							
	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?		X							
00040	0.40.04.00						Cal	andula K (Ear	cm 000) 2020	

IOWA DONOR NETWORK

42-1414092

Daga	•

Part IV Arbitrage (continued)								
	Α		В			С	ı	D
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X							
Part V Procedures To Undertake Corrective Action								
		A	E	В		С	ļ į	D
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?		X						
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	K. See instr	uctions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: COUNTY OF POLK, IOWA								
(F) DESCRIPTION OF PURPOSE: FINANCE NEW FACILITY	IN ALTO	OONA, I	OWA					

Schedule K (Form 990) 2020

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

2020

Open To Public Inspection

Name of the organization

Employer identification number

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.	I	OWA DONG	R NETWOR	K					42	-14	140	92		
1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected? Yes No No	Part I Excess Bene	fit Transact	ions (section 50	01(c)(3), secti	on 501(c)(4), and sec	ction 5	501(c)(29) orga	nizatio	ns on	ly).			
Part II Loans to and/or From Interested Persons. (a) Name of interested person (b) Relationship of loan (c) Description of transaction Yes No No No No No No No N	Complete if the c	organization ans	wered "Yes" on F	orm 9	90, Pa	urt IV, line 25a or 25b	, or Fo	orm 990-EZ, Pa	art V, li	ne 40	b.			
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 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 (b) Pelationship (c) Purpose of loan organization of loan organization organization of loan organization of loan organization or								eactio	n		(d) Corre			
Section 4958 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 with organization of loan or organization? To From To Fr	(a) Name of disqualified p	erson	person and or	ganiza	ation	,,	J Des		isactio	11		Y	es	No
Section 4958 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 of loan (c) Purpose of loan (d) Loan to organization? To From (e) Original principal amount (f) Balance due (g) In default? (h) Approved (i) Written to yboard or committee? (ii) Word or committee? (iii) Word or commit												—		
Section 4958 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 of loan (c) Purpose of loan (d) Loan to organization? To From (e) Original principal amount (f) Balance due (g) In default? (h) Approved (i) Written to yboard or committee? (ii) Word or committee? (iii) Word or commit														
Section 4958 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 of loan (c) Purpose of loan (d) Loan to organization? To From (e) Original principal amount (f) Balance due (g) In default? (h) Approved (i) Written to yboard or committee? (ii) Word or committee? (iii) Word or commit												+	_	
Section 4958 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 with organization of loan or organization? To From To Fr												+	_	
Section 4958 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 with organization of loan or organization of loan or organization of loan organization with organization of loan organization organization of loan organization of loan organization organization organization of loan organization organiza												+	_	
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 (d) Loan to or from the organization of loan (d) Loan to or from the organization principal amount (e) Original principal amount (f) Balance due (g) In default? (h) Approved (i) Written agreement? (e) Original principal amount (f) Balance due (g) In default? (g) In default? (h) Approved (i) Written agreement? (h) Approved (i) Written agreement? (e) Original principal amount (f) Balance due (g) In default? (h) Approved (i) Written agreement? (h) Approved (i) Written agreement? (e) Original principal amount (f) Balance due (g) In default? (h) Approved (i) Written agreement? (h) Approved (i) Written agreement? (ii) Written agreement? (iii) Written agreement? (iii) Written agreement? (iv) Written ag	section 4958					•				▶ \$ ▶ \$				
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 (d) Loan to or from the organization of loan (d) Loan to or from the organization principal amount (e) Original principal amount (f) Balance due (g) In default? (h) Approved (i) Written agreement? (e) Original principal amount (f) Balance due (g) In default? (g) In default? (h) Approved (i) Written agreement? (h) Approved (i) Written agreement? (e) Original principal amount (f) Balance due (g) In default? (h) Approved (i) Written agreement? (h) Approved (i) Written agreement? (e) Original principal amount (f) Balance due (g) In default? (h) Approved (i) Written agreement? (h) Approved (i) Written agreement? (ii) Written agreement? (iii) Written agreement? (iii) Written agreement? (iv) Written ag		., =												
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 (d) Loan to from the organization? To From (e) Original principal amount (f) Balance due (g) In default? (i) Written agreement? Yes No Yes No Yes No (ii) Written agreement? Yes No Yes No Yes No														
(a) Name of interested person with organization with organization with organization of loan of food interested person with organization of loan of loan of food interested person with organization of loan of	•	-				Part V, line 38a or F	orm 9	90, Part IV, lin	e 26; c	or if the	e orga	nizatio	n	
interested person with organization of loan of loan organization? To From principal amount	•		<u> </u>			() Octobral			Ι.,	1	(h) An	nroved	VA	
To From Yes No Y				fron	n the		(f) Balance due				l by bo	ard or	1 (1) **	ment?
otal Part III 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 interested person and assistance assistance assistance	, , , , , ,			⊢ <u> </u>										_
Part III 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 assistance (c) Amount of assistance (d) Type of assistance assistance				10	FIOIII				165	NO	163	NO	163	INO
Part III 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 assistance (c) Amount of assistance (d) Type of assistance assistance														
Part III 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 assistance (c) Amount of assistance (d) Type of assistance assistance														
Part III 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 assistance (c) Amount of assistance (d) Type of assistance assistance														
Part III 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 assistance (c) Amount of assistance (d) Type of assistance assistance														
Part III 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 assistance (c) Amount of assistance (d) Type of assistance assistance												<u> </u>		
Part III 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 assistance (c) Amount of assistance (d) Type of assistance assistance												<u> </u>		
Part III 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 assistance (c) Amount of assistance (d) Type of assistance assistance												<u> </u>		ـ
Part III 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 assistance (c) Amount of assistance (d) Type of assistance assistance														
Part III 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 assistance (c) Amount of assistance (e) Purpose of assistance						<u> </u>						<u> </u>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and assistance (c) Amount of assistance assistance assistance		sistance Be	nefiting Inter	estec	d Per									
(a) Name of interested person (b) Relationship between interested person and (c) Amount of assistance (d) Type of assistance assistance			_											
interested person and assistance assistance assistance	•							(d) Type	of		(e) Purc	ose of	 f
	· · · · · · · · · · · · · · · · · · ·		interested pers	on an		· ·							,	
										\perp				
										_				
										+				

