Form 8879-	TE		IF	RS e-file S for a	Signature A Tax Exemp	uthorizatior t Entity	า	⊢	OMB No. 1545-0047
		For calendar v	year 2021. c		-	21, and ending JUN	30	20 2 2	0004
Department of the Tre			, , , ,		d to the IRS. Keep f		,		2021
Internal Revenue Serv				Go to www.irs.go	ov/Form8879TE for	the latest informatio	on.		
Name of filer								EIN or SSN	
I	OWA NA	ATURAL		TAGE FOU				42-112	7544
Name and title of	officer or per	son subject to		JOE MCGOV					
Dout	Tune of I			PRESIDENT					
				rn Informatio					
Form 5330 filers or <b>10a</b> below, as	s may enter nd the amo plicable, bla	dollars and unt on that I	cents. Fo	or all other forms, ie return being file	, enter whole dollars ed with this form was	s blank, then leave line	box on li e <b>1b, 2b</b> ,	ne 1a, 2a, 3a, 3b, 4b, 5b, 6t	, 4a, 5a, 6a, 7a, 8a, 9a,
1a Form 9	<b>90</b> check h	ere 🕨	×X	b Total revenue	<b>e,</b> if any (Form 990, F	Part VIII, column (A), lii	ne 12)		3 <u>4,922,369.</u>
		ck here 🕨				Z, line 9)			o
3a Form 1	<b>120-POL</b> c	heck here 🕨				)			o c
4a Form 9	90-PF che	ck here 🛄 🕨	•	b Tax based or	n investment income	e (Form 990-PF, Part )	V, line 5)		o 0
		here 🕨							ວ
		here 🕨							o
		here 🕨				1)			o
		here 🕨				(Form 5227, Item D)		81	
		here 🕨			n 5330, Part II, line 1	-		91	
10a Form 8 Part II	038-CP ch Declarat	eck here	► ianatu	b Amount of cr	edit payment reque	sted (Form 8038-CP, Person Subject	, Part III, I to Tax	ine 22) 10	Ob
						-			
of entity)	s of perjury,	I declare tha		am an officer of t		l am a person sul N)		•	
later than 2 bus payment of taxe personal identifi	iness days es to receiv ication num e box only	prior to the p e confidentia ber (PIN) as	oayment al informa my signa	(settlement) date ation necessary to ature for the elect	<ul> <li>I also authorize the p answer inquiries an</li> </ul>	ntáct the U.S. Treasu financial institutions i d resolve issues relat pplicable, the consen	involved i ed to the	n the processi payment. I hav	ng of the electronic ve selected a hdrawal.
X I auth	orize <u>BE</u>	RGANKD	V, LI	D.			to	enter my PIN	09127
				ERC	) firm name				Enter five numbers, but do not enter all zeros
with a on the As an return	a state ager e return's d n officer or p n. If I have in	ncy(ies) regul isclosure con person subje ndicated with	lating chansent sca nsent sca ct to tax hin this re	arities as part of t reen. with respect to th eturn that a copy	the IRS Fed/State pro	icated within this retu ogram, I also authorize my PIN as my signatu g filed with a state age nt screen.	e the afor ire on the	tax year 2021	turn is being filed RO to enter my PIN electronically filed
Signature of officer or	•			,				Date 🕨	•
Part III	Certifica	tion and A	Authen	tication					
ERO's EFIN/PII	N. Enter yo	ur six-digit el	lectronic	filing identificatio	on				
number (EFIN) f	ollowed by	your five-dig	it self-se	lected PIN.		4256750 Do not enter			
-	return in ac	-	-			ectronically filed retur d e-File (MeF) Informa			
ERO's signature	BER	GANKDV	, LTI	).		Date 🕨	01/	09/23	
					oin This Former (	Coo Inoterrations			
						See Instructions		30	
	ov oct					less Requested			orm 8879-TE (2021)
LHA FOR Priva	cy act and	Paperwork	reaucti	on Act Notice, s	ee instructions.			ŀ	-oniti <b>CO73-TE</b> (2021)
102521 01-11-22									

