EXTENDED TO MAY 17, 2021

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or th	e 2019 calendar year, or tax year beginning UL 1, 2019 and endi	ing J	UN 30, 2020					
В	Check if	C Name of organization		D Employer identific	cation number				
	Addre	IOWA HALL OF PRIDE FOUNDATION							
	Name Chang			20-14060	19				
	∏lnitial return ∏Final	· 1	m/suite	E Telephone number (515) 432-2011					
<u></u>	return termı)-		· · · · · · · · · · · · · · · · · · ·					
_	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code BOONE, IA 50036	ł	G Gross receipts \$	226,172.				
-	lreturn ∏Apple			H(a) Is this a group re for subordinates					
	l tion bendi	SAME AS C ABOVE	公 ろ	H(b) Are all subordinates in					
1 1	——— Гах.ех	empt status X 501(c)(3)	527		list (see instructions)				
		te: NWW.IOWAHALLOFPRIDE.COM		H(c) Group exemption	,				
			L Year o		State of legal domicile, IA				
-	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities TO PROM	MOTE	, DEVELOP, A	AND ASSIST				
Activities & Governance	İ	THE HALL OF PRIDE OPERATED BY IOWA HIGH SCH	QQE C	ATHLETTC AS	SOCIATION.				
rhai	2	Check this box if the organization discontinued its operations or disposed of							
Š	3	Number of voting members of the governing body (Part VI, line 1a)	,	193	8				
ő	4	Number of independent voting members of the governing body (Part VI, line 1)	FEB (1 2021	8				
م	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		1 15	0				
ıţie	6	Total number of volunteers (estimate if necessary)	CD	16	13				
çi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	וטטו	EN, UT 7a	0.				
ď	Ь	Net unrelated business taxable income from Form 990-T, line 39		7b	0.				
				Prior Year	Current Year				
4	8	Contributions and grants (Part VIII, line 1h)		433,100.	103,785.				
Revenue	9	Program service revenue (Part VIII, line 2g)		40.	450.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		99,940.	109,677.				
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		838.	672.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		533,918.	214,584.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		708,293.	406,336.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
e d	Ь	Total fundraising expenses (Part IX, column (D), line 25)	. [
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,650.	13,473.				
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		721,943.	419,809.				
	19	Revenue less expenses Subtract line 18 from line 12		-188,025.	-205,225.				
ts or			Beg	inning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		3,763,611.	3,537,140.				
ASS	21	Total fiabilities (Part X, line 26)		2,389.	2,541.				
E.E.	20 21 22	Net assets or fund balances Subtract line 21 from line 20		3,761,222.	3,534,599.				
Pa	art II	Signature Block							
Und	er pen:	alties of perjury, I declare that have examined this return, including accompanying schedules and	stateme	nts, and to the best of my	kpowledge and belief, it is				
true,	, corre	ct, and complete. Declaration of proposer (other than officer) is based on all information of which p	oreparer t	nas any knowledge. 🖍					
		1 Vmtkan		1/7/	12021				
Sigi	n	Signature of officer		Date / /					
Her	е								
		Type or print name and title							
		Print/Type preparer's name	i.	ate Check	PTIN				
Paid	i	WILLIAM J BAUER		self-employe					
Prep	parer		LLC	Firm's EIN	42-0731256				
Use Only Firm's address 4500 WESTOWN PARKWAY, SUITE 140									
		WEST DES MOINES, IA 50266-6717		Phone no. 5 1	5-223-0002				
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
9320	01 01-2	0-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2019)				

Form 990 (2019)

Form 990 (2019) IOWA HALL OF PRIDE FOUNDATION Part (V) Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ļ
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	_4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		₹.
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			_v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete			x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		<u> </u>
J	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D. Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			1.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
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		<u> </u>
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
ь	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		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F. Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	. 75		 -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		х
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		ι, Ι	
	domestic government on Part IX, column (A), line 1? If "Yes " complete Schedule I, Parts I and II	21	X	

Form 990 (2019)

Forn	n 990 (2019) IOWA HALL OF PRIDE FOUNDATION 20-140	6019	P	age '
Pa	rt IV Checklist of Required Schedules (continued)			
•			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	- 1	1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24 a	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	ĺ		١.,
	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			
	any tax-exempt bonds?	24c	 	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		ļ	x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		^
D	s 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	١		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		<u>^</u>
20	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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	-20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	}	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	\ 	_	
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
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 lines 28a or 28b? If			
	"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		X
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	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33	├	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		٠,,	
	Part V, line 1	34	<u> </u>	7.
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
••	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	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		ŀ	X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	\vdash	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1 20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	- 43	
	Check if Schedule O contains a response or note to any line in this Part V			_
	Silver in Surround & Societies & Posperior of Hotel to unit information and a		Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		.,,,
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	히		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		

(gambling) winnings to prize winners?

• •			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1
	filed for the calendar year ending with or within the year covered by this return 2a0		<u> </u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u>. </u>		<u> </u>
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		<u> </u>
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	:		١.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<u> </u>	
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	L	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	L	<u> </u>
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	<u>6b</u>		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	└
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year		<u> </u>	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		├ ─
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		├
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
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?	<u>8</u>		· .
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90	 	-
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			ĺ
	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			1
	Gross income from other sources (Do not net amounts due or paid to other sources against		•	۱ ۹
_	amounts due or received from them)	٠,		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	Ī		;
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	-	١,	١,
-	organization is licensed to issue qualified health plans	, .		
С	Enter the amount of reserves on hand			,
	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		X
	If "Yes," see 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		L	. 4

