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CLIENT'S COPY

#### PITTMAN & COMPANY, LLP CERTIFIED PUBLIC ACCOUNTANTS 40 OMEGA PLACE 8525 DOUGLAS AVE. DES MOINES, IA 50322

July 5, 2022

Animal Rescue League of Iowa, Inc 5452 NE 22nd Ave Des Moines, IA 50313

Dear Tom:

Enclosed are the original and one copy of the 2021 Exempt Organization return, as follows...

2021 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

Pittman & Company, LLP

# **Filing Instructions** Prepared by: Prepared for: ANIMAL RESCUE LEAGUE OF IOWA, INC PITTMAN & COMPANY, LLP 40 OMEGA PLACE 8525 DOUGLAS AVE. 5452 NE 22ND AVE DES MOINES, IA 50313 DES MOINES, IA 50322-2925 2021 FORM 990 Electronic Filing: This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

#### \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

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

For calendar year 2021, or fiscal year beginning , 2021, and ending

ng , 20

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Form 8879-TF

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information.

ANIMAL RESCUE LEAGUE OF IOWA, IN

42-0680427

EIN or SSN

Name and title of officer or person subject to tax M

MARK ZIMMERMAN TREASURER

# Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a

Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

ian oi	ic inic in rait i.		
1a	Form 990 check here ► X	<b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b 8,401,335
2a	Form 990-EZ check here >	<b>b Total revenue,</b> if any (Form 990-EZ, line 9)	2b
За	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here >	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here	<b>b Total tax</b> (Form 4720, Part III, line 1)	
8a	Form 5227 check here	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signat	re Authorization of Officer or Person Subject to Tax	
Inder <sub>I</sub>	penalties of perjury, I declare that $oxed{X}$	I am an officer of the above entity or 🔲 I am a person subject to tax with re	espect to (name
f entit	y)	, (EIN) and that I ha	ive examined a copy of the
021 a	lectronic return and accompanying sch	edules and statements, and to the hest of my knowledge and helief, they are	true correct and

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN:	check	one	box	only	
------	-------	-----	-----	------	--

X I authorize	PITTMAN	&	COMPANY,	LLP	to enter my PIN	80427
				ERO firm name		Enter five numbers, bu do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ► \*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\* Date

# Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

42322811184

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ► \_\_\_\_\_\_ Date ► 07/05/22

# ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2021)

#### 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

Form 8868 (Rev. 1-2022)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print ANIMAL RESCUE LEAGUE OF IOWA, INC 42-0680427 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 5452 NE 22ND AVE return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 50313 DES MOINES, IA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) THE ORGANIZATION • The books are in the care of  $\triangleright$  5452 NE 22ND AVE - DES MOINES, IA 50313 Telephone No. ► 515-262-9503 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this \_\_l. If it is for part of the group, check this box ▶ \_\_\_\_ and attach a list with the names and TINs of all members the extension is for. November 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

123841 01-12-22

LHA

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

# \*\* PUBLIC DISCLOSURE COPY \*\*

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)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

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

and ending

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

Open to Public

В	Check if applicable	C Name of organization	D Employer identif	cation number
	Addres	S ANTWAL DECOLE LEAGUE OF TOWA INC		
F	chang		42-06804	27
F	change Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/		
F	Final	5/52 NE 22ND AVE	515-262-	
	—Jreturn/ termin ated		G Gross receipts \$	8,574,304.
	Ameno		H(a) Is this a group r	
	Applic	F Name and address of principal officer: MARK ZIMMERMAN	for subordinates	
	pendir	same as C above	<b>H(b)</b> Are all subordinates i	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) or		list. See instructions
		e: WWW.ARL-IOWA.ORG	H(c) Group exemption	
			Year of formation: 1926	<b>M</b> State of legal domicile: <b>IA</b>
P		Summary		
æ	1	Briefly describe the organization's mission or most significant activities: TO PROMO	OTE ANIMAL WEL	FARE, THE
Governance		HUMAN-ANIMAL BOND AND PREVENT THE OVERPOPULA		
/ern	2	Check this box  if the organization discontinued its operations or disposed of	_	
် ဗိ	3		3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	T	199
ţį		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		467
Activities &		Total number of volunteers (estimate if necessary)		0.
Ą		Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
_	+ -	Net unrelated business taxable income norm of the 350-1, Fart I, line 11	Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)	4 04	6,042,417.
Revenue	9	Program service revenue (Part VIII, line 2g)	022 650	997,782.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,265.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0 040 554	1,348,871.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	T OOF FOO	8,401,335.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Ş		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,370,676.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	406,415.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)  1,082,863.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,958,350.	2,742,194.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,321,101.	7,519,285.
	19	Revenue less expenses. Subtract line 18 from line 12		882,050.
Net Assets or Find Balances	2		Beginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)	10,362,391.	10,042,927.
et A	21	Total liabilities (Part X, line 26)	1,690,520.	563,754.
	22	Net assets or fund balances. Subtract line 21 from line 20	8,671,871.	9,479,173.
	art II	Signature Block  Ities of perjury, I declare that I have examined this return, including accompanying schedules and s	tatamenta and to the heat of m	vy knovyladao and haliaf it ia
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre		y knowledge and bellet, it is
uue	5, 601166	t, and complete. Decial attorn of preparer (other than officer) is based on an information of which pre	thatet has any knowledge.	
Sig	ın	Signature of officer	I Date	
He		MARK ZIMMERMAN, TREASURER		
110		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	X PTIN
Pai	d	JOHN PITTMAN, CPA	07/05/22 if self-employ	P00288858
Pre	parer	Firm's name PITTMAN & COMPANY, LLP	Firm's EIN	01-0702717
Use	Only	Firm's address 40 OMEGA PLACE 8525 DOUGLAS AVE.		
		DES MOINES, IA 50322-2925	Phone no. (5	15)276-2727
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions	·	X Yes No