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

## File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru-	ctions.		Taxpayer	ridentificatio	n number (TIN)
print	IOWA NATURAL HERITAGE FOUND	ATION			42-11	27544
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so					
return. See		oreign addi	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	e a separa	te application for each return)			
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
Form 99	0-T (corporation) SUSAN JOHNSON	07				
<ul> <li>If the</li> <li>If this</li> <li>box</li> <li>I Ir</li> <li>th</li> <li>th</li> <li>2 If</li> </ul>	the tax year entered in line 1 is for less than 12 months, cl Change in accounting period	Group Exe and atta MAX anization's , an heck reaso	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>Y 15, 2023</u> , to file return for: d ending <u>JUN 30, 2022</u> on: Initial return	f this is fo all membe	r the whole <u>c</u> ers the exter npt organizat 	group, check this
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year overp			3b	\$	0.
сBa	alance due. Subtract line 3b from line 3a. Include your pa	yment witl	h this form, if required, by			-
us	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.
Caution instructi	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	-TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	8868 (Rev. 1-2022)

123841 01-12-22

						MAY 15,			OMB No. 1545-0047
<b>5</b> -1	Q	90						Income Tax cept private foundatio	0004
FO	rm J	50				e Internal Revent nbers on this forr	•	• •	
Dep	artment	of the Treasury enue Service			-	for instructions a	-	=	Open to Public Inspection
					JUL 1,			JUN 30, 2022	
В	Check if applicab	C Name of	f organization				<u> </u>	D Employer identif	
	Addre		NATTIRAT.	HERTTA	GE FOUNDA	TON			
	Name	9	usiness as			1101		42-11275	44
	Initial return Final	Number			not delivered to stre	eet address)	Room/suit	e E Telephone number 515-288-	er
	returr termi ated	n_			, and ZIP or forei	an postal codo	333	G Gross receipts \$	41,793,802.
	Amer	nded הדים	MOINES,			gri postal code		H(a) Is this a group r	
	returr Appli				JOE MCGOV	/ERN		for subordinates	
	tion pend		AS C ABO					H(b) Are all subordinates i	····· —
T	Tax-ex	empt status:		501(c) (	) 🗲 (insert r	10.) 4947(a)(1	l) or 52		a list. See instructions
			INHF.ORG		) 4 (moorer	101) 1011 (u)(1	.,	H(c) Group exemption	
		f organization:		Trust	Association	Other 🕨	L Yea		M State of legal domicile: IZ
	art I								
	1	Briefly describ	e the organizatio	n's mission or	most significant	activities: THE	FOUND	ATION PROTEC	TS AND
Governance		RESTORE	S IOWA'S	LAND, V	WATER AND	WILDLIFE	FOR F	UTURE GENERA	TIONS.
	2	Check this bo	x 🕨 if the	organization	discontinued its of	operations or disp	osed of mor	e than 25% of its net as	sets.
	3	Number of vot	ing members of t	the governing	body (Part VI, line	e 1a)			34
		Number of ind	ependent voting	members of t	he governing bod	ly (Part VI, line 1b)			33
Activitios &	5	Total number	of individuals em	ployed in cale	ndar year 2021 (F	Part V, line 2a)			58
vitis	6	Total number	of volunteers (est	imate if neces	sary)				1052
ίŧ	5  7a	Total unrelated	d business reven	ue from Part V	/III, column (C), lir	ne 12			
_	<u>b</u>	Net unrelated	business taxable	income from	Form 990-T, Part	I, line 11	<u></u>	7b	0.
								Prior Year	Current Year
g	8		and grants (Part					8,867,159.	
Revenue	9	•	ce revenue (Part					10,304,429.	
	10							1,833,390.	
-	11					nd 11e)		0.	•••
	12					blumn (A), line 12)		21,004,978.	
	13		•		umn (A), lines 1-3	)	······  -	0.	
	14	•	to or for members			(1) (2)			
200	15					ımn (A), lines 5-10)		<u>2,216,850.</u> 0.	2,495,443.
ģ	2 10a					504,8	878	0.	0.
Evnancae			ing expenses (Par					11,875,037.	25,194,129.
	17					A), line 25)		14,091,887.	
	19		expenses. Subtra			-,, inte 23,		6,913,091.	7,232,797.
r		nevenue less						Beginning of Current Year	End of Year
ets (	0 1 20	Total assets (F	Part X line 16)					98,583,186.	
Ass	편 건 21		(Part X, line 26)					28,095,991.	
Net Assets or	22			ubtract line 21	from line 20			70,487,195.	
	art II							· ·	<u>.</u>
Un	der pen	alties of perjury,	declare that I have	examined this	return, including ac	companying schedu	les and stater	nents, and to the best of m	y knowledge and belief, it is
								er has any knowledge.	· · · · ·
					· · · · · · · · · · · · · · · · · · ·				
Sic	n	Signature	e of officer					Date	