IOWA HALL OF PRIDE FOUNDATION Form 990 (2019) 20-1406019 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 X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 8 1a 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. 8 b Enter the number of voting members included on line 1a, above, who are independent 1h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 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? X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 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 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? d8 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 Q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a Х 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 Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Х 14 14 Did the organization have a written document retention and destruction policy? 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? X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? 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? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed -17 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) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain on Schedule O) Own website __ Another's website 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records THOMAS KEATING - (515) 432-2011

50036-5226

1605 S STORY ST, BOONE, IA

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	or any related o	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	ر ا	not o	Pos	ition	than d		Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	an	compensation	compensation	amount of
	week	\vdash	ceran	d a d	recto	r/trus	tee)	from	from related	other
	(list any	ege Ege						the	organizations	compensation
	hours for	5	뫓	ŀ		xated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related organizations	nstee	frust	Ì.	8	ugu		(44-2/1099-141130)		organization and related
	below	inal tr	trona	١.	olde	os se	_			organizations
	line)	ndividual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization.
(1) ROD EARLEYWINE	0.30	一	_	Ť						
CHAIRPERSON	4.00	Х		Х				0.	0.	0.
(2) BARB SCHWAMMAN	0.30									
VICE CHAIRPERSON	4.00	X		X	L.			0.	0.	0.
(3) BRENT COOK	0.30	ł								
TREASURER	4.00	Х		X		L_		0.	0.	0.
(4) SCOTT KIBBY	0.30								_	_
DIRECTOR	4.00	Х	L_		_			_0.	0.	0.
(5) DAVE WIEBERS	0.30	١								_
DIRECTOR	4.00	X			L	_		0.	0.	0.
(6) ANDY CROZIER	0.30			ŀ		ļ			_	_
DIRECTOR	4.00	X		<u>L</u>		_		0.	0.	0.
(7) DERON DURFLINGER	0.30							_	_	
DIRECTOR	4.00	X	_	ļ	_			0.	0.	0.
(8) AMANDA WHALEY	0.30							_	_	
DIRECTOR	4.00	Х	L_	<u> </u>			L_	0.	0.	0.
(9) DR ANN LEBO	0.30							_		
DIRECTOR	4.00	X		Ш.				0.	0.	0.
(10) ALAN BESTE	3.00					<u> </u>				
EXECUTIVE DIRECTOR	40.00	L.		Х	L_	Щ		0.	144,801.	22,824.
(11) BRETT NANNINGA	5.00					1				
ASSOCIATE DIRECTOR	40.00	L.	ldash	Х	_	_		0.	155,873.	44,290.
(12) THOMAS KEATING	3.00	l		l					400 406	
EXECUTIVE DIRECTOR	40.00	\vdash	<u> </u>	X	<u> </u>		<u> </u>	0.	100,136.	20,204.
		<u> </u>	\vdash	\vdash			<u> </u>			
					1					
		<u> </u>	\vdash	-	 	H	_	· · · - · · · · · · · · · · · · · · ·		
		\vdash				\vdash				
			Í		ĺ					
			Г							

Section A. Officers, Directors, Trus		oloy I	ees,			ghes	st C					
(A)	(B)	· ·						(D)	(E)		(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable		Estima	
	week					is both or/trus		compensation from	compensati from relate		amour othe	
	(list any	ā			Γ			the	organizatio		compen	
	hours for	drec	1			- G	l	organization	(W-2/1099-MI		from	
	related	tee or	ustee	İ		ensat		(W-2/1099-MISC)			organız	ation
	organizations	af trus	nal tr		doyee	d comb					and rel	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	itions
	1110)	Ĕ	Ĕ	5	2	Ŧ 5	1 %					_
		ł						}				
		├	H	-	├	\vdash	⊢					
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		\vdash		-		H	-					
		1										
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		1										
				l -		<u> </u>	-		· · · · · · · · · · · · · · · · · · ·			
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		一										
		1										
											·	
	-											
	,											
						<u> </u>					<u> </u>	
1b Subtotal	_						>	0.	400,8	10.	87,	318.
c Total from continuation sheets to Part VII	, Section A						>	0.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	0.	400,8	10.	<u>87,</u>	318.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d at	ove) wh	o re	ceived more than \$100,	000 of reportabl	е		
compensation from the organization												3
										ſ	Yes	s No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	empl	loye	e, or	hıg	hest compensated empl	oyee on		· 	-
line 1a? If "Yes," complete Schedule J for si											3	X
4 For any individual listed on line 1a, is the su									ne organization			-
and related organizations greater than \$150											4 X	
5 Did any person listed on line 1a receive or a	•				-		elate	ed organization or individ	lual for services			-
rendered to the organization? If "Yes." com	olete Schedule	e <i>J f</i>	or si	ıch ı	oers	on_					5	<u> </u>
Section B. Independent Contractors									100.000 /			
1 Complete this table for your five highest con	•	•								pensat	ion from	
the organization Report compensation for t	ne calendar ye	ear e	nair	ıg w	ittn c	or wi	tnin		ear	_	<u>(0)</u>	
(A) Name and business	address	NIC	ONE	,			ĺ	(B) Description of s	ervices	ြင	(C) ompensati	ion
		146)14 L				\dashv			<u> </u>		
	·						†			\vdash		
							-			ļ		
							寸					
							寸					
]			L	==	
	-											
										<u></u>		
2 Total number of independent contractors (in	cluding but no	ot lin	nited	l to 1	thos	e lis	ted	above) who received mo	re than			
\$100,000 of compensation from the organiz	ation				C					L		
											_ ^^^	

