#### Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2022, or fiscal year beginning	, 2022, and ending

OMB No. 1545-0047

		For calendar	/ear 2022,	or fiscal year be				. 20—	2022
	ent of the Treasury		2		t send to the IRS. Kee				
Name o	Revenue Service			io to www.i	irs.gov/Form8879TE f	or the latest infor	mation.	EIN or SSN	
Name C		. סוגיפירווו	7 T.177	ACITE OF	F IOWA, INC			42-0680	0427
Nama	and title of officer or p				IMMERMAN			1	-
Name a	and title of officer of p	ierson subject ti		TREASU					
Part	Type of	Return an							
					orm 8879-TE and enter	the applicable an	nount, if any, fro	m the return. Fo	orm 8038-CP and
Form Sor 10a whiche than of 1a 2a 3a 4a 5a 6a 7a 8a 9a 10a Part	5330 filers may ent below, and the an ever is applicable, I one line in Part I.  Form 990 check Form 990-EZ check Form 1120-POL Form 8868 check Form 990-T check Form 5227 check Form 5330 check Form 8038-CP ctil Declarate	er dollars and nount on that to lank (do not enter leck here leck here leck here leck here lek	cents. Fine for the fire for th	b Total re b Total re b Total re b Total ta c Total ta b Total ta c Total ta	forms, enter whole doll ing filed with this form entered ·0· on the retu evenue, if any (Form 98 evenue, if any (Form 98 exercise) in any (Form 98 exercise) in any (Form 98 exercise) in a exercise in a exerc	ars only. If you ch was blank, then le rn, then enter -0 - o 10, Part VIII, colum 10-EZ, line 9) 22) ome (Form 990-P 3c) line 4) line 1) rear (Form 5227, ne 19) quested (Form 80 r or Person St or  lam a pe	eck the box on eave line 1b, 2b on the applicable on (A), line 12)  F, Part V, line 5)  Item D)  038-CP, Part III, ubject to Tayrson subject to Ta	Inne 1a, 2a, 3a, 0, 3b, 4b, 5b, 6b e line below. D  1b 2b 3b 4b 5b 6b 7b 8b 9b line 22) 10	44, 54, 64, 74, 84, 94, 7, 76, 86, 9b, or 10b, or not complete more  8, 962, 490.
interm acknor of any entry t financi later th	ediate service prov wledgement of rec- refund. If applicab- to the financial insti- tial institution to del nan 2 business day	rider, transmittelept or reason le, I authorize itution accoun bit the entry to s prior to the prior of the prior to the p	er, or el- for reject the U.S. t indicat this accopyment	ectronic retu tion of the t Treasury ar ed in the tax count. To re- t (settlement	is the amount shown our originator (ERO) to transmission, (b) the rad its designated Finar x preparation software voke a payment, I must) date. I also authorize sary to answer inquirie e electronic return and	send the return to eason for any dela icial Agent to initial for payment of the t contact the U.S. the financial instills and resolve issue	the IRS and to y in processing ate an electronic e federal taxes or Treasury Finand tutions involved es related to the	receive from the the return or ref funds withdraw owed on this retu- cial Agent at 1-8 in the processir e payment. I hav	e IHS (a) an fund, and (c) the date val (direct debit) urn, and the 388-353-4537 nong of the electronic re selected a
	heck one box only				All All			0	00427
	X I authorize P	ITTMAN	E COI	MPANY,	LLP		t	o enter my PIN	
				46	ERO firm name				Enter five numbers, but do not enter all zeros
	with a state ag on the return's  As an officer of return. If I have	ency(ies) regu disclosure co r person subje indicated wit	lating ch nsent so ct to tax hin this i	narities as pa creen. c with respec return that a	ally filed return. If I have art of the IRS Fed/State of to the entity, I will er a copy of the return is be e return's disclosure co	e program, I also a ter my PIN as my eing filed with a s	authorize the afo signature on th	e tax year 2022	RO to enter my PIN electronically filed
Sionatur	e of officer or person sub	iect to tax						Date	
Part	and the state of t	ation and	Auther	ntication					
ERO's	EFIN/PIN. Entery	our six-digit e	lectronic	filing identi	ification				
	er (EFIN) followed b	,,				Don	322811184 ot enter all zeros		
submit	y that the above no tting this return in a ess Returns.	umeric entry is accordance w	my PIN th the re	, which is m equirements	ny signature on the 202 of <b>Pub. 4163,</b> Modern	2 electronically fil nized e-File (MeF)	Information for A	Authorized IRS	ifirm that I am e-file Providers for
ERO's	signature						Date	/15/23	
		Do N		-	Retain This Form Form to the IRS			So	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

### Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file For

forms list	sed below with the exception of Form 8870, Information	Return for	Transfers Associated With Cortain D	0400001	Damadia	
Contract	s, for which an extension request must be sent to the IF	RS in paper	r format (see instructions). For more d	etails or	the electronic	
ming or th	its form, visit www.irs.gov/e-file-providers/e-file-for-chai	rities-and-i	non-profits.			
Autom	atic 6-Month Extension of Time. Only subr	nit origir	nal (no copies needed).			
All corpor	rations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnership	s, REMI	Cs, and trusts	
must use	Form 7004 to request an extension of time to file incom	ne tax retu	rns.	1		
Type or	Name of exempt organization or other filer, see instru	uctions.	-1	Taynay	er identification num	har (TIN)
print				Taxpay	er identification num	ber (TIN)
File by the	ANIMAL RESCUE LEAGUE OF IOU	WA, IN	NC A	- B-	42-068042	27
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 5452 NE 22ND AVE		-	1		
instructions.	City, town or post office, state, and ZIP code. For a form DES MOINES, IA 50313		47	1		
Enter the	Return Code for the return that this application is for (fil	e a separa	te application for each return)	1		01
Application	on	Return	Application			Return
Is For	av Farm 000 F7	Code	Is For			Code
	or Form 990-EZ 0 (individual)	01	Form 1041-A			08
Form 990		03	Form 4720 (other than individual)			09
	T (sec. 401(a) or 408(a) trust)	04	Form 5227			10
	T (trust other than above)	05 06	Form 6069			11
	T (corporation)	07	Form 8870	V 10 5-		12
Telepho If the or If this is  OX If the or If	oks are in the care of ► 5452 NE 22ND AN  one No. ► 515-262-9503  rganization does not have an office or place of business is for a Group Return, enter the organization's four digit (  . If it is for part of the group, check this box ►  uest an automatic 6-month extension of time until organization named above. The extension is for the organization named above or tax year beginning  etax year entered in line 1 is for less than 12 months, che	in the Uni Group Exe and atta NOVEM Inization's	Fax No.   ited States, check this box imption Number (GEN) If the character of the c	this is fo	or the whole group, or ears the extension is onpt organization retu	for.
	Change in accounting period			nal retui	'n	
3a If this	s application is for Forms 990-PF, 990-T, 4720, or 6069,	enter the	tentative tax, less			
	nonrefundable credits. See instructions.			3a	\$	0.
estim	s application is for Forms 990-PF, 990-T, 4720, or 6069, nated tax payments made. Include any prior year overpa	enter any	retundable credits and		(ac)	224
c Balar	nce due. Subtract line 3b from line 3a. Include your pay	ment with	this form if required by	3b_	\$	0.
using	EFTPS (Electronic Federal Tax Payment System). See	instruction	IS.	3с	\$	0.
aution: If structions	you are going to make an electronic funds withdrawal (o	direct debi	t) with this Form 8868, see Form 845	3-TE and	Form 8879-TE for p	payment
HA For	Privacy Act and Paperwork Reduction Act Notice, s	ee instruc	ctions.		Form <b>8868</b> (Re	v. 1-2022)

## Form **990**

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.