Sign	Signature of officer		Date
Here	JOE MCGOVERN, PRESIDEN	1T	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	BRENT L. ALEXANDER, CPA	BRENT L. ALEXANDER,	01/09/23 self-employed P00075113
Preparer	Firm's name 🕒 BERGANKDV, LTD.		Firm's EIN ▶ 41-1431613
Use Only	Firm's address 👞 12100 MEREDITH I	DR, SUITE 200	
	URBANDALE, IA 50	)323	Phone no. 515-727-5700
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.	Form <b>990</b> (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

THIS MEMBER-SUPPORTED ORGANIZATION PROTECTS AND RESTORES IOWA'S LAND, WATER AND WILDLIFE FOR FUTURE GENERATIONS. PRIORITIES INCLUDE PERMANEENT LAND PROTECTION, PROMOTION OF IMPROVED LAND MANAGEMENT AND BRINGING NEW CONSERVATION OPPORTUNITIES TO IOWANS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 900 or 990-2? 11 "Yes," describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Ves 2 11 "Yes," describe these new services complishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 3 (code: ) (Expenses 2 5, 777, 380. mcLang grants of	orm	990 (2021) IOWA NATURAL HERITAGE FOUNDATION	42-1127544	P
Binely describe the organization's mission:     THIS MEMBER SUPPORTED ORGANIZATION PROTECTS AND RESTORES IOWA'S LAND,     WATER AND WILDLIFE FOR FUTURE GENERATIONS. PRIORITIES INCLUDE     PERMANERT IAND PROTECTION, PROMOTION OF IMPROVED LAND MANAGEMENT AND     BEILINGING NEW CONSERVATION OPPORTUNITIES TO IOWANS.     Dot due organization caste conducts, or make significant charges in how it conducts, any program services?     D's "es", 'describe these new services on Schedule 0.     Describe the cargination's program service accompliation and end test significant charges in how it conducts, any program services, as measured by expenses.     Section 501(c)(s) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and     reverus, if any, for each program service accompliations' program service, as measured by expenses.     Section 501(c)(s) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and     reverue, if any, for each program service reported.     Intervice, if any, for each program service reported.     Intervice if any for the intervice int	Pa	t III Statement of Program Service Accomplishments		
THIS MEMBER_SUPPORTED ORGANIZATION PROTECTS AND RESTORES IOWAS SLAND,         WATER AND WILDLIFE FOR FUTURE GENERATIONS.         Dolt and semination undertain any significant formal metwork during the year which were not listed on the proform 900 or 90027		Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
WATER AND WILDLIFE FOR FUTURE GENERATIONS. PRIORITIES INCLUDE          PERMANENT LAND PROTECTION, PROMOTION OF IMPROVED LAND MANAGEMENT AND          BINGING NEW CONSERVATION OPPORTUNITIES TO IOWANS.         Do do enganization undertake any significant program services during the year which were not listed on the       pror form 090 or 900C27	1			
PERMANENT LAND PROTECTION, PROMOTION OF IMPROVED LAND MANAGEMENT AND BRINGING NEW CONSERVATION OPPORTUNITES TO IOWANS.         2       Dot the organization undertake any significant program services during the year which were not listed on the proferm 900 or 900227		THIS MEMBER-SUPPORTED ORGANIZATION PROTECTS AND RESTORE	<u>IS IOWA'S LAND</u>	),
ERINGING NEW CONSERVATION OPPORTUNITIES TO IOWANS.         2 Did the organization superiods during the year which were not listed on the prior Form 890 or 890 E27       IV ves []         I' Year, 'deachies the mean and/ear on Schedule 0.       IV es []         I' Year, 'deachies the mean and/ear on Schedule 0.       IV es []         I' Year, 'deachies the mean and/ear on Schedule 0.       IV es []         Describe the organization 's program service accomplicitments for each of its three largest program services, as measured by expenses.         Section 501(6)(8) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse. (Jack, 1) (new earse) 25, 777, 380. Including grams of []         LAND FROTECTION AND STEWARDSHIP:       During The 12-MONTH FISCAL YEAR JULY 1, 2021 - JUNE 30, 2022 INHE PROPERTIES HAVE BEEN OR WILL BE TRANSFERRED TO A PUBLIC CONSERVATION AGENCY FOR FUBLIC CONSERVATION ROPERTIES TOTALING 5, 068 ACRES. OF THESE, 3]         PROPERTIES HAVE BEEN OR WILL BE TRANSFERRED TO A PUBLIC CONSERVATION AGENCY FOR FUBLIC CONSERVATION ROED.         