			Check if Schedule O	cont	aıns a re	sponse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
								1	function revenue	business revenue	from tax under sections 512 - 514
		_	Codemand communication		Т.	-1	· · · · · · · · · · · · · · · · · · ·	··			000000000000000000000000000000000000000
Contributions, Gifts, Grants and Other Similar Amounts	,		Federated campaigns			a		•			
हुं ब्र		b	Membership dues		<u> </u>	b		}	j	j	j
P,ts		С	Fundraising events			c					
텵별		d	Related organizations		-	d					1
S =		е	Government grants (contr	ıbutı	ions) [1	e					
ទីឡ		f	All other contributions, gifts,	grani	ts, and	ı			!		
34			similar amounts not included	abov	ve 🛅	f	<u> 103,785.</u>				
퉏엮		g	Noncash contributions included in	linos 1	1a- 1f 1	g \$					
Sg		h	Total. Add lines 1a-1f					103,785.			,
				•			Business Code				
.	2	a	MEMBERSHIP DU	ES			900099	450.	450.		
Š	b 111111111111111111111111111111111111				_						
ie š									l - 		
E G		C					 -				
Be		d						<u></u>			
Program Service Revenue		e								<u> </u>	
۳		f	All other program service	reve	nue		<u> </u>	450			
_	_	g	Total, Add lines 2a-2f					450.			
	3	1	Investment income (include	ling	dividenc	s, intere	st, and				
			other similar amounts)				>	77,696.			<u>77,696.</u>
	4		Income from investment of	f tax	k-exempt	bond p	roceeds				
- 1	5	•	Royalties								
- 1				1	(i) f	Real	(II) Personal				ĺ
	6	а	Gross rents	6a							
		ь	Less rental expenses	6b							
			Rental income or (loss)	6c]			
1			Net rental income or (loss)	_	·		•				
İ	7		Gross amount from sales of		(i) Sec	urities	(II) Other				
	•	4	assets other than inventory	7a		569.	(4, 5 = 1.5.				`
			Less cost or other basis	10	 19,	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
اده		D			111	588.					
Ž			and sales expenses	7b 7c	21	$\frac{380.}{981.}$	-	1			
S			Gain or (loss)	/c	31,	901.		31,981.	31,981.		
Other Revenue			Net gain or (loss)				▶	31,901.	31,301.		
盲	8	а	Gross income from fundraising	ng ev	ents (no	١					
ō			including \$			of	}				
			contributions reported on	lıne	1c) See						
			Part IV, line 18			8a					
		þ	Less direct expenses			8b	<u> </u>				
į		¢	Net income or (loss) from	fund	raising e	vents_			·		
ı	9	а	Gross income from gamin	g ac	tivities	See					. •
			Part IV, line 19			9a				İ	
}		ь	Less direct expenses			9b					
			Net income or (loss) from	aam	ına actıv	ities	<u> </u>				,
Ì	10		Gross sales of inventory, I	~	•		Γ				
		-	and allowances		otamo	10a]				
		L				10b					
1			Less cost of goods sold	. مام	o of						
+	_	<u>c</u>	Net income or (loss) from	sales	s or inve	погу	Business Cod:				
2			Omitan Daviera				Business Code	672.	672		!
함릭	11	а	OTHER REVENUE				900099	0/2.	672.		
		b					 				
Miscellaneous Revenue		С					ļ				
ફુ≒		d	All other revenue				L				 ,
		е	Total. Add lines 11a-11d					672.			
	12	<u> </u>	Total revenue. See instruction	ns				214,584.	33,103.	0.	77,696.
932009	01	-20-	20								Form 990 (2019)

Form 990 (2019) IOWA HALL OF PRIDE FOUNDATION Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A)	
	Check if Schedule O contains a respons	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	106 226	406 226	,	
	and domestic governments See Part IV, line 21	406,336.	406,336.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign	i			
	organizations, foreign governments, and foreign				1
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	-			
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages Pension plan accruals and contributions (include				
8	· · · · · · · · · · · · · · · · · · ·				
_	section 401(k) and 403(b) employer contributions)			 -	
9	Other employee benefits		····		
10	Payroll taxes Fees for services (nonemployees)				
11	Management				
a	Legal	111.		111.	
b	Accounting	1,034.		1,034.	
c	Lobbying		11.50	2,031.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	11,929.		11,929.	
	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)			ł	
12	Advertising and promotion	399.			399.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	_			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	419,809.	406,336.	13,074.	399.
26	Joint costs Complete this line only if the organization	J			
	reported in column (B) joint costs from a combined	İ			
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		2,494,304.	2	2,300,427.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or	former officer, director,	,	1	
	ļ	trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes	•		5	-
	6	Loans and other receivables from other disqualif	, ,	***************************************		
	ļ	under section 4958(f)(1)), and persons described	ın section 4958(c)(3)(B)		6	
र्र	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		8		
٩	9	Prepaid expenses and deferred charges		9		
	10a					
		basis Complete Part VI of Schedule D	10a			
	ı	Less accumulated depreciation	10b	700 025	10c	704 (16
	11	Investments - publicly traded securities	799,935.	11	794,616.	
	12	Investments - other securities See Part IV, line 1		12		
	13	Investments - program-related See Part IV, line 1		13		
	14	Intangible assets	460 372	14	440 007	
	15	Other assets See Part IV, line 11		469,372. 3,763,611.	15	442,097 3,537,140
	16	Total assets. Add lines 1 through 15 (must equa	l line 33)	2,389.	16	2,541
	17	Accounts payable and accrued expenses		<u> </u>	17	2,341
	18	Grants payable			18	
	19	Deferred revenue		<u> </u>	19 20	
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability Complete F	Port IV of Schodulo D	<u> </u>	21	
	22	Loans and other payables to any current or form			-21	
Liabilities	22	trustee, key employee, creator or founder, substa		-		
E E		controlled entity or family member of any of thes			22	
Ľ.	23	Secured mortgages and notes payable to unrela	·		23	
	24	Unsecured notes and loans payable to unrelated	•		24	
	25	Other liabilities (including federal income tax, pay				
	-	parties, and other liabilities not included on lines		ii		
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		2,389.	26	2,541.
		Organizations that follow FASB ASC 958, che-	k here 🕨 🗓			
es		and complete lines 27, 28, 32, and 33.				
auc	27	Net assets without donor restrictions		2,743,908.	27	2,485,504.
Bal	28	Net assets with donor restrictions		1,017,314.	28	1,049,095.
2		Organizations that do not follow FASB ASC 95	58, check here 🕨 🔲			
₫.	1	and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipment fund		30	
Asi	31	Retained earnings, endowment, accumulated inc	ome, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		3,761,222.	32	3,534,599.
_	33	Total liabilities and net assets/fund balances		3,763,611.	33	3,537,140. Form 990 (2019