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

Schedule L (Form 990 or 990-EZ) 2020

Schedule L (Form 990 or 990-EZ) 2020 IOWA DONOR NETWORK Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (d) Description of (a) Name of interested person (b) Relationship between interested (c) Amount of organization's person and the organization transaction transaction revenues? Yes No LUCAS FEWELL SON OF OFFICER 91,398. COMPENSATIO Х Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: LUCAS FEWELL (D) DESCRIPTION OF TRANSACTION: COMPENSATION PAYMENTS AS AN EMPLOYEE FOR IOWA DONOR NETWORK DURING 2020.

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ.

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

2020
Open to Public Inspection

Name of the organization

IOWA DONOR NETWORK

Employer identification number 42-1414092

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 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: SERVICES, ORGAN AND TISSUE RECOVERY, ORGAN DISTRIBUTION BOTH OF LOCALLY RECOVERED ORGANS AND THOSE BROUGHT IN FROM OUT-OF-STATE DONORS, PUBLIC EDUCATION AND AWARENESS ACTIVITIES, HOSPITAL AND COMMUNITY DONOR REFERRAL DEVELOPMENT, AND DONOR FAMILY CARE AND FOLLOW-UP SERVICES. AN IDN 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, 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 A LOVED ONE. IOWA DONOR NETWORK IS FULLY ACCREDITED BY THE ASSOCIATION OF ORGAN PROCUREMENT ORGANIZATIONS (AOPO). IN 2020, IOWA DONOR NETWORK PROVIDED LIFE-SAVING ORGANS TO WAITING RECIPIENTS FROM 103 DONORS. IN ADDITION, LIFE-SAVING AND LIFE-ENHANCING TISSUE WAS RECOVERED FROM 886 TISSUE DONORS. IDN'S COMMUNICATION CENTER RECEIVED MORE THAN 36,000 CALLS FROM Schedule O (Form 990 or 990-EZ) 2020 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization IOWA DONOR NETWORK	Employer identification number 42-1414092						
IOWA HOSPITALS AND OTHER HEALTH CARE AND COMMUNITY AGENCIE	S 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 GR	EIVING						
FAMILIES DURING THE DONATION PROCESS. IN ADDITION, IDN FOCUSED ON							
SELF-CARE FOR STAFF MEMBERS THROUGH TRAINING AND DEBRIEFIN	GS THROUGHOUT						
THE YEAR.							