Pa	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO PROMOTE ANIMAL WELFARE, STRENGTHEN THE HUMAN-ANIMAL BOND,	AND
	PREVENT THE OVERPOPULATION OF PETS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	L Yes A No
3	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.	1e31NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to	ov expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$4 , 608 , 602 • including grants of \$) (Revenue \$	824,791. <sub>)</sub>
	ADMISSIONS & ADOPTIONS	
	THE ORGANIZATION'S GOAL IS TO MAXIMIZE THE TIME ANIMALS SPEND	
	HOMES. THE ORGANIZATION STRIVES TO DECREASE THE TIME ANIMALS THEIR FACILITIES BY INCREASING ADOPTIONS.	SLEND IN
	THEIR FACIBILIES BY INCREASING ADOPTIONS.	
	066 007	172 021
4b	(Code:) (Expenses \$966,807 • including grants of \$) (Revenue \$)	173,021.
	THE ORGANIZATION'S GOAL IS TO REDUCE THE TIME ANIMALS SPEND I	N THETE
	FACILITIES. ANIMAL WELFARE IS A TOP PRIORITY AND APPROPRIATE	
	TAKEN TO KEEP ANIMALS HEALTHY UNTIL THEY CAN BE ADOPTED.	<u> </u>
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	1
	) (Leponices ) (Trevenue )	,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 5,575,409.	
		Form <b>990</b> (2021)

# 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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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			3,7
	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	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?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,	110	Х	
h	Part VI	11a	21	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial 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			
	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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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		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	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. See instructions	17	Х	
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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			3,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2021) ANIMAL RESCUE LEAG

	The state of the dame of the state of the st			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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	Х	
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			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
a	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	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			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			. v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34	х	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	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		Х
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		X
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	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		_ v	1
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
· a	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is Contidued Contains a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	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		
6a	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		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).			37
а	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		Х
	to file Form 8282?	7c		Λ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 <del>6</del>		
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ISa		
h	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			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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.

	Check if Schedule O contains a response or note to any line in this Part VI			
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			
	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 13			
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		X
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.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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	
b	Describe on 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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower 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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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)	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	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, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 515-262-9503			
	5452 NE 22ND AVE, DES MOINES, IA 50313			

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) THOMAS COLVIN	40.00			٠,,				200 710	0	202 000
CHIEF EXECUTIVE OFFICER	40.00			Х				200,719.	0.	382,000.
(2) DANIEL CAMPBELL	40.00	4				X		110,888.	0.	0.
OIRECTOR OF VETERINARY MEDICINE (3) CAROL GRIGLIONE	5.00					^		110,000.	0.	<u> </u>
(3) CAROL GRIGLIONE PRESIDENT	3.00	x		x				0.	0.	0.
(4) CHAD RASMUSSEN	5.00	^		^				0.	0.	<u> </u>
VICE PRESIDENT	3.00	X		X				0.	0.	0.
(5) BERNIE LETTINGTON	5.00	122		<u> </u>				0.	0.	
SECRETARY	3.00	x		x				0.	0.	0.
(6) MARK ZIMMERMAN	5.00	123							•	
TREASURER	<del>- 3,00</del>	x		x				0.	0.	0.
(7) JAMES LANGENESS	1.00	<del></del>		-						
DIRECTOR		X						0.	0.	0.
(8) DEAN PEYTON	1.00							-		
DIRECTOR		X						0.	0.	0.
(9) ADAM SHAIKH	1.00									
DIRECTOR		Х						0.	0.	0.
(10) PHIL AKASON	1.00									
DIRECTOR		Х						0.	0.	0.
(11) KATHLEEN WORTH	1.00									
DIRECTOR		X						0.	0.	0.
(12) CHRIS COSTA	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MATTHEW JACOBSON	1.00									
DIRECTOR		Х						0.	0.	0.
(14) ALEX DUONG	1.00									
DIRECTOR		Х						0.	0.	0.
(15) RAJEE HARRIS	1.00	ļ								
DIRECTOR		Х	_			_	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	0.	0.	0.
		4								
							$\vdash$			
		1								
			I	ı			ı	1		1

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	box offi	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related organization	on d ns	an com	(F) stimate nount of other pensa	of tion
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MI: 1099-NEC)		org and	rom the anizati d relate anizatio	ion ed
									211 607			20	2 0	00
С	Subtotal  Total from continuation sheets to Part VI	II, Section A						<b>&gt;</b>	311,607.		0.		2,00	0.
d 2	Total (add lines 1b and 1c)  Total number of individuals (including but n							no re	311,607. eceived more than \$100	,000 of reportab	0. ole	36	2,0	
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4	х	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	=				-		elat	ed organization or indiv	idual for services	3	5		Х
Sec 1	tion B. Independent Contractors  Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100.000 of cor	mpens	ation 1	from	
	the organization. Report compensation for (A)	•	-								· —	(0		
	Name and business	address	N	INC	E			_	Description of s	ervices	С		nsation	า
								_						
	Total number of independent contractors (i	ncludina but n	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than				
_	\$100,000 of compensation from the organi		- ••				0		,				000 //	