	990 (2019) IOWA HALL OF PRIDE FOUNDATION	<u> 20-</u>	<u>1406019</u>	Pa	age 12				
Pa	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
				_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			84.				
2	Total expenses (must equal Part IX, column (A), line 25)	2			09.				
3	Revenue less expenses Subtract line 2 from line 1	3			25.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	3,76							
5	Net unrealized gains (losses) on investments	5		<u>1,3</u>	98.				
6	Donated services and use of facilities	6							
7	Investment expenses	7	<u> </u>						
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,	i J							
	column (B))	10	3,53	4,5	<u>.99.</u>				
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII			· · · · · ·	<u>Ш</u>				
				Yes	No				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O)		.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	ſ						
	separate basis, consolidated basis, or both								
	Separate basis Consolidated basis Both consolidated and separate basis			.					
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,	l	· .					
	consolidated basis, or both			,					
	Separate basis X Consolidated basis Both consolidated and separate basis				.				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,	ł	l					
	2c	X	 						
	i		.						
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audıt			1				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>					
			Forn	ո 990	(2019)				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization IOWA HALL OF PRIDE FOUNDATION Employer identification number 20-1406019

Part I	Reason for Public	Charity Status (All organizations must co	omplete th	s part) Se	e instructions						
The organ	e organization is not a private foundation because it is. (For lines 1 through 12, check only one box.)											
1 🗀	A church, convention of ch	urches, or associatio	n of churches described	lın sectio	n 170(b)(1	I)(A)(ı).						
2 🔲	A school described in sect					"" \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
з 🗔	A hospital or a cooperative		·			1).						
4 🗔	A medical research organiz					•	the hospital's name.					
	city, and state	·	•			,	,					
5	An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in					
• —	section 170(b)(1)(A)(iv). (,		,,							
6	A federal, state, or local go		nental unit described in	section 17	/∩/Ь\/ 1\/Δ\	(v)						
7	An organization that norma	•				• •	oublic described in					
,	section 170(b)(1)(A)(vi). (C		mai part of its support	o a gove	······································	and or nom the general p	public decembed in					
8			1\(\Delta\(\vi\) (Complete Par	t II)								
□ e	•	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-	-		• •	-	-	-					
	university	grant college or agrici	ulture (see iristractions)	Litter the i	iaine, city	, and state of the college	; OI					
10 🗀	An organization that norma	ully receives (1) more	than 33 1/3% of its sun	nort from c	ontributio	ne mamharchin face an	nd grace receipts from					
10	activities related to its exer	•				,	-					
	income and unrelated business.		(less section 511 tax) in	iii busiiies	ses acqui	red by the organization a	inter June 30, 1975					
🗀	See section 509(a)(2). (Co		unly to tact for public ca	fatu Saa	oostion El)Q(a)(A)						
11 L	An organization organized An organization organized	•	•	•			nurnosas af ana ar					
12 (11)	more publicly supported or											
	lines 12a through 12d that	-					SHECK THE DOX III					
a X		• •					alvina.					
a <u>L∧</u>												
	the supported organization	• • • • •		majority o	i trie direc	tors or trustees or the st	apporting					
L [organization You must o	•		uon with iti	cupporto	id organization(s), by hay	un a					
b	Type II. A supporting org											
	control or management of			anie persoi	is that co	ntroi or manage the supp	oonea					
	organization(s) You mus	· · · · · · · · · · · · · · · · · · ·				معمومه والمحادة والمحادة	ماغرين اس					
c	☐ Type III functionally inte						ea with,					
	its supported organizatio						-at(a)					
d [_	☐ Type III non-functionally											
	that is not functionally in	•	•	-			veness					
ΓŒ	requirement (see instruct											
e [X						Type I, Type II, Type III						
4	functionally integrated, o		nally integrated supporti	ng organiza	ation		1					
	er the number of supported	•	4									
	vide the following information (i) Name of supported		d organization(s) (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other					
	organization	(, =	(described on lines 1-10	Yes	ng document?	support (see instructions)	support (see instructions)					
TOWA	HIGH SCHOOL	-	above (see instructions))	163	140		<u> </u>					
	TIC ASSN	20-8062466	10	x		406,336.						
AIRDE	IIC ASSIV	20-0002400	10	<u> </u>		400,330.						
						-	<u> </u>					
				-	-							
		 		 		<u> </u>						
		 -				406.336.						