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the	2022 calendar year, or tax year beginning	and	ending			
B c	heck if	C Name of organization			D Employer ic	lentific	ation number
	Addres change Name		IOWA, INC		42-06	9045	7
	change			Room/suite			<u> </u>
E	Initial return Final return/	Number and street (or P.O. box if mail is not delived 5452 NE 22ND AVE	E Telephone number 515-262-9503				
	termin ated		P or foreign postal code		G Gross receipts \$	<u> </u>	8,962,490.
	Amend	DES MOINES, IN SUSIS			H(a) Is this a gr	9505	77
	Applic tion pendir	r Mairie and address of principal officer.	ZIMMERMAN		for subord		
79 - 50		SAME AS C ABOVE	Warran Table		H(b) Are all subord		Y
_		empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	H(c) Group exe		ist. See instructions
	Vebsit		ociation Other	1 Vear			State of legal domicile: IA
-	orm of	Summary	ociation otilo	IL Teal	or formation, 22	- U	Othe driega demans.
	1	Briefly describe the organization's mission or most s	ionificant activities: TO Pl	ROMOTE	ANIMAL V	WELF	ARE, THE
e G	'	HUMAN-ANIMAL BOND AND PREV	ENT THE OVERPOP	ULATIO	N OF PET	s.	
nau			inued its operations or dispos				ets.
Activities & Governance		Number of voting members of the governing body (F		4000		3	13
ဗိ	4	Number of independent voting members of the gove		L		4	13
SS.		Total number of individuals employed in calendar ye			Z	5	202
Viţi	6	Total number of volunteers (estimate if necessary)				6	800
ct		Total unrelated business revenue from Part VIII, colu				7a	0.
	b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11	·····	Prior Year	7b	Current Year
			- 4	<i>y</i> –	6,042,4	17	6,895,063.
ą		-			997,7		1,106,270.
ē			and 7d		12,2		17,402.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, a Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			1,348,8		943,755.
		Other revenue (Part VIII, Column (A), lines 5, 6d, 6d, 8 Total revenue - add lines 8 through 11 (must equal P			8,401,3		8,962,490.
		Grants and similar amounts paid (Part IX, column (A)				0.	0.
		Benefits paid to or for members (Part IX, column (A),				0.	0.
60		Salaries, other compensation, employee benefits (Pa		2201000	4,370,6		5,118,933.
Expenses		Professional fundraising fees (Part IX, column (A), lin	e 11e)		406,4	15.	0.
be	b	Total fundraising expenses (Part IX, column (D), line	25) 1,646,0	68.			2 251 155
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 1			2,742,1		3,861,465.
	18	Total expenses. Add lines 13-17 (must equal Part IX,	column (A), line 25)		7,519,2		8,980,398.
		Revenue less expenses. Subtract line 18 from line 12	2	D.	882,0		-17,908. End of Year
S Or	20 21 22			Re	ginning of Current 10,042,9		9,603,653.
sset	20				563,7		351,528.
et A	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from li	20		9,479,1		9,252,125.
	22 rt II	Signature Block	ne 20		3/1/3/1		3/202/
		Ities of perjury, I declare that I have examined this return, in	ncluding accompanying schedules	and stateme	ents, and to the bes	st of my	knowledge and belief, it is
hrije.	correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of wh	nich preparer	has any knowledge	9.	
,	00.1100						
Sigr	,	Signature of officer			Date		
Her	- 3	MARK ZIMMERMAN, TREASURER					
		Type or print name and title			T	-	TI DIW
		The type property of the territory	Preparer's signature		10		PTIN
Paid	1	JOHN PITTMAN, CPA	TTD	μ	1/15/23	elf-employe	P00288858 1-0702717
Prep	- 1	Firm's name PITTMAN & COMPANY,	LLP		Firm's E	IN U.	L-0/0Z/1/
Use	Only	Firm's address 8525 DOUGLAS AVE.	2.2		Diversity	., E1!	5-276-2727
	72 V	DES MOINES, IA 503		_	Phone	10.JI	X Yes No
May	the IF	S discuss this return with the preparer shown above	r oee instructions	************		******	100 110

Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	١. ا	х	
	If "Yes," complete Schedule A	2	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
	public office? If "Yes," complete Schedule C, Part I	٦		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		X
_	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-7-		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	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			
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,		1	
	as applicable.	400	HUNS.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	-
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			<sub>V</sub>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	l.,	ľ	x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444	x	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	*	$\vdash$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	x	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-		
12a	The state of the s	12a	х	
_	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?			
D	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		Х
	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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	į X
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	1 15	<u> </u>	1 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	I	ΙX
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		. 37	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I, See instructions	17	ı X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		, 77	
	1c and 8a? If "Yes," complete Schedule G, Part II	<u>l 18</u>	1 X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			. v
	complete Schedule G, Part III	1 19	<u> </u>	1 X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	[ 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	. 21		. х
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			(2022
232003	12-13-22	COLL	, 555	(CUZZ

P	art IV Checklist of Required Schedules (continued)	3042	7	Page
22			Y	es N
	or garaged report more trial \$5,000 of drafts or other assistance to or for demostic in divisional.		$\top$	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes," to Part VII. Section A line 2.4 and III.	22	2	1 2
	and refiner officers, directors, trustees, key employees, and highest compensated employees?	1		
24	Concedure of	23	1 2	. I
24				$\neg$
	and any of the year, that was issued after December 31, 2002? If "Yes " answer lines 24b through 04d and			
	10, go to line 23d	24	a	l x
	and the start proceeds of tax-exempt boilds beyond a temporary period exceptions	24		T-
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	-	1	
	any tax exempt bonds?	240	.	
25		240		_
202	2 300 tion 30 (C)(3), 30 (C)(4), and 50 (C)(29) organizations. Did the organization engage in an			_
	was bastion with a disqualified person during the year? If "Yes " complete Schodule I. Ded I	25a	.1	x
C	and organization aware that it engaged in an excess benefit transaction with a disqualified name in	200	+	1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-F7?		1	
00	ochedale L, Fart I	25b	.1	l x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200	1	1 A
	of former officer, director, trustee, key employee, creator or founder, substantial contributes, or other		1	
	controlled entity or family member of any of these persons? If "Ves " complete Sebestille L. Bert "	26	1	x
27	and the organization provide a grant or other assistance to any current or former officer, director, trustee they are	20	_	+^
	of rounder, substantial contributor or employee thereof, a grant coloction competition and the contributor of the contributor o	4	1	
	( "I oldering an omproyee thereof) of family member of any of these persone?	27		x
28	same and the party to a business transaction with one of the following parties (see the Schodule L. DJ. IV.	27	1000	1 1
	and exceptions for applicable liling intesholds, conditions, and exceptions).	-CV	110	1
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?		1	-
	res, complete schedule L. Part IV	00-	I	- v
b		28a	-	X
С	The state of the s	28b	1	X
	res, complete schedule i Part IV		ı	\ v
9	the organization receive more than \$25,000 in non-cash contributions?	28c	х	X
0	of an analysis of art, historical treasures, or other similar assets, or qualified assessmention	29	<u>├</u> ^	+
	Tes. Complete Schedule M			١,,
1	Did the organization liquidate, terminate, or dissolve and cease operations?	30	-	X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	-	X
	ochedule N, Fait II			١,,
3	Did the organization own 100% of an entity disregarded as senarate from the organization with D. J. V.	32	-	X
	Sections 601.7701-2 and 501.7701-3? If "Yes " complete Schedule P. Port I			,,
	The standard of the standard o	33	-	X
	GILLY, MIC 1		37	
		34	X	-
D .	it fee to line 35a, did the organization receive any payment from or engage in any transaction.	35a	_X_	-
	The section of Section 512(b)(13)? If "Yes." complete Schedulo P. Port V. line of			,
	of the control of the	35b		X
,	1 163, Complete Scriedule R. Part V. line 2			l
		36		X
-	and that is treated as a partnership for federal income tax purposes? If "Voo " any late out the property of the partnership for federal income tax purposes?			۱
	The state of the distriction of the provide explanations on Schooling () for Doct () lines data and documents	37		<u> </u>
	tote: All 1 offi 990 filers are required to complete Schedule O			
art	V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			_
	, who me this rait v			Ш
a E	inter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b E	nter the number of Forms W-2G included on line 1a Enter -O if not applicable			JE S
c D	of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	TSE	7	
(0	gambling) winnings to prize winners?	0000		100