STEWARDED BY INHE, ADD SIX CONSERVATION EASEMANTS ON PRIVATELY OWNED LANDS WERE ACCEPTED BY INHE, DESPITE THE IMPACTS THAT THE COVID PAND STEWARDEN FROMES CHOSE TO PERMANENT FOR CIVATELY AND TALKING EASEMENT ARE MONITORED ANNUALLY BY VISITING THE PROPERTY AND TALKING CONSERVATION SANGE (CONTINUED AT A STEADY PACE.         UNMEROUS LANDOWNERS CHOSE TO PERMANENT PROFECT WILLIPE HABITAT, OFF SPACE, AND AGRICULTURIL AREAS WITH INHE, ALL INHE-HELD CONSERVATION WORK CONTINUED AT A STEADY PACE.         UNMEROUS LANDOWNERS CHOSE TO PERMANENT PRO		WATER AND WILDLIFE FOR FUTURE GENERATIONS. PRIORITIES	INCLUDE	
ERINGING NEW CONSERVATION OPPORTUNITIES TO IOWANS.         2 Did the organization superiods during the year which were not listed on the prior Form 890 or 890 E27       IV ves []         I' Year, 'deachies the mean and/ear on Schedule 0.       IV es []         I' Year, 'deachies the mean and/ear on Schedule 0.       IV es []         I' Year, 'deachies the mean and/ear on Schedule 0.       IV es []         Describe the organization 's program service accomplicitments for each of its three largest program services, as measured by expenses.         Section 501(6)(8) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse. (Jack, 1) (new earse) 25, 777, 380. Including grams of []         LAND FROTECTION AND STEWARDSHIP:       During The 12-MONTH FISCAL YEAR JULY 1, 2021 - JUNE 30, 2022 INHE PROPERTIES HAVE BEEN OR WILL BE TRANSFERRED TO A PUBLIC CONSERVATION AGENCY FOR FUBLIC CONSERVATION ROPERTIES TOTALING 5, 068 ACRES. OF THESE, 3]         PROPERTIES HAVE BEEN OR WILL BE TRANSFERRED TO A PUBLIC CONSERVATION AGENCY FOR FUBLIC CONSERVATION ROED.         STEWARDED BY INHE, ADD SIX CONSERVATION EASEMANTS ON PRIVATELY OWNED LANDS WERE ACCEPTED BY INHE, DESPITE THE IMPACTS THAT THE COVID PAND STEWARDEN FROMES CHOSE TO PERMANENT FOR CIVATELY AND TALKING EASEMENT ARE MONITORED ANNUALLY BY VISITING THE PROPERTY AND TALKING CONSERVATION SANGE (CONTINUED AT A STEADY PACE.         UNMEROUS LANDOWNERS CHOSE TO PERMANENT PROFECT WILLIPE HABITAT, OFF SPACE, AND AGRICULTURIL AREAS WITH INHE, ALL INHE-HELD CONSERVATION WORK CONTINUED AT A STEADY PACE.         UNMEROUS LANDOWNERS CHOSE TO PERMANENT PRO		PERMANENT LAND PROTECTION, PROMOTION OF IMPROVED LAND N	ANAGEMENT AND	)
2 Define organization undertake any significant program services during the year which were not listed on the prior Form 900 er 990-E27 [ Yes [ ] 1 "Yes, "describe these new services on Schedule 0. 2 Define organization cases conducting, or make significant changes in how it conducts, any program services? [ Yes [ ] 2 Describe these charges on Schedule 0. 3 Describe the organization's program service accompliabments for each of its three largest program services? [ ] 3 Describe the organization's program service accompliabments for each of its three largest program services? [ ] 4 Describe the organization's program service accompliabments for each of its three largest program services? [ ] 6 (cose [ ] 7 (cose [ ] 7 (cose [ ] 6 (cose [ ] 7 (cose [ ] 7 (cose [ ] 8 (cose [ ] 7 (cose [ ] 8 (cose [ ] 8 (cose [ ] 9 (cose [ ] 8 (cose [ ] 9		· · · · · · · · · · · · · · · · · · ·		
prior form 300 or 900-27	2			
If 'Yes,' describe these new services on Schedule 0.         2 bid the organization cance conducting, or make significant changes in how it conducts, any program services?       □ If 'Yes,' describe these changes on Schedule 0.         3 Describe the organization's program service accomplishments for each of its three largest program services?       □ If 'Yes,' describe these changes on Schedule 0.         4 Describe the organization's program service accomplishments for each of its three largest program services?       □ If (Yes,' describe these changes on Schedule 0.         8 (cost::::::::::::::::::::::::::::::::::::	-			5