Sch Pa	edule`A·(Form 990 or 990-EZ) 2019 I	OWA HALL	OF PRIDE	FOUNDATIO	N h)(1)(A)(iv) and	20-140	6019 Page 2
, ,	(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I	or if the organizatio			
	fails to qualify under the tests	listed below, plea	se complete Part	····)			
	ction A. Public Support		T		,	,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and		ļ	1		ļ	
	membership fees received. (Do not					/	1
	include any "unusual grants ")				<u></u>		L
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to			1			1
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to				/		
	the organization without charge			1		ļ	ļ
4	Total, Add lines 1 through 3						
	The portion of total contributions		<u> </u>				
Ŭ	by each person (other than a						
	governmental unit or publicly		}	1		1	1
	supported organization) included						
	on line 1 that exceeds 2% of the			/			
	amount shown on line 11,		1				
	column (f)		İ			ł	ł
_	* '			 		 .	
	Public support. Subtract line 5 from line 4		<u> </u>		 -		<u> </u>
_		(-) 0015	(L) 0016	(0) 2017	(4) 2019	(-) 2010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4		/	<u> </u>		 	
8	Gross income from interest,		/				
	dividends, payments received on						
	securities loans, rents, royalties,			İ		[
	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					1	
	assets (Explain in Part VI)				<u></u>		
11	Total support. Add lines 7 through 10			<u> </u>	<u> </u>	<u> </u>	<u> </u>
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
	organization, check this box and stop	here					<u> </u>
Sec	ction C. Computation of Publi	c Support Per	centage			····	
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2019. If the c	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	n			▶ □
b	33 1/3% support test - 2018. If the c	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali						▶
17a	10% -facts-and-circumstances test				e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac-						
	meets the "facts-and-circumstances"					3	
h	10% -facts-and-circumstances test	_	•	-	-	17a, and line 15 is	10% or
	more, and if the organization meets th	•					
	organization meets the "facts-and-circ				-		
18	Private foundation. If the organization						s F
	/	<u> </u>				edule A (Form 990	

(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 \

Se	ction A. Public Support	elow, please comp	Diete Fait II)		_		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		Ì		1	1	
	include any "unusual grants ")						
2	Gross receipts from admissions,			<u> </u>			7
	merchandise sold or services per-						/
	formed, or facilities furnished in	ł	ł			/	1
	any activity that is related to the organization's tax-exempt purpose		}				
3			<u> </u>			1	
Ů	are not an unrelated trade or bus-						
	iness under section 513	}	ł	1	1		}
		· - .	· · · · · · · · · · · · · · · · · · ·		 	 /	
4	Tax revenues levied for the organ-	ļ	ļ		/	1	
	ization's benefit and either paid to	1	İ			Ì	
_	or expended on its behalf		 	 	 /-	 	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		ļ	-	 /	<u> </u>	
6	Total, Add lines 1 through 5		 	 	/		
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				<u> </u>		
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		1		1		
	amount on line 13 for the year						
(: Add lines 7a and 7b			/	1		
8	Public support. (Subtract line 7c from line 6)		. /	1			
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(ь) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6			<u></u>	<u> </u>		
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,		/				
	and income from similar sources		<i>Y</i>				
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		ļ	1			
	Add lines 10a and 10b						
	Net income from unrelated business			<u> </u>	 _	 	
	activities not included in line 10b,			1			
	whether or not the business is	<i>y</i>	ļ		1		1
12	regularly carried on Other income Do not include gain	<u></u>	<u> </u>	 			
	or loss from the sale of capital						
40	assets (Explain in Part VI)			 	 -		
	Total support. (Add lines 9, 10c, 11, and 12)	10				501/\/2\	
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, tourth, or titth to	ax year as a section	on 501(c)(3) organiz	ation,
<u></u>	check this box and stop/here	o Support Do	roomtogo				
_	ction C. Computation of Publi			(0)		145	
	Public support percentage for 2019 (column (1))		15	<u>%</u>
	Public support percentage from 2018					16	<u> %</u>
Se	ction D. Computation of Inves						
17	/ '	•	• • • • • • • • • • • • • • • • • • • •	line 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box ai	•	•		- · · ·		
k	33/1/3% support tests - 2018. If the	-					and
	Ine 18 is not more than 33 1/3%, che	ck this box and st	top here. The org	anization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	_

Part IV | Supporting Organizations

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

S

Sec	tion A. All Supporting Organizations		,	,
			Yes	No
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		أحييه	لــــا
	class or purpose, describe the designation If historic and continuing relationship, explain	11	X	<u> </u>
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			لــــا
	organization was described in section 509(a)(1) or (2)	2	<u> </u>	Х
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes, " answer			- <u></u> -
	(b) and (c) below	3a		X
þ				
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b	. .	
С	·			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	_	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	ļ		اجيا
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	ļ	Х
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			l i
	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	4b	\vdash	
С		٠ .		
	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)			ئــــا
_	purposes	4c	\vdash	
5a		•		7
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			1
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			1
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			<u> </u>
_	was accomplished (such as by amendment to the organizing document)	5a ,		
ь		5b		
_	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	\vdash	
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	<u>. 30</u>		<u> </u>
6	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	'	-	1 4
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	} -		1 1
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	١,	_	
	Part VI.	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		\Box	<u></u>
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	l .		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		X
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	ļ		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		Х
С				
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		Х
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 10b below	10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b

Sche	dule A (Form 990 or 990-EZ) 2019 IOWA HALL OF PRIDE FOUNDATION 2	0-14060	19 F	age 5
Par	t IV Supporting Organizations _(continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		-	اجيدا.
	below, the governing body of a supported organization?	118		X
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) ar (b) above?	111		$\frac{\Lambda}{X}$
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations		<u> </u>	1 4
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00	1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			.
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			.
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			{
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		_	اا
	supervised, or controlled the supporting organization.	2		X
Sec	tion C. Type II Supporting Organizations		1	T
_	Market and the second of the s		Yes	No i
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	Ì		
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			·
Sec	tion D. All Type III Supporting Organizations		<u> </u>	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		_	.
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		_	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<u> </u>		اـــا
500	supported organizations played in this regard.	3		Ь
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru The organization satisfied the Activities Test Complete line 2 below	ictions).		
a b	The organization satisfied the Activities rest Complete line 2 pelow The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructio	nel	
2	Activities Test Answer (a) and (b) below.	see manucho	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	,		
	how the organization was responsive to those supported organizations, and how the organization determined		_	لبدل
	that these activities constituted substantially all of its activities	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		1
	reasons for the organization's position that its supported organization(s) would have engaged in these		_	لــــا،
	activities but for the organization's involvement	<u>2b</u>	-}-	 ,
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	 -		╢╌╌┛
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	-	+
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b	- - <u>-</u>	.
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		000 57	1 0010