Form	990 (2022) ANIMAL RESCUE LEAGUE OF IOWA, INC 42-0680  IV Statements Regarding Other IRS Filings and Tax Compliance (continued)	427	P	age 5
rai	Statements Regarding Other Ins Fillings and Tax Compilation (continued)		Yes	No
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	N, J/II	N/A	
	filed for the calendar year ending with or within the year covered by this return 202	2121		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		X
	If "Yes," enter the name of the foreign country			27
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	16		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	1000		MAG
	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			١.,
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			0
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	/ North	
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	00		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90	, Line	181,0
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12		B.V.	38
	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10a  10b			113
	Group (cooling), moladed city of microsty, are timp microsty, are timp microsty, and timp microsty, and timp microsty, are timp microsty, and timp microsty, and timp microsty, and timp microsty, are timp microsty, and timp	100	12.3	200
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders		0000	S-01
	Gross income from other sources. (Do not net amounts due or paid to other sources against		1037	1,20
	amounts due or received from them.)		5300	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12 Eg 1	18 1
	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
	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.		124	She
	Enter the amount of reserves the organization is required to maintain by the states in which the	8/1	10182	100
	organization is licensed to issue qualified health plans		42	35
	Enter the amount of reserves on hand	1000	102	100
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
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			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	UF	160	1,1441,
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X

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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

If "Yes," complete Form 4720, Schedule O.

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

Se	Check if Schedule O contains a response or note to any line in this Part VI  ction A. Governing Body and Management			X
	g and management			-
18	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing	100		130
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		100	III (
- 1	Enter the number of voting members included on line to above when we have			
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?		V	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2	Х	-
	of officers, directors, trustees, or key employees to a management company or other person?			₩
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4	-	X
6	Did the organization have members or stockholders?	5		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X
	more members of the governing body?	١,,,		v
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		X
	persons other than the governing body?			v
8	the organization contemporarieously document the meetings held or written actions undertaken during the year by the following:	7b	NO.	Х
а	The governing body?	00	х	
b	entry to act on behalf of the governing body?	8a 8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A who cannot be reached at the	80	^	
_	organization's mailing address? If "Ves " provide the name and address?	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
			Yes	N1-
10a	Did the organization have local chapters, branches, or affiliates?	10a	res	No X
b	and procedures governing the activities of such chapters, efficience	IUa		
	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	
	bescribe on Schedule O the process, it any, used by the organization to review this Form 900		000	5
12a	Did the organization have a written conflict of interest policy? If "No " go to line 13	12a	Х	
	ornested, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicted	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?			
	on scriedule O how this was done	12c	x	
13	2 to digarization have a written whisteblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		650D	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	510	XIII	
а	The organization's CEO, Executive Director, or top management official	15a	х	_
b	Other officers or key employees of the organization	15b		X
e-	The total of Tob, describe the process on Schedule O. See instructions	201		40
oa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		out	
	laxable entity during the year?	16a		X
D	Tes, did the organization follow a written policy or procedure requiring the organization to evaluate its participation			200
	riginit venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	191	TE S	
_	exempt status with respect to such arrangements?  On C. Disclosure	16b		_
				_
7   8	List the states with which a copy of this Form 990 is required to be filed NONE			
9 1	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s or	only) a	vailable	
	Tyles in the position. Indicate now you made these available. Check all that apply.	-/		
9 [	rescribe on Schedule O whether (and it so, how) the organization made its governing documents, conflict of interest policy, and it	inanci	al	
	atternests available to the public during the tax year.			
0 8	State the name, address, and telephone number of the person who possesses the organization's books and records			
100	$\frac{1112}{112} \frac{0}{112} \frac{0}{112} \frac{1}{112} \frac$			
006 1	5452 NE 22ND AVE, DES MOINES, IA 50313			_

# Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year,
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiza  (A)	(B)	liga	IIZG		C)	ipei	Sau	(D)	(E)	(F)
Name and title	Average	١.,		Pos	ition	1		Reportable	Reportable	Estimated
	hours per	Бох	, unle	ss pe	rson	than is both	an	compensation	compensation	amount of
	week	_	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any hours for	ndividual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	0 or d	9919			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		lyee	mper		1099-NEC)	1825000 (192200)	and related
	below	idual	nstitutional trustee	la la	Key employee	Highest compensated employee	Je.			organizations
	line)	Į.	Insti	Officer	Key	High	Former	Same of the same o		
(1) THOMAS COLVIN	40.00					1	9	04.6 55.4		250 000
CHIEF EXECUTIVE OFFICER			_	X	-	4	_	216,774.	0.	350,000.
(2) DANIEL CAMPBELL	40.00				4	v	P	106 566	_	_
DIRECTOR OF VETERINARY MED			_			X		126,566.	0.	0.
(3) CAROL GRIGLIONE	5.00					19	100		_	_
PRESIDENT		X	-4	X			200	0.	0.	0.
(4) CHAD RASMUSSEN	5.00		D	79	00				0.	_
VICE PRESIDENT	F 00	X	7	X	-			0.	0.	0.
(5) BERNIE LETTINGTON	5.00		Ŋ,	V.	1			0.	0.	0.
SECRETARY	F 00	X		X	1	-	-	U	0 *	0.
(6) MARK ZIMMERMAN	5.00	x	b. '	x				0.	0.	0.
TREASURER	1.00	A	40	Λ	-	-	-	0.	0.	0.
(7) JAMES LANGENESS	1.00	x	D-					0.	0.	0.
DIRECTOR	1.00	Δ			$\vdash$	-	-	0.	- 0.	- 0.
(8) DEAN PEYTON	1.00	x						0.	0.	0.
DIRECTOR (9) ADAM SHAIKH	1.00	^	-	_	┢	$\vdash$	_	0.	0.	- ,
(9) ADAM SHAIKH DIRECTOR	1.00	x						0.	0.	0.
(10) PHIL AKASON	1.00	Δ		-		$\vdash$	_			
DIRECTOR	1.00	х						0.	0.	0.
(11) KATHLEEN WORTH	1.00	-	$\vdash$		$\vdash$	$\vdash$	$\vdash$			
DIRECTOR	2.00	x			l			0.	0.	0.
(12) CHRIS COSTA	1.00	-	$\vdash$			$\vdash$	$\vdash$			
DIRECTOR		x			l			0.	0.	0.
(13) ALEX DUONG	1.00				$\vdash$	Т				
DIRECTOR		x						0.	0.	0.
(14) RAJEE HARRIS	1.00				Г	П				
DIRECTOR		X						0.	0.	0.
(15) CHARLIE NICHOLS	1.00									
DIRECTOR		x			$\perp$			0.	0.	0.
					$\perp$	$\perp$				
										Farm 990 (0000

