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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer Identification number

lowa workforce De	 velopment Foul	ndation					42		1504936
		harity Status (All o	rganizati	ions mu	st comp	lete this	part.) S	ee instru	ctions.
		ndation because it is:							
1 🖺 A church, c	convention of chi	urches, or association	of churc	hes des	cribed In	eection	170(b)(1)	(A)(I).	
2 D A school de	escribed In secti	lon 170(b)(1)(A)(ii). (A	ttach Sch	edule E.)				
3 🔲 A hospital o	or a cooperative	hospital service orga	nization o	described	i in secti	on 170(b)(1)(A)(iii)) .	
hospital's n	ame, city, and s	ation operated in cortate:							
	ation operated fo 0(b)(1)(A)(Iv). (Co	or the benefit of a colle complete Part II.)	ege or un	iversity o	wned or	operated	by a go	vernments	al unit described in
		vernment or governm							
		ly receives a substant)(1)(A)(vI). (Complete :		its supp	ort from	a governi	mental un	alt or from	the general public
8 🔲 А сотпиині	ty trust describe	d in section 170(b)(1)(A)(vi). ((Complete	Part II.)				
9 🔲 An organiza	ition that normal	ly receives: (1) more th	nan 331/3 9	6 of its sı	apport fro	m contril	butions, r	nembersh	ip fees, and gross
support fro	m gross investn	led to its exempt fund nent income and unro n after June 30, 1975	elated bu	alness ta	exable in	come (les	es sectio	no more n 511 tax) from businesses
		and operated exclusiv						2/21/41	
10 ☐ An organiza	ition organized a	and operated exclusive	vely to tes	he benel	ille salety	perform	the funct	ilons of c	or to carry out the
purposes of	one or more pl	iblicly supported orga	nizations	describe	d in seci	ion 509(8	a)(1) or se	ction 509	(a)(2). See section
509(a)(3). C	heck the box th	at describes the type	of suppo	orting org	anization	and con	nplete lin	es 11e th	rough 11h.
a 🗹 Type			с 🗆 Тур						Type III-Other
e 🛛 By checking	g this box, I cer	tify that the organiza	itlon le no	ot contro	lled dire	ctly or in	directly b	y one or	more disqualified
	er than foundation section 509(a)(2)	on managers and othe).	er than on	e or more	e publicly	support	ed organi	zations de	escribed in section
	nization received n, check this box	a written determinat	tion from	the IRS	that it is	a Type	i, Type i	i, or Type	iii supporting
g Since Augu following pa	st 17, 2006, has	the organization acc	epted any	y gift or (contributi	on from a	any of th	ө	
		r indirectly controls, roing body of the sup				th person	ns descri	bed in (ii)	1190
		erson described in (i)							119(0)
		of a person described							[11g(m)]
		ation about the supp			-		60	la tha	Adl) Americal of
nobazinagoo (1)	(ii) EIN	(ill) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(hv) is the organization in col. (i) listed in your governing document?		the organization in		(vi) is the organization in col (i) organized in the U.S.7		(VII) Amount of support
ū									
	1	(see manuchous))	Yes	No	Yes	No	Yes	No	! !
Iowa Workforce	1	6			1	 			
Development	42-6004546		1	1	 	1	✓	1	9,293
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Total									9,293