Sche	rdulè A (Form 990 or 990-EZ) 2019 IOWA HALL OF PRIDE FOUN	DATT	ON 2	0-1406019 Page 6
Pa				o z z z o o c o n age o
1	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con	g trust o	n Nov 20, 1970 (explain in P	art VI). See instructions. A
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			-
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8_		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		H + 10 1 7 7 70	
	instructions for short tax year or assets held for part of year)	_	92	,
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	\top		, , , ,
	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 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		1	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	a* !	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	41	
4	Enter greater of line 2 or line 3	4	,	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule	A (Form	990 or	990-EZ)	2019

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2019

b Excess from 2016
 c Excess from 2017
 d Excess from 2018
 e Excess from 2019

Schedule A	(Form 990 or 990-EZ) 2019 IOWA	HALL OF	PRIDE	FOUNDAT	ION		20-1406019	Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1, Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8, and Par (See instructions)	Provide the exp 4b, 4c, 5a, 6, 9 13, Part IV, Sec	planations rec a, 9b, 9c, 11a tion E, lines 1	quired by Part I a, 11b, and 11d c, 2a, 2b, 3a, a	I, line 10, Part c, Part IV, Sec and 3b, Part V	: II, line 17a or 1 tion B, lines 1 a ', line 1, Part V, S	7b, Part III, line 12, nd 2, Part IV, Section Section B, line 1e, Pa	· C.
		_						
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Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

IOWA HALL OF PRIDE FOUNDATION

Employer identification number 20-1406019

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	e 6	<u> </u>
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	i only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	erring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a hi	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form 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
þ	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel-	eased, extinguished, or terminated by the orga	anization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation (easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statements	that describes the
Dai	organization's accounting for conservation easements † III Organizations Maintaining Collections of	Art Historical Treasures or Other	Similar Assets
Fai			Sillilai Assets.
	Complete if the organization answered "Yes" on Form		ata a sa shaak wa da
па	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		rance of public
	service, provide in Part XIII the text of the footnote to its finar		and the set of the set of
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheran	ice of public service,
	provide the following amounts relating to these items		*
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treations of all and a FASE A		i, provide
_	the following amounts required to be reported under FASB A	SO 956 relating to these items	*
	Revenue included on Form 990, Part VIII, line 1		\$
<u></u>	Assets included in Form 990, Part X		

		LL OF PRIDE					<u>06019</u>	
_{Pa}	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	r Simila	r Assets	(continu	ued)
3 `	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that make s	significant	use of its		
	collection items (check all that apply)							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	lections and explain	how they further th	ie organization's exe	mpt purpo	se in Part	XIII	
5	During the year, did the organization solicit o	•	•	-				
	to be sold to raise funds rather than to be ma						Yes	☐ No
Pai	t IV Escrow and Custodial Arran				n Form 990) Part IV I		
	reported an amount on Form 990, Par		, to ii allo organizano			,, · a, ·	0, 0.	
12	Is the organization an agent, trustee, custodi		any for contribution	s or other assets not	included			
Id		an or other intermedi	ary for contribution	o other assets not	Included		Yes	□ No
_	on Form 990, Part X?	and complete the fall	lauwaa tabla			<u> </u>	_ res	NO
D	If "Yes," explain the arrangement in Part XIII	and complete the loll	lowing table				A	
	D				<u> </u>		Amount	
С.	Beginning balance				1c	—		
d	Additions during the year				1d	 		
е	Distributions during the year				1e			
f	Ending balance				<u>1f</u>			
	Did the organization include an amount on Fo				•	<u> </u>	」Yes	∐ No
	If "Yes," explain the arrangement in Part XIII							
Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo		10	-		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	<u>years back</u>
1a	Beginning of year balance	462,367.	317,747.	167,874.		7,218.	<u> </u>	985.
b	Contributions	0.	150,474.	151,710.	1	50,543.	 	6,000.
С	Net investment earnings, gains, and losses	645.	15,522.	13,635.		10,648.		233.
d	Grants or scholarships	24,456.	19,279.	14,154.	l		l	
е	Other expenditures for facilities							
	and programs			<u>.</u>			l	
f	Administrative expenses	2,266.	2,097.	1,318.		535.		
g	End of year balance	436,290.	462,367.	317,747.	1	67,874.		7,218.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as				
а	Board designated or quasi-endowment	•	%					
b	Permanent endowment ► 100.00	%						
		%						
•	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
3a	Are there endowment funds not in the posses		tion that are held ar	nd administered for t	he organiz	ation		
-	by						٦	Yes No
	(i) Unrelated organizations							X
	(ii) Related organizations						3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ad on Schedule R2				3b	
	Describe in Part XIII the intended uses of the	•						
Pai	t VI Land, Buildings, and Equipm		Willett lands					
			Dort IV line 11a S	as Form 990 Part Y	line 10			
	Complete if the organization answered					-d	(d) P==1	uakes.
	Description of property	(a) Cost or or			Accumulati		(d) Book	value
		basis (investm	Dasis	(other) de	epreciation	 	——	
	Land					- -		
	Buildings							
C	Leasehold improvements							
d	Equipment					$-\!\!\!\!\!+\!\!\!\!\!\!-$	_ -	
<u>e</u>	Other		<u> </u>					
Tota	I. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part 2	X. column (B), line 1	Oc.)		▶		0.