ANIMAL RESCUE LEAGUE OF IOWA, INC 42-0680427 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b 78,041. c Fundraising events ..... 1c d Related organizations ..... 1d 837,885 e Government grants (contributions) 1e f All other contributions, gifts, grants, and 5,126,491 similar amounts not included above 1f 171,556. g Noncash contributions included in lines 1a-1f 6,042,417. h Total. Add lines 1a-1f Business Code 900099 824,761. 2 a ADMISSIONS & ADOPTIONS 824,761. Program Service Revenue 173,021. b ANIMAL CARE 900099 173,021. С All other program service revenue 997,782. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,811. 2,811. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 8,476. 6 a Gross rents 0. **b** Less: rental expenses ... 6b 8,476. **c** Rental income or (loss) 8,476. 8,476. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 9,454. assets other than inventory 7a b Less: cost or other basis Other Revenue 7b and sales expenses 9,454. c Gain or (loss) 9,454. 9,454. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$78,041. of contributions reported on line 1c). See  $|_{8a}|_{396,283}$ Part IV, line 18 **b** Less: direct expenses 327,512. 327,512. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns  $|_{10a}|181,126$ and allowances 10b 104,198 **b** Less: cost of goods sold ..... 76,928. 76,928. c Net income or (loss) from sales of inventory **Business Code** 11 a COUNTY/CITY CONTRACT 900099 833,354 833,354 900099 b TRAINING EVENTS/CLASSE 65,682. 65,682. 900099 21,427. 21,427. c MISCELLANEOUS 15,492. 900099 15,492. d All other revenue 935,955. e Total. Add lines 11a-11d ...

12 To

401,335.2

Total revenue. See instructions

028,595.

# 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).

tinclude amounts reported on lines 6b, , 9b, and 10b of Part VIII.  rants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 firants and other assistance to domestic adividuals. See Part IV, line 22 firants and other assistance to foreign arganizations, foreign governments, and foreign adividuals. See Part IV, lines 15 and 16 firenefits paid to or for members frompensation of current officers, directors, austees, and key employees formpensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)  wither salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) wither employee benefits flanagement	(A) Total expenses  693,607.  3,020,362.	(B) Program service expenses  551,935.  2,259,085.	76,503.  411,088.	(D) Fundraising expenses  65,169
and domestic governments. See Part IV, line 21	3,020,362.	2,259,085.	411,088.	350,189
arants and other assistance to domestic andividuals. See Part IV, line 22 arants and other assistance to foreign arganizations, foreign governments, and foreign advividuals. See Part IV, lines 15 and 16 arenefits paid to or for members are sompensation of current officers, directors, and key employees are ompensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) are salaries and wages are sinn plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) of their employee benefits aryroll taxes are sees for services (nonemployees):	3,020,362.	2,259,085.	411,088.	350,189
radividuals. See Part IV, line 22  frants and other assistance to foreign rganizations, foreign governments, and foreign rdividuals. See Part IV, lines 15 and 16  frenefits paid to or for members frompensation of current officers, directors, rustees, and key employees for services (as defined under section 4958(f)(1)) and fersons (as defined under section 4958(c)(3)(B)  first salaries and wages frension plan accruals and contributions (include fection 401(k) and 403(b) employer contributions) first employee benefits frayroll taxes frayroll taxes frayroll taxes frayrols for services (nonemployees):	3,020,362.	2,259,085.	411,088.	350,189
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andividuals. See Part IV, lines 15 and 16 denefits paid to or for members denefits, directors,	3,020,362.	2,259,085.	411,088.	350,189
compensation of current officers, directors, rustees, and key employees compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) other salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) other employee benefits easyroll taxes ees for services (nonemployees):	3,020,362.	2,259,085.	411,088.	350,189
compensation of current officers, directors, custees, and key employees compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) other salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) other employee benefits easyroll taxes ees for services (nonemployees):	3,020,362.	2,259,085.	411,088.	350,189
ompensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) other salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) other employee benefits easyroll taxes ees for services (nonemployees):	3,020,362.	2,259,085.	411,088.	350,189
ompensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) other salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) other employee benefits easyroll taxes ees for services (nonemployees):	3,020,362.	2,259,085.	411,088.	350,189
ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)  other salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions)  other employee benefits eavyroll taxes ees for services (nonemployees):				
ersons described in section 4958(c)(3)(B)  Other salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions)  Other employee benefits eayroll taxes ees for services (nonemployees):				
other salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) other employee benefits eayroll taxes ees for services (nonemployees):				
ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) of their employee benefits ayroll taxes ees for services (nonemployees):				
ection 401(k) and 403(b) employer contributions)  other employee benefits  ayroll taxes  ees for services (nonemployees):	656,707.	499,371.	77,733.	70.600
other employee benefits layroll taxes ees for services (nonemployees):	656,707.	499,371.	77,733.	70 600
ees for services (nonemployees):	050,/U/•	499,3/1.	11,133.	
ees for services (nonemployees):		I		79,603
` * * /		<del> </del>		
lanagement				
egal				
ccounting				
	406 445			106 145
	406,415.			406,415
	405 065	2 400	101 565	
		3,498.	121,567.	
		4 440	4 044	39,120
Office expenses	65,783.	4,412.	1,011.	60,360
nformation technology				
oyalties	0.40 506	222 516	4 660	
Occupancy	249,586.	239,746.	4,663.	5,177
ravel				
ayments of travel or entertainment expenses				
or any federal, state, or local public officials				
conferences, conventions, and meetings				
nterest				
ayments to affiliates	450 000	450 000		
epreciation, depletion, and amortization				
nsurance	87,619.	87,619.		
bove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A),				
NIMAL CARE	813,807.	808,997.	2,175.	2,635
REPAIRS & MAINTENANCE	246,276.	246,276.	,	
SHELTER SUPPLIES	210,214.	210,214.		
IISCELLANEOUS	171,387.	40,937.	124,153.	6,297
		171,299.	42,120.	67,898
		-	861,013.	1,082,863
	, -,	, -,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , ,
* * * * * * * * * * * * * * * * * * * *				
	obbying rofessional fundraising services. See Part IV, line 17 rovestment management fees other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) devertising and promotion office expenses formation technology royalties occupancy ravel ayments of travel or entertainment expenses or any federal, state, or local public officials conferences, conventions, and meetings fiterest ayments to affiliates repreciation, depletion, and amortization resurance ther expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If re 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.) ANIMAL CARE REPAIRS & MAINTENANCE SHELTER SUPPLIES	cocounting obbying rofessional fundraising services. See Part IV, line 17 rivestment management fees other. (If line 11g amount exceeds 10% of line 25, olumn (A), amount, list line 11g expenses on Sch 0.) divertising and promotion office expenses of coupancy royalties occupancy ravel ayments of travel or entertainment expenses or any federal, state, or local public officials conferences, conventions, and meetings office expenses. Itemize expenses not covered ove. (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.) INTIAL CARE EPAIRS & MAINTENANCE SHELTER SUPPLIES ILISCELLANEOUS II other expenses otal functional expenses. Add lines 1 through 24e oint costs. Complete this line only if the organization experted in column (B) joint costs from a combined ducational campaign and fundraising solicitation. heck here \( \) if if following SOP 98-2 (ASC 958-720)	obbying rofessional fundraising services. See Part IV, line 17 rovestment management fees where. (If line 11g amount exceeds 10% of line 25, olumn (A), amount, list line 11g expenses on Sch 0.) divertising and promotion  office expenses  offic	obbying rofessional fundraising services. See Part IV, line 17 rivestment management fees wher. (If line 11g amount exceeds 10% of line 25, olumn (A), amount, list line 11g expenses on Sch 0.) divertising and promotion diffice expenses formation technology loyalties roccupancy ravel ayments of travel or entertainment expenses or any federal, state, or local public officials romerences, conventions, and meetings therest ayments to affiliates experication, depletion, and amortization surrance ther expenses. Itemize expenses not covered hove. (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.) INIMAL CARE EXPAIRS & MAINTENANCE STRILTER SUPPLIES ITSCELLANEOUS It other expenses. It of the organization experted in column (B) joint costs from a combined ducational campaign and fundraising solicitation. heck here  Introducing SOP 98-2 (ASC 958-720)  ### 1016 of the 10 or