3 Dd He organization casea conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. LAND FORTECTED 45 CONSERVATION PROPERTIES TOTALING 5,068 ACRES. OF THESE, 7 PROPERTIES HAVE BEEN OR WILL BE TRANSFERRED TO A PUBLIC CONSERVATION AGENCY FOR PUBLIC ENJOYMENT. FIGHT PROPERTIES WILL BE OWNED AND STEWARDED BY INHER AND SIX CONSERVATION EASEMENTS ON PRIVATELY OWNED LANDS WERE ACCEPTED BY INHE, DESPITE THE IMPACTS THAT THE COVID PANDENTC HAD ON THE NATION AND THE WORLD, OUR LAND CONSERVATION WORK CONTINUED AT A STEADY PACE. NUMEROUS LANDOWNERS CHOSE TO PERMANENTLY PROTECT WILDLIFE HABITAT, OPI SPACE, AND AGRICULTURAL AREAS WITH INHE, ALL INHE-HELD CONSERVATION EASEMENT ARE MONITORED ANNUALLY BY VISITING THE PROPERTY AND TALKING be located of the NOTRED ANNUALLY BY VISITING THE PROPERTY AND TALKING be located of the WORK ON DOZENS OF PROJECTS THAT INCREASE THE NUMBER OF ACRES. EACH YEAR WE WORK ON DUZENS OF PROJECTS THAT INCREASE THE NUMBER OF ACRES. AVAILABLE TO THE PUBLIC FOR OUTDOOR RECREATION, SUPPORT PRIVATEE LANDOWNERS IN PLACING PERMANENT PROTECTION ON THEIR PROPERITIES WITH OUR TAALUS AND GREENNAYS PROGRAM, AND GIVE 20+ COLLEGE STUDENTS MEANINGFUL AND EDUCATIONE EASEMENT TROUG PERMANENT PROTECTION, SUPPORT PRIVATEE LANDOWNERS IN PLACING PERMANENT PROTECTION ON THEIR PROPERITIES WITH OUR TAALUS AND GREENNAYS PROGRAM, AND GIVE 20+ COLLEGE STUDENTS MEANINGFUL AND EDUCATIONAL EMPLOYMENT THATENT PROPERTIES AND DOULANCOR MI		1		, 15
<pre># "%s: describe these changes on Schedule 0. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section SOI(6(8) and SOI(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. and "revenue, if any, for each program service reported. [a (come</pre>	Part II         1       Brid         1       Brid         PE       BF         2       Did         3       Did         1f       "F"         3       Did         1f       "F"         4       Des         PF       AC         PF       PAC         PF			5
<pre> t Describe the organization's program service accomplishments for each of its three largest program services, ansaured by expenses, and revenue, if any, for each program service argonade to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service argonade to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service argonade to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service argonade to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service argonade to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service argonade to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service argonade to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service argonade to report the amount of grants and allocations to others, the total expenses, and revenue and the program services argonade to report the service of a conservation program service argonade to report the second total program service argonade total program service argonade to report the second total program service argonade to report the second total program service argonade to report the second total program service argonade total program service argo</pre>	Part II Br FIWIPIBI Die prif Die Seene GLIDIPIPIAISLIPICINISIE GEOIOHIYIALICIPIPICIGIE GEOIOHIVIAIAIAIAIAIAIAIAIAIAIAIAIAIAIAIAIAIAI			, 14
Section 501(c)(2) and 501(c)(4) regardlations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.         (come				
Intervente, if any, for each program service reported	4			
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Form 990 (				HERITAGE	FOUNDATION
Part IV	Checklist of I	Required	Schedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		77	
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Δ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 23	
U		11b		х
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
132003	12-09-21	Form	990	(2021)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
~-	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV	20a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		- 23
U		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in box 2 of Form 1006. Enter 0, if not applicable $10^{10}$		Yes	No