Schedule D (Form 990) 2019

	F PRIDE FOUND	ATION	20-1406019 Page
Part VII Investments - Other Securities.			a.
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost of	r end-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	11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or	r end-of-year market value
(2)			
(3)			
(4)	·	·	
(6)			
(8)			··-··
(9)		3 30 3 00	
Total. (Coi (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			<u> </u>
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	7.4 Coc 1 cm coc, 1 are x, mic 10	(b) Book value
(1) INTEREST & DIVIDENDS RECEI			5,807
	SETS OF ANOTHE	ER	436,290
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	<u></u>		
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	15.)		442,097
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line	e 2 <u>5</u>
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)	<u></u>		
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.) 2. 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

(6) (7) (8) (9)

Schedule D (Form 990) 2019 IOWA HALL OF PRIDE F		20-1406019 Page 4
Part XI Reconciliation of Revenue per Audited Financial	•	er Return.
Complete if the organization answered "Yes" on Form 990, Part		
1 Total revenue, gains, and other support per audited financial statemen	ts	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments	2a	i I
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d	<u></u>	2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	j l
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I. lin	ne 12.)	5
Part XII Reconciliation of Expenses per Audited Financia	al Statements With Expenses	per Return.
Complete if the organization answered "Yes" on Form 990, Part	t IV, line 12a	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I.	line 18)	5
Part XIII Supplemental Information.	<u></u>	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prove		V, line 4, Part X, line 2, Part XI,
PART V, LINE 4: THE ENDOWMENT FUND IS HELD AND ADMINIST	TERED BY THE GREATE	P DEC MOINEC
THE ENDOWMENT FUND IS HELD AND ADMINIST	TERED BI THE GREATER	N DES MOINES
COMMUNITY FOUNDATION. THE FUND WAS EST	TABLISHED BY THE ORG	GANIZATION TO
SUPPORT THE CHARITABLE PURPOSES OF THE	IOWA HALL OF PRIDE	FOUNDATION.
		<u></u> ,
		

932054 10-02-19

Schedule D (Form 990) 2019

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

V, line 21 or 22.

2019
Open to Public · ·

OMB No 1545-0047

2

X Yes

Attach to Form 990.

Employer Identification number 20-1406019 ► Go to www.irs.gov/Form990 for the latest information. IOWA HALL OF PRIDE FOUNDATION

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

Part Is General Information on Grants and Assistance

Name of the organization

Department of the Treasury Internal Revenue Service criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any	ocedures for monit	toring the use of grant f	funds in the United	States omplete if the organia	"\" hanswered "Y	es" on Form 990. Part	IV. line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if additic	onal space is neede	þ			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
IA HIGH SCHOOL ATHLETIC ASSN 1605 S STORY ST BOONE, IA 50036	20-8062466	501(c)(3)	406,336.	0			SUPPORT FOR HALL OF PRIDE OPERATIONS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	and government or is listed in the line	ganizations listed in the 1 table	e line 1 table				1.
_ ر ا	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2019)

Page 2 20-1406019 IOWA HALL OF PRIDE FOUNDATION

Part III can be duplicated if additional space is needed					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, lin	e 2, Part III, column	(b), and any other ad	ditional information	
PART I, LINE 2:					
EXPENDITURES ARE FUNDED BASED UPON	GRANT	CRITERIA. ALL	I EXPENDITURES	URES ARE	
APPROVED BY THE ORGANIZATION'S EXEC	EXECUTIVE DI	DIRECTOR.			
				,	
932 102 10-26-19					Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

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

Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

IOWA HALL OF PRIDE FOUNDATION

Employer identification number 20-1406019

			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		<u> </u>	[;
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ן ו
	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 Written employment contract			`
	Independent compensation consultant Compensation survey or study	1		
	Form 990 of other organizations Approval by the board or compensation committee			•
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		*	
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
				-
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	_		-
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
þ	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		·	ر م
	contingent on the net earnings of			
а	The organization?	_6a		X
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		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			لتع
	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			لبنا
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 IOWA HALL OF PRIDE FOUNDATION ZU-1406ULY
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	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(j)(B)	in column (B) reported as deferred on prior Form 990
(1) ALAN BESTE	Ξ	0	0	0.	0	0	0	0.
EXECUTIVE DIRECTOR	Ξ	144,80	0	0	10,791.	12,033.	167,625.	0
4	Ξ		0	.0	0	0		0
ASSOCIATE DIRECTOR	(E)	155,87	0	0	18,240.	26,050.	200,163.	0
	Ξ							
	(ii)							
	Θ							
	(iii)							
	(i)							
	(E)							
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972117 10.21.19							Schedu	Schedule J (Form 990) 2019

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
PART I, LINE 4B:
ALAN BESTE, EXECUTIVE DIRECTOR, UNDER A SEC 457(F) PLAN, RECEIVED PAYMENTS
DURING THE CALENDAR YEAR 2019 OF \$10,712 (\$ 1,530 WAS RECEIVED DURING THE
FISCAL YEAR ENDING 6/30/20). FROM IOWA HIGH SCHOOL ATHLETIC ASSOCIATION, A
RELATED ORGANIZATION.
Schedule J (Form 990) 2019

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TOWN HALL OF PRIDE POINTAUTON