# Form 990 (2021) Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,240,117.	1	1,214,147.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			25,500.	3	13,500.
	4	Accounts receivable, net			89,355.	4	85,619
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif	ied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	l in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			58,256.	8	71,646
Ä	9	5			55,402.	9	58,840.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	13,193,791.			
	b	Less: accumulated depreciation	10b	5,350,166.	8,116,208.	10c	7,843,625, 408,582,
	11	Investments - publicly traded securities			728,604.	11	408,582
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			48,949.	15	346,968.
	16	Total assets. Add lines 1 through 15 (must equa			10,362,391.	16	10,042,927
	17	Accounts payable and accrued expenses	225,780.	17	290,432.		
	18	Grants payable				18	
	19	Deferred revenue			27,810.	19	6,057.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form	er offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
iab		controlled entity or family member of any of thes	e pers	ons		22	
_	23	Secured mortgages and notes payable to unrela	ted th	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	third	parties	837,885.	24	
	25	Other liabilities (including federal income tax, pay	/ables	to related third			
		parties, and other liabilities not included on lines	17-24	). Complete Part X			
		of Schedule D			599,045.	25	267,265.
	26	Total liabilities. Add lines 17 through 25			1,690,520.	26	563,754.
S		Organizations that follow FASB ASC 958, che	ck her	e ▶ X			
ဥ		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			8,460,527.	27	9,168,107.
Ä	28	Net assets with donor restrictions			211,344.	28	311,066.
Ĕ		Organizations that do not follow FASB ASC 99	58, ch	eck here 🕨 📖			
Ä		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
ţ	31	Retained earnings, endowment, accumulated in		<b>—</b>	0 (84 084	31	0.450.450
Š	32	Total net assets or fund balances		<u> </u>	8,671,871.	32	9,479,173.
	33	Total liabilities and net assets/fund balances			10,362,391.	33	10,042,927.

Pa	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			1,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2	7 ,		9,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			2,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8 ,	<b>,</b> 67:	1,8	71.
5	Net unrealized gains (losses) on investments	5			3,1	33.
6	Donated services and use of facilities	6				
7	Investment expenses	7			-6	<u>69.</u>
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-7'	7,2	12.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	9	, 47	9,1	73.
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 on Schedul	e O.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:		,			
	Separate basis Consolidated basis X 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	e audit	t.			
	review, or compilation of its financial statements and selection of an independent accountant?		· .	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
-	Act and OMB Circular A-133?	5		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
	, , , , , , , , , , , , , , , , , , , ,					