1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	75			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	
132004	12-09-21			Form	990	(2021)

132004 12-09-21

<sup>5</sup> 2021.05020 IOWA NATURAL HERITAGE FOU C9127.01

021)				FOUNDATION	
Statement	s Regardin	g Other IRS	Filings and Ta	ax Compliance	(continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	58			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file. See instruction	s				v
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			
L	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	<u>4a</u>		X
D	If "Yes," enter the name of the foreign country					
<b>E a</b>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			Ea		X
5a հ				5a 5b		X
b				50 5c		
0 69				50		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	-		6a		x
h	any contributions that were not tax deductible as charitable contributions?					
D			•	Gh		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b		
		vicos r	rovidad to the povor?	70		x
a h				7a 7b		
b			uirad	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa to file Form 8282?			70		x
4		1		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	+2	70		X
e				7e 7f		X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra					
g L				7g		
h o				7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-				
~				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a				9a		
b				9b		
0	Section 501(c)(7) organizations. Enter:	40-	1			
a	· · · · · · · · · · · · · · · · · · ·	10a		-		
b		10b		-		
1	Section 501(c)(12) organizations. Enter:	11a	1			
	Gross income from members or shareholders	11a		-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
<b>^</b> -	amounts due or received from them.)	11b		10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a		
-		12b		-		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			10		
а	Is the organization licensed to issue qualified health plans in more than one state?			<u>13a</u>		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	406	1			
_	organization is licensed to issue qualified health plans	13b		-		
	Enter the amount of reserves on hand	13c		44-		X
				14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
b		ration		45		
b	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		X
b	excess parachute payment(s) during the year?					
b 5	excess parachute payment(s) during the year?			10		V
ь 5	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment			16		X
6	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	incor		16		X
b 15	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	incor any	ne?			X
ь 5 6	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	incor any	ne?	<u>16</u> 17		X

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Form 990 (2021)

Part V

Form	990	(2021)
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080

## IOWA NATURAL HERITAGE FOUNDATION

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

42-1127544 Page 6

X

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.

1a       Enter the number of voting members of the governing body at the end of the tax year       1a       34         If there are material differences in voting rights among members of the governing body, or if the governing body delgated troat authority to an executive committee or similar committee, explain on Schedule 0.       1a       34         De Enter the number of voting members included on line 14, above, who are independent       1a       33         2)       Did the organization delgate control over management duties customarily performed by or under the direct supervision of officers, directors, trustee, or key employees to a management company or other person?       30         2)       Did the organization make members, stockholders?       70         3)       Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?       50         4)       Did the organization have members, stockholders?       70       70       70       70       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71       71		Yes	No
If there are material differences in voting rights among members of the governing body, or if the governing body delegade broad authority to an executive committee or similar committee, septian on Schedule 0.         2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?         3       Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?         5       Did the organization have members, stockholders?         7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members or stockholders, or other persons who had the power to elect or appoint one or more members or stockholders?         7a       Did the organization are members or stockholders?         7b       Did the organization are members or stockholders?         7a       Did the organization are members or stockholders?         7b       Did the organization are members or stockholders?         7a       Did the organization are members or stockholders?         7b       Did the organization have members or stockholders?         7b       Did the organization are provide the meetings held or written actions undertaken during the year by the following:         8b       Did the organization have provide p			
body delegated braad authority to an executive committee or similar committee, explain on Schedule 0.       Ib         b       Enter the number of voting members included on line 1a, above, who are independent       Ib         2       Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?       Did the organization delegate control over management dulies customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?         d)       Did the organization become aware during the year of a significant diversion of the organization sesters?         d)       Did the organization have members or stockholders?         7       Did the organization nave members or stockholders?         7       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:         a       The governing body?         b       Each committee with authority to act on behalf of the governing body?         f)       Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?         b       If 'Yes,'' did the organization have written policies and procedures governing body before filing the form?         b       Did the organization have written policies and procedures governing the activities o			
b       Enter the number of voting members included on line 1a, above, who are independent       tb       33         2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?         4       Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?         5       Did the organization become aware during the year of a significant diversion of the organization's assets?         6       Did the organization have members, stockholders?         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?         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?         b       Bate normittee with authority to act on behalf of the governing body?         b       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?         b       Did the organization have written policies and receptive soy written activates of such