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Related or exempt Unrelated Total revenue business revenue from tax under function revenue sections 512 - 514 Grants 1a 1 a Federated campaigns 1b **b** Membership dues 620,353. 1c c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 6,274,710. similar amounts not included above 291,673. Q Noncash contributions included in lines 1a-1f 6,895,063. h Total. Add lines 1a-1f **Business Code** 1,106,270.1,106,270. 2 a ANIMAL CARE, ADMISSION 900099 Program Service f All other program service revenue ...... 1,106,270. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,877. 2,877. other similar amounts) Income from investment of tax-exempt bond proceeds 375. 375. 5 Royalties ..... 6 a Gross rents 6a **b** Less: rental expenses .... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 525. 14,000. assets other than inventory b Less: cost or other basis and sales expenses Revenue 7b 525. 14,000. 7c c Gain or (loss) 14,525. 14,525. d Net gain or (loss) Other 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold Net income or (loss) from sales of inventory **Business Code** 904,809. 900099 904,809. 11 a COUNTY/CITY CONTRACT 22,931. 532000 22,931. b RENTAL INCOME - ARL FA c MISCELLANEOUS 900099 15,640. 15,640. d All other revenue 943,380. e Total. Add lines 11a-11d 0. 3,252. 962,490.2,064,175 Total revenue. See instructions

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_	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response	se or note to any line in	this Part IX	THE COLUMN ITY.	and the same of th
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations			general expenses	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				1 1 1 1 1 1
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				memory love &
	organizations, foreign governments, and foreign			THE RESERVE AND A STORY	
	individuals. See Part IV, lines 15 and 16			The state of the s	
4	Benefits paid to or for members			Allen III	A THE RESERVE
5	Compensation of current officers, directors,				
	trustees, and key employees	693,340.	555,544.	74,410.	63,38
6	Compensation not included above to disqualified			4. //	03,30
	persons (as defined under section 4958(f)(1)) and			700	
	persons described in section 4958(c)(3)(B)		-4	THE WHITE	
7	Other salaries and wages	3,684,205.	2,763,153.	478,947.	442,10
8	Pension plan accruals and contributions (include			N N	112,10
_	section 401(k) and 403(b) employer contributions)			to de la constitución de la cons	
9	Other employee benefits	741,388.	563,454.	88,967.	88,96
0	Payroll taxes				00,50
1	Fees for services (nonemployees):		(a)		
а	Management		A		
b	Legal				
C.	Accounting		P 100.		
d	Lobbying		-		
е	Professional fundraising services. See Part IV, line 17		A CONTRACTOR OF THE PARTY OF TH	THE RESERVE	
f	nvestment management fees	A			
g	Other. (If line 11g amount exceeds 10% of line 25,	W 1			
(	column (A), amount, list line 11g expenses on Sch O.)	153,837.	4,615.	149,222.	
2 /	Advertising and promotion	664,577.	*		664,57
	Office expenses	125,444.	7,527.	1,254.	116,663
	nformation technology	304,300.		304,300.	
F	Royalties				
	Decupancy	307,004.	294,724.	6,140.	6,140
' T	ravel				7-
	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials	M			
	Conferences, conventions, and meetings	100			
	nterest				
P	ayments to affiliates	1==			
	epreciation, depletion, and amortization	450,735.	450,735.		
	surance	102,055.	102,055.		
ai lir	ther expenses. Itemize expenses not covered pove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				resident with
O	PERATING SUPPLIES	0E4 212	054 015	THE REAL PROPERTY.	
	EPAIRS & MAINTENANCE	954,312.	954,312.		
R	ESTRICTION-RELATED EXP	270,365.	270,365.		
	ISCELLANEOUS	258,826.	20 10=		258,826
	other expenses	135,111.	32,427.	97,280.	5,404
	SOURCE STORY	134,899.	123,434.	11,465.	
	int costs. Complete this line only if the organization	8,980,398.	6,122,345.	1,211,985.	1,646,068
	ported in column (B) joint costs from a combined				
rei					
rej ed	ucational campaign and fundraising solicitation.		1		