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

ANIMAL RESCUE LEAGUE OF IOWA. INC 42-0680427 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Pa	Support Schedule for	_					-
	(Complete only if you checke			-	on failed to qualify	under Part III. If the	e organization
<u>S</u>	fails to qualify under the tests	s listed below, pież	ase complete Part	111.)			
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
٠	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	1	1			1	
	endar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	etc. (see instructi	ions)			12	
	First 5 years. If the Form 990 is for the						
	organization, check this box and stop	here					<b>&gt;</b>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (	line 6, column (f), d	divided by line 11,	column (f))			%
	Public support percentage from 2020						%
16a	a 33 1/3% support test - 2021. If the						
	stop here. The organization qualifies						
k	o 33 1/3% support test - 2020. If the						
	and stop here. The organization qual						
17a	a 10% -facts-and-circumstances tes						
	and if the organization meets the fact			=	· ·	VI how the organiz	ation
_	meets the facts-and-circumstances to	· ·	•		•		
k	o 10% -facts-and-circumstances tes	_				*	10% or
	more, and if the organization meets the	ne facts-and-circui	mstances test, che	eck this box and <b>s</b>	top here. Explain	in Part VI how the	

Schedule A (Form 990) 2021

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

# 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	elow, please comp	nete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2016	(6) 2019	(u) 2020	(e) 2021	(i) iotai
'	membership fees received. (Do not						
	include any "unusual grants.")	4486212.	3601065.	4523527.	3928680.	5204532.	21744016.
2	Gross receipts from admissions,	11002121	30010031	13233271	3320000	32013321	217110101
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	419,260.	391,560.	240,810.	1099569.	1187384.	3338583.
2	Gross receipts from activities that	113,12001	332,3331	210,0201	20333031		3333333
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	4905472.	3992625.	4764337.	5028249.	6391916.	25082599.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						25082599.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	4905472.	3992625.	4764337.	5028249.	6391916.	(f) Total 25082599.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	24,895.	2,981.	2,661.	1,335.		31,872.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	24,895.	2,981.	2,661.	1,335.		31,872.
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital				40-0404		
	assets (Explain in Part VI.)	114,691.	107,236.	118,826.	1950184.	935,955.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	5045058.	4102842.	4885824.	6979768.	7327871.	28341363.
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizat	ion,
0-	check this box and stop here	- O D					<u></u> ▶∟_
	etion C. Computation of Publi			. (0)		45	88.50 %
	Public support percentage for 2021 (II			.,,		15	
	Public support percentage from 2020 etion D. Computation of Investigation					16	90.80 %
	Investment income percentage for 20			ne 13 column (fl)		17	.11 %
	Investment income percentage from 2					18	.15 %
	33 1/3% support tests - 2021. If the						
.56	more than 33 1/3%, check this box ar	-					►X
۲	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	•			•		
	Private foundation. If the organization						

# 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
_		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne 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 on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ly member of a person described on line 11a above?	11b		
		s controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect		B. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more s	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)			
		vely 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			
	_	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		e organization operate for the benefit of any supported organization other than the supported	-		
		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
		C. Type II Supporting Organizations			
		71 11 0 0		Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
		D. All Type III Supporting Organizations			
		J1 11 0 0		Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
	_	ison of the relationship described on 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			
		e or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		rted organizations played in this regard.	3		
		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea <b>(see instructions)</b> .			
· a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see in	structio	ns)	
2		ies Test. Answer lines 2a and 2b below.	01.401.0	Yes	No
		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			110
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have organization's involvement.	2b		
		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		e 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.	За		
h		e organization evergise 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.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu-	st complete	Sections A through E.			
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	on 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 integrate	ed Type III supporting ora	anization (see		
	instructions).	, 0		,		

Schedule A (Form 990) 2021

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ıed)	
Secti	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

# Schedule B

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

42-0680427

Internal Revenue Service

Department of the Treasury

ANIMAL RESCUE LEAGUE OF IOWA,

Name of the organization Employer identification number

Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 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), 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), 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).

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

# ANIMAL RESCUE LEAGUE OF IOWA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$8,263.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$16,060.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>149,800</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,628.	Person X Payroll

Name of organization

Employer identification number

# ANIMAL RESCUE LEAGUE OF IOWA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 7,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$32,494.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll

Name of organization Employer identification number

# ANIMAL RESCUE LEAGUE OF IOWA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$7,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$12,800.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$6,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,664.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$6,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,700.	Person X Payroll

Name of organization En

Employer identification number

# ANIMAL RESCUE LEAGUE OF IOWA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$35,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$6,774.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 6,308.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Nume, address, and Zir ++	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$133,572.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# ANIMAL RESCUE LEAGUE OF IOWA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$12,287.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$10,000.	Person X Payroll

Name of organization Employer identification number

# ANIMAL RESCUE LEAGUE OF IOWA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$10,000 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$31,391.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$6,618.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$ 209,955.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$10,000.	Person X Payroll

Name of organization

Employer identification number

# ANIMAL RESCUE LEAGUE OF IOWA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ <u>16,525.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$5,000.	Person X Payroll

Name of organization Employer identification number

# ANIMAL RESCUE LEAGUE OF IOWA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$6,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$5,020.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$168,407.	Person X Payroll

Name of organization Employer identification number

# ANIMAL RESCUE LEAGUE OF IOWA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$9,840.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$9,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$5,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$ 53,889.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$61,189.	Person X Payroll

Name of organization Employer identification number

# ANIMAL RESCUE LEAGUE OF IOWA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$61,432.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$5,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$ <u>10,877.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$6,590.	Person X Payroll

Name of organization

Employer identification number

# ANIMAL RESCUE LEAGUE OF IOWA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
61		\$100,785.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
62		\$ 25,050.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
63		\$5,200.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
64		\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
65		\$5,160.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
66		\$8,000.	Person X Payroll			

Name of organization

Employer identification number

# ANIMAL RESCUE LEAGUE OF IOWA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
67		\$7,536.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
68		\$5,229.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
69		\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
70		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
71		\$ 25,250.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
72		\$50,000.	Person X Payroll			