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: REPRESENTATIVE WHOSE JOB IT IS TO MAKE SURE THAT PERSONNEL KNOW HOW AND WHEN TO CONTACT IDN FOR DONATION ASSISTANCE. IN 2020, DURING THE CORONAVIRUS PANDEMIC, IDN PIVOTED TO PROVIDING ONLINE AND VIRTUAL CONTINUING EDUCATION PROGRAMS FOR NURSING AND ALLIED HEALTH STAFF. ONCE ADEQUATE PERSONAL PROTECTIVE EQUIPMENT (PPE) WAS AVAILABLE, IDN RESUMED THEIR REGULAR, ONSITE DUTIES IN ASSIGNED HOSPITALS AND COMMUNITY AGENCIES. IN 2020, WE PROVIDED 155 PROFESSIONAL EDUCATION OFFERINGS, 32 OF WHICH WERE IN A VIRTUAL FORMAT. 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. IN 2020, MANY OF THESE ROUTINE PROCESSES WERE ACCOMPLISHED THROUGH VIRTUAL MEANS SUCH AS VIDEO CONFERENCING AND THROUGH EMAIL. 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 MONTHS

Name of the organization IOWA DONOR NETWORK	Employer identification number $42-1414092$							
FOLLOWING DONATION IF SO DESIRED BY THE DONOR NEXT-OF-KIN.	IOWA DONOR							
NETWORK PROVIDED GRIEF SUPPORT TO APPROXIMALY 561 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. IN 2020, IDN CONDUCTED 40 PUBLIC EDUC	ATION							
PRESENTATIONS WITH 30 DONE IN A VIRTUAL FORMAT. ACTIVITIES	AND							
PROMOTIONS ARE ORGANIZED AND CONDUCTED BY IDN'S OUTREACH S	TAFF, WITH							
THE HELP OF VOLUNTEERS AND CONTRACTED ADVERTISING AND PR A	GENCIES.							
PUBLIC EDUCATION INCLUDES: PRESENTATIONS TO CIVIC GROUPS,	WORK-PLACES,							
DRIVER'S EDUCATION AND SPECIAL EVENTS. IN 2020 IOWA HAD O	VER 1.5							
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 ORGANIZ	ATIONS AND							
SUPPORT GROUPS THROUGHOUT IOWA: THESE GROUPS ARE COMPOSED	OF PEOPLE							
WAITING FOR TRANSPLANT, DONOR FAMILY MEMBERS, RECIPIENTS A	ND OTHER							
CONCERNED INDIVIDUALS. IDN IS ASSOCIATED WITH SEVERAL PRO	FESSIONAL							
ORGANIZATIONS AT THE NATIONAL LEVEL, INCLUDING THE NORTH A	MERICAN							
TRANSPLANT COORDINATORS ORGANIZATION, THE ASSOCIATION OF O	RGAN							
PROCUREMENT ORGANIZATIONS, THE AMERICAN SOCIETY FOR MULTIC	ULTURAL							
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 GUIDEL	INES SET							
FORTH BY THESE PROFESSIONAL ASSOCIATIONS AND GOVERNING BOD	IES, ALONG							
WITH THE 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 PERFOR	MANCE							

Page 2

Name of the organization

IOWA DONOR NETWORK

IOWA DONOR NETWORK

IMPROVEMENT JOURNEY THROUGH THE IOWA RECOGNITION FOR PERFORMANCE

EXCELLENCE (IRPE) PROGRAM. USING THE BALDRIGE EXCELLENCE FRAMEWORK AS

A TOOL, IDN IS ENGAGED IN A CONTINUOUS REVIEW OF ORGANIZATIONAL SYSTEMS

AND PROCESSES, THE IDENTIFICATION OF AREAS OF STRENGTH AND OPPORTUNITY,

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
- (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.

Page 2

Name of the organization IOWA DONOR NETWORK Employer identification number 42-1414092

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

FORM 990, PART VI, SECTION C, LINE 19:

IN AN EXCESS BENEFIT TRANSACTION.

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.