Employer identification number 20 1406010

10WA HALL OF PRIDE FOUNDATION 20-1406019
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE SOLE PURPOSE OF THE IOWA HALL OF PRIDE FOUNDATION IS TO PROVIDE
FINANCIAL ASSISTANCE TO THE IOWA HALL OF PRIDE PROGRAM OF THE IOWA HIGH
SCHOOL ATHLETIC ASSOCIATION.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FORM 990 INCLUDING THE REQUIRED SCHEDULES WAS PROVIDED TO
EACH MEMBER OF THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR REVIEWED THE
FORM 990 AND SCHEDULES AT THE JANUARY 21, 2021 MEETING OF THE BOARD OF
DIRECTORS PRIOR TO FILING THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF DIRECTORS AND PERSONS ASSOCIATED WITH THE FOUNDATION (COVERED
PERSONS) ARE REQUIRED TO ANNUALLY REVIEW THE CONFLICT OF INTEREST POLICY
AND ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO. EACH MUST DISCLOSE
ANY CURRENT CONFLICT OF INTEREST. THIS DISCLOSURE IS GIVEN TO THE
EXECUTIVE DIRECTOR AND IS RETAINED ON FILE. A BOARD MEMBER IS NOT ALLOWED
TO TAKE PART IN DISCUSSIONS ON NOR VOTE ON ANY MATTER IN WHICH HE OR SHE,
OR MEMBERS OF HIS OR HER FAMILY, HAVE A BUSINESS OR FINANCIAL INTEREST. IF
THE BOARD MEMBER DOES NOT ABIDE BY THE CONFLICT OF INTEREST COVENANT, HIS
OR HER BOARD MEMBERSHIP IS SUBJECT TO TERMINATION FOR CAUSE.
FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES AND DOES NOT COMPENSATE ANY
OFFICERS OR DIRECTORS.

Schedu					-EZ) (2	019)																Page 2
Name o	of the	orgar	nizatioi ——–		OWA	. НА	LL	OF	PR	IDE	FOU	NDA	TIO	N					Emplo 2	yer ide 0 – 1 <u>4</u>	ntification i	number
FORM	19	90,	PA	RT	VI,	SE	CTI	ON	C,	LIN	E 1	9:										
THE	OR	GAN	IZA'	rio	N P	ROV	IDE	S :	ITS	ANN	UAL	AU	DIT	AND	ОТН	ER	<u>GOV</u>	ERN	IING	DOC	UMENTS	ТО
THE	PU	BLI	C U	PON	RE	QUE	ST.											<u>-</u>				
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b,

or 37.	
35b, 36, or	
33, 24, 32 94, 32	
/, line 3	
990, Part IV, line	
on Form 990	m 990.
-	to Form
red "Yes'	Attach
we	•

Open to Public Inspection 2019

OMB No 1545-0047

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

Employer identification number 20-1406019 Direct controlling entity End-of-year assets **e** Total income Ð Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) IOWA HALL OF PRIDE FOUNDATION Primary activity Name, address, and EIN (if applicable) of disregarded entity Name of the organization Partl

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 organizations during the tax vear

organizations during the tax year							
(a)	(9)	(0)	(Đ)	(e)		(g) Section 512(b)(13)	(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	lling	control	ed (c. Ve.)
of related organization		foreign country)	section	status (if section	entity	entity?	,
				501(c)(3))		Yes	Š
IOWA HIGH SCHOOL ATHLETIC ASSOCIATION -					IOWA HIGH SCHOOL		
20-8062466, 1605 S. STORY ST, BOONE, IA	REGULATE AMATEUR ATHLETICS				ATHLETIC		
	FOR MEMBER SCHOOLS	IOWA	501(C)(3)	LINE 11	ASSOCIATION		×
			i				

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Schedule R (Form 990) 2019

20-1406019

Page 2

Schedule R (Form 990) 2019 IOWA HALL OF PRIDE FOUNDATION

Part iii) 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

General or Percentage managing ownership Schedule R (Form 990) 2019 Yes No (i) Section 512(b)(13) controlled entity? 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 <u>₹</u> Percentage ownership Yes Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets <u>(6</u> Disproportionate Yes allocations? Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income (d)
(d)
(f Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) (d)
Direct controlling
entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 932162 09-10-19 Part IV

Schedule R (Form 990) 2019 IOWA HALL OF PRIDE FOUNDATION

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes Ño
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?	with one or more rel	ated organizations listed i	n Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				1f
g Sale of assets to related organization(s)				1g X
j Lease of facilities, equipment, or other assets to related organization(s)				1 _i
L Lasea of facilities equipment or other assets from related organization(s)) ×
Performance of services or membership or fundraising solicitations for related organization(s)	ization(s)			×
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			┝╼
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uc			\vdash
				To X
p Reimbursement paid to related organization(s) for expenses				T dt
q Reimbursement paid by related organization(s) for expenses				1q X
r Other transfer of cash or property to related organization(s)				+
Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on wh	o must complete the	s line, including covered r	formation on who must complete this line, including covered relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved
(1) IOWA HIGH SCHOOL ATHLETIC ASSOCIATION	В	406,336. AMOUNT	AMOUNT PAID	
6				Ì
(3)				
(4)				
139				
(9)				
332 163 09-10-19			Schedule F	Schedule R (Form 990) 2019

20-1406019 Page 4

Schedule R (Form 990) 2019 IOWA HALL OF PRIDE FOUNDATION

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.	tructions regarding exclus	ion for certain inve	stment partnerships.						
(a)	(q)	(2)			(6)	£	ε	9	<u>(</u> E
Name, address, and EIN	Primary activity	Legal domicile	Predominant income partners sec. (related, unrelated,	ec. Share of	Share of	Dispropor- tionate	Code V-UBI amount in box 20	General or managing	Percentage
Saint O		country)	excluded from tax under orgs / sections 512-514) Yes No	_	assets	Yes No	of Schedule K-1 (Form 1065)	yes No	dineisino
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Schedule R	(Form 990) 2019		HALL OF	PRIDE	FOUNDA	NOTTON		20-1406019	Page 5
Part VII	(Form 990) 2019 Supplemental Info	rmation							
, , , , , , , , , , , , , , , , , , , ,	Provide additional inform		sponses to ques	tions on Sci	hedule R. Se	e instructions			
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