Name of organization Employer identification number

# ANIMAL RESCUE LEAGUE OF IOWA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
73		\$5,306.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
74		\$6,290.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
75		\$10,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
76		\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
77		\$15,000 <b>.</b>	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
78		\$5,000.	Person X Payroll			

Name of organization Employer identification number

# ANIMAL RESCUE LEAGUE OF IOWA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
79		\$6,520.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
80		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
81	- Hume, address, and Emily	\$5,193.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
82	Name, address, and ZIP + 4	\$ 91,126.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
83		\$60,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
84		\$10,448.	Person X Payroll			

Name of organization

Employer identification number

# ANIMAL RESCUE LEAGUE OF IOWA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
85		\$35,350.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
86		\$19,950.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
87		\$5,378.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
88	Nume, address, and Zir + 4	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
89		\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
90		\$ 5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

# ANIMAL RESCUE LEAGUE OF IOWA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
91		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
92		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
93		\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
94		\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
95		\$5,700.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
96		\$5,000.	Person X Payroll			

Name of organization

Employer identification number

# ANIMAL RESCUE LEAGUE OF IOWA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
97		\$10,400 <b>.</b>	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
98		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
99		\$10,000 <b>.</b>	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
100		\$10,722.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
101		\$90,427.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
102		\$6,210.	Person X Payroll			

Name of organization

Employer identification number

# ANIMAL RESCUE LEAGUE OF IOWA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
103		\$10,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
104		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
105		\$35,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
106		\$\$9,339.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
107		\$15,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
108		\$5,067.	Person X Payroll			

Name of organization Employer identification number

# ANIMAL RESCUE LEAGUE OF IOWA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
109		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
110		\$10,359.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
111		\$9,633.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
112		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

# ANIMAL RESCUE LEAGUE OF IOWA, INC

Part II	Noncash Property (see instructions). Use duplicate copies of P	art 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. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom 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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		   \$	
	-21	Ψ	Schedule B (Form 990) (2

Name of organization **Employer identification number** 42-0680427 ANIMAL RESCUE LEAGUE OF IOWA, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

ANIMAL RESCUE LEAGUE OF IOWA, INC

**Employer identification number** 42-0680427

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	(a) Deliei da lieca la liec	(2)			
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	L	ad funde			
3	are the organization's property, subject to the organization's	-				
6	Did the organization inform all grantees, donors, and donor a					
Ü	for charitable purposes and not for the benefit of the donor of					
	• •					
Par		ganization answered "Yes" on Form 990. Pa				
1	Purpose(s) of conservation easements held by the organizat					
·	Preservation of land for public use (for example, recrea		a historically important land area			
	Protection of natural habitat		a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements					
	Number of conservation easements on a certified historic str					
	Number of conservation easements included in (c) acquired					
	listed in the National Register					
3	Number of conservation easements modified, transferred, re					
	year▶	,				
4	Number of states where property subject to conservation ea	sement is located >				
5	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements i		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year			
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year			
	<b>▶</b> \$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes			
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and			
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the			
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections o		her Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95	·				
	of art, historical treasures, or other similar assets held for pul		•			
	service, provide in Part XIII the text of the footnote to its final					
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furthe	erance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		' <u>-</u>			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre		gain, provide			
	the following amounts required to be reported under FASB A					
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021			

132051 10-28-21

Pai	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, c	r Othe	r Similar .	Assets	(continue	ed)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	t make siç	gnificant use	e of its		_
	collection items (check all that apply):									
а	Public exhibition	c		Loan or exc	hange progra	ım				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how t	hey further t	he organizatio	on's exem	pt purpose	in Part >	KIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or othe	er similar a	assets		_	
	to be sold to raise funds rather than to be m	aintained as part of	the orga	anization's co	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	n answered "	Yes" on F	Form 990, P	art IV, lir	ne 9, or	
	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not i	ncluded			
	on Form 990, Part X?		-						Yes	X No
b	If "Yes," explain the arrangement in Part XIII									
	gg								Amount	
С	Beginning balance						1c			
	Additions during the year									_
	Distributions during the year									_
	Ending balance									_
	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.	·							[	
Pai	· · · · · · · · · · · · · · · · · · ·		_		_					
	<u>'</u>	(a) Current year	(b) F	Prior year	(c) Two year	s back (d	Three years	s back (	( <b>e)</b> Four ye	ars back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									-
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									-
	End of year balance									-
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	1g, column (a	a)) held as:	<u> </u>				-
а	Board designated or quasi-endowment	,	%	<b>O</b> /	,,					
	Permanent endowment	%								
		<del></del> %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse	•	ation th	at are held a	and administe	red for the	e organizatio	on		
	by:	· ·					Ü		Ye	es No
	(i) Unrelated organizations								3a(i) 2	ζ
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	0, Part l'	V, line 11a. S	See Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or o		` '	or other (other)	. ,	cumulated reciation	(4	<b>d)</b> Book v	alue
12	Land	`	-1		4,637.	-: - <del> </del>			34	637.
	Buildings				8,087.	4.0	27,617	. 7	,540,	
	Leasehold improvements			,	-,,	-, -	, • _ /	<del>'   '</del>	, ,	
	Equipment			1.59	1,067.	1 3	22,549	-	268	518.
	Other			,	,	_,,	=,	-	= /	
	. Add lines 1a through 1e. (Column (d) must e		X colu	mn (R) line 1	10c.)			7	,843,	625.
· Juan	The most a through to footaming a must be	guari omi ooo, i art	, Joiai	(2), 1110 1	· · · · · · · · · · · · · · · · · · ·					90) 2021

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.	on Form 000, Bort IV, line	o 11h Soo Earm 000 Dart V line 12	<u> </u>
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(b) Book value	(c) Notified of Valuation. Cost of Cha	or year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	, 10.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	5111 5111 555, 1 di 111, min	1	(b) Book value
(1) Federal income taxes			(a) Down tales
(2) ACCRUED COMPENSATION		<del>-</del>	267,265.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b>&gt;</b>	267,265.

Schedule D (Form 990) 2021

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements With	Revenue per R	eturr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	8,576,768.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	3,133.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	172,969.		
е	Add lines 2a through 2d			2e	176,102.
3	Subtract line 2e from line 1			3	8,400,666.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	669.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	669.
5				5	8,401,335.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total expenses and losses per audited financial statements			1	7,769,466.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	l Other (Describe in Part XIII.)	2d	250,181.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	250,181.
3	Subtract line 2e from line 1			3	7,519,285.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line	18)		5	7 519 285.

### Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### Part X, Line 2:

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF FASB ASC 740-10, WHICH REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE-LIKELY-THAN-NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE (OR REFLECT) ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY FEDERAL OR STATE AUTHORITIES FOR YEARS ENDING BEFORE DECEMBER 31, 2018 NOR HAS THE ORGANIZATION BEEN NOTIFIED OF ANY IMPENDING EXAMINATIONS AND NO EXAMINATIONS ARE CURRENTLY IN PROCESS.

### Part XI, Line 2d - Other Adjustments:

Schedule D (Form 990) 2021 ANIMAL RESCUE LEAGUE OF IOWA, INC  Part XIII Supplemental Information (continued)	42-0680427 Page 5
FUNDRAISING COSTS - SPECIAL EVENTS	68,771.
MERCHANDISE	104,198.
Total to Schedule D, Part XI, Line 2d	172,969.
Part XII, Line 2d - Other Adjustments:	
AUCTION GOODS	77,212.
MERCHANDISE	104,198.
SPECIAL EVENTS	68,771.
Total to Schedule D, Part XII, Line 2d	250,181.

## **SCHEDULE G** (Form 990)

Department of the Treasury

Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ANIMAL RESCUE LEAGUE OF IOWA, INC

Employer identification number

42-0680427 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. X Mail solicitations ☐ Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants g X Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) RKD GROUP - 7130 S. 29TH ST. WEBSITE & MAIL Yes No STE B, LINCOLN, NE 68516 SOLICITATION Х 665,934 400,915 265,019. THE STELTER COMPANY - 10435 NEW YORK AVE., URBANDALE, IA PROFESSIONAL CONSULTING Х 0 5,500 -5,500. 665,934, 406 415 259 519. 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.

132081 10-21-21

Schedule G (Form 990) 2021

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

See Part IV for continuations

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, IIIIeS I and 60. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events None	(d) Total events
			AUCTION	SMALL EVENTS	110110	(add col. (a) through
4)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
3eve	1	Gross receipts	275,227.	199,097.		474,324.
ъ	2	Less: Contributions	78,041.			78,041.
	3	Gross income (line 1 minus line 2)	197,186.	199,097.		396,283.
	4	Cash prizes				
SS	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		25,718.		68,771.
		Direct expense summary. Add lines 4 through			<b>&gt;</b>	68,771.
Do	rt I	Net income summary. Subtract line 10 from I		- 000 D-+ IV II 10		327,512.
Ра	וונו	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
-		\$10,000 0111 01111 000 E2, III10 0a.	( ) 5:	(b) Pull tabs/instant	( ) ( )	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve}						
ш	1	Gross revenue				
		- · ·				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Jirect	4	Rent/facility costs				
_	5	Other direct expenses				
	Ŭ	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>	
		Net construction to a construction of the cons	Thomas Bank de la Co			
	8	Net gaming income summary. Subtract line 7	r trom line 1, column (d)		<b></b>	
9	Fnt	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a	· · · · -	states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
O	II "	Yes," explain:				

Schedule G (Form 990) 2021

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Sch	edule G (Form 990) 2021 ANIMAL RESCUE LEAGUE OF IOWA, INC 42-	0680427	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	□ No
12	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:		
a	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:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	… └── Yes	└── No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party  \$\bigs\\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	└── No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
~			
Sc	hedule G, Part I, Line 2b, List of Ten Highest Paid Fundraise	rs:	
, .	\		
<u>(i</u>	) Name of Fundraiser: THE STELTER COMPANY		
, ,	\ -11		
<u>(i</u>	) Address of Fundraiser: 10435 NEW YORK AVE., URBANDALE, IA	50322	

Schedule G	(Form 990) Supplemental Infor	ANIMAL	RESCUE	LEAGUE	OF	IOWA,	INC	42-0680427 Page 4
Part IV	Supplemental Infor	mation (cont	tinued)					
-								

# **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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

ANIMAL RESCUE LEAGUE OF IOWA, INC **Employer identification number** 42-0680427

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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 explain in Part III.			
	Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	Desire the control of			
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:  Receive a severance payment or change-of-control payment?	40		Х
a h	Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?	4a 4b		X
D	Participate in or receive payment from an equity-based compensation 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.	70		
	Tes to any or lines 4a o, list the persons and provide the applicable amounts for each item in a tim.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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		Х
	Any related organization?	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		Х
b	Any related organization?	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, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		ĺ

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

Schedule J (Form 990) 2021

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.

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.

	(B) Breakdown of W	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) THOMAS COLVIN	(i)	160,719.	40,000.	0.	382,000.	0.	582,719.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 complete this part for any additional information.

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

ANIMAL RESCUE LEAGUE OF IOWA, INC

Employer identification number 42-0680427

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	ıts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts			76.600			
25	Other (ANIMAL FOOD A)	X	0	76,683.	FAIR VALUE		
26	Other ( AUCTION ITEMS)	X	0	73,169.	FAIR VALUE		
27	Other ()						
28	Other ( )			<u> </u>			
29	Number of Forms 8283 received by the organiz		-				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	jement <b>29</b>			T
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date						x
	exempt purposes for the entire holding period?	,				30a	$\perp^{\Delta}$
	If "Yes," describe the arrangement in Part II.	!! 41 4		-f	±:0	0.4	X
31	Does the organization have a gift acceptance p					31	$+^{\Delta}$
32a	Does the organization hire or use third parties of		-			200	l x
<b>L</b>	contributions?					32a	1
	If "Yes," describe in Part II.	oluma (a) fa	r a tupo of propert	y for which column (a) is she	ckod		
33	If the organization didn't report an amount in co	Jiumin (C) 10	i a type of propert	y for writeri column (a) is che	ckeu,		
	describe in Part II.						

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

Schedule M (Form 990) 2021

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Schedule M (Form 990) 2021

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ

OMB No. 1545-0047 Open to Public Inspection

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

Name of the organization

ANIMAL RESCUE LEAGUE OF IOWA, INC **Employer identification number** 

42-0680427 Form 990, Part VI, Section A, line 2: SENIOR MEMBER OF MANAGEMENT IS RELATED TO A MEMBER OF THE BOARD OF DIRECTORS. THE BOARD MEMBER ABSTAINS FROM ANY DISCUSSIONS AND VOTING RELATED TO THE EMPLOYEE'S PERFORMANCE REVIEW AND COMPENSATION NEGOTIATIONS. Form 990, Part VI, Section B, line 11b: A DRAFT OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO BEING FILED. Form 990, Part VI, Section B, Line 12c: THE ORGANIZATION ADDRESSES THE CONFLICT OF INTEREST POLICY AND COMPLIANCE WITH THIS POLICY DURING BOARD OF DIRECTOR MEETINGS. Form 990, Part VI, Section B, Line 15a: THE BOARD OF DIRECTORS REVIEWS AND APPROVES EXECUTIVE COMPENSATION ON AN ANNUAL BASIS BASED ON PERFORMANCE. Form 990, Part VI, Section C, Line 19: THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. Form 990, Part XI, line 9, Changes in Net Assets: DONATED AUCTION GOODS -77,212.

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

Schedule O (Form 990) 2021

### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number 42-0680427 ANIMAL RESCUE LEAGUE OF IOWA, INC Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Legal domicile (state or Public charity Direct controlling Name, address, and EIN Primary activity **Exempt Code** controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No ANIMAL RESCUE LEAGUE OF IOWA FOUNDATION THE FOUNDATION HOLDS ANIMAL RESCUE 42-1508376 5452 NE 22ND ST DES MOINES IA INVESTMENTS FOR THE ANIMAL LEAGUE OF IOWA Х 50313 SHELTER Iowa 501(c)(3) 509(a)(2) INC.

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

<u> </u>	·		1	1		1							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j		(k)	
Name, address, and EIN	Primary activity	Legal domicile	pgal cicile entity Predominant income (related, unrelated, excluded from tax under sections 512-514)    Direct controlling entity   Predominant income (related, unrelated, excluded from tax under sections 512-514)   Share of total income end-of-year assets   Disproportionate end-of-year assets   Disproportionate end-of-year assets   Ves   No   K-1 (For   Ves   No   Ves		Disproportionate		Code V-UBI	Gene	al or P	Percentage			
of related organization		(state or foreign	entity	related, unrelated, lexcluded from tax under	income	end-of-year assets	allocations?		amount in box	OOX partner?		Percentage ownership	
		country)		sections 512-514)		833013	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No		
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	1												
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Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(k contr ent	tion o)(13) rolled ity?
		country)		J. 1.25.7		45515		Yes	No
									<u> </u>
									<u> </u>

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
b	Gift, grant, or capital contribution to related organization(s)							
С	Gift, grant, or capital contribution from related organization(s)							
	Loans or loan guarantees to or for related organization(s)							
е	Loans or loan guarantees by related organization(s)				1e		X	
f	Dividends from related organization(s)				1f		X	
g	Sale of assets to related organization(s)							
h	Purchase of assets from related organization(s)							
i	Exchange of assets with related organization(s)							
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k	k Lease of facilities, equipment, or other assets from related organization(s)							
1	Performance of services or membership or fundraising solicitations for related organization(s)							
m	Performance of services or membership or fundraising solicitations by related organization(s)							
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
	Sharing of paid employees with related organization(s)				10		X	
р	p Reimbursement paid to related organization(s) for expenses							
	q Reimbursement paid by related organization(s) for expenses							
r	r Other transfer of cash or property to related organization(s)							
	Other transfer of cash or property from related organization(s)							
2								
	(a) (b) (c) (d)							
	Name of related organization	Transaction	Amount involved	Method of determining amount in	nvolved			
		type (a-s)						
(1)								
(2)								
<u>(3)</u>								
<u>(4)</u>								
(E)								
<u>(5)</u>								
(6)								
(6)		61		Calcadula	D /Farre	. 000	2024	
132163	3 11-17-21	0.1		Schedule	n (Form	ı 990)	<b>2</b> 021	

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related_unrelated	partners s	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentag
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	ownersnip
		Country)	Sections 5 (2-5 (4)	Yes N	o income	assets	Yes	No	(F01111 1065)	Yes N	10
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