Loans and other receivables from any current or		(A) Beginning of year  1,214,147.  13,500.  85,619.	1 2	(B) End of year 756,448				
Savings and temporary cash investments  Pledges and grants receivable, net  Accounts receivable, net  Loans and other receivables from any current or		13,500.	2	756,448.				
Savings and temporary cash investments  Pledges and grants receivable, net  Accounts receivable, net  Loans and other receivables from any current or			_					
Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or			' - I					
Accounts receivable, net  Loans and other receivables from any current or			3	17,707 176,703				
Loans and other receivables from any current or	NAME OF THE PARTY							
	4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director,							
trustee, key employee, creator or founder, substa	antial contributor, or 35%			July States and the state of				
controlled entity or family member of any of these		5						
Loans and other receivables from other disqualifi	ed persons (as defined		WA.	A STATE OF THE STA				
under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)	A	6					
Notes and loans receivable, net		7	00 116					
Inventories for sale or use	71,646.	8	80,116					
Prepaid expenses and deferred charges		58,840.	9	75,124				
Land, buildings, and equipment: cost or other			Harry S					
basis, Complete Part VI of Schedule D	10a 13,517,087.	4 P-4 A - 4	1993	E 500 C21				
Less: accumulated depreciation	10b 5,726,456.	7,843,625.	10c	7,790,631				
		408,582.	11	112,057				
Investments - other securities. See Part IV, line 1	1 :::::::::		12					
Investments - program-related. See Part IV, line 1	1		13					
Intangible assets	246 262	14	FO4 067					
Other assets. See Part IV, line 11		346,968.	15	594,867				
Total assets. Add lines 1 through 15 (must equa	Il line 33)	10,042,927.	16	9,603,653				
Accounts payable and accrued expenses		290,432.	17	234,928				
Grants payable		6 057	18	20 712				
Deferred revenue		6,057.	19	30,712				
Tax-exempt bond liabilities			20					
Escrow or custodial account liability. Complete F	V6/15/06		21					
Loans and other payables to any current or former			1000					
trustee, key employee, creator or founder, substa								
controlled entity or family member of any of thes		22						
Secured mortgages and notes payable to unrelate			23					
Unsecured notes and loans payable to unrelated			24					
Other liabilities (including federal income tax, pay								
parties, and other liabilities not included on lines		267,265.	25	85,888				
of Schedule D		563,754.		351,528				
Total liabilities. Add lines 17 through 25	ck here X	303,734.	20	MI 100 100 100 100 100 100 100 100 100 10				
Organizations that follow FASB ASC 958, chec	ck nere							
and complete lines 27, 28, 32, and 33.	N. Carlotte	9,168,107.	27	8,954,359				
535,000,000,000	<u>emeneramentamentamentamen</u>			297,766				
	S check here	The state of the s						
Organizations that do not follow FASB ASC 95	58, check here							
Organizations that do not follow FASB ASC 95 and complete lines 29 through 33.		LISSON WELL MAN	29					
Organizations that do not follow FASB ASC 95 and complete lines 29 through 33.  Capital stock or trust principal, or current funds			29					
Organizations that do not follow FASB ASC 95 and complete lines 29 through 33.  Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq	uipment fund		30					
Organizations that do not follow FASB ASC 95 and complete lines 29 through 33.  Capital stock or trust principal, or current funds	uipment fund come, or other funds	9,479,173.	-	9,252,125				
		Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here	Organizations that do not follow FASB ASC 958, check here	Organizations that do not follow FASB ASC 958, check here				

P	Reconciliation of Net Assets	0680427	P	age 1
_	Check if Schedule O contains a response or note to any line in this Part XI			
1 2 3 4 5 6 7 8 9 10	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	9,479	0,3 7,9 9,1 5,0	398. 908. 73.
Da	column (B))	9,252	21	25.
Га		- 7 - 0 -		
-	Check if Schedule O contains a response or note to any line in this Part XII			
1 2a	Accounting method used to prepare the Form 990: CashX Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  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	2a	Yes	X
	Were the organization's financial statements audited by an independent accountant?  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:  Separate basis  Consolidated basis  X Both consolidated and separate basis	2b	Х	
3a	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?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	2c	х	
b	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3a 3h		<u>x</u>
		Form 9	90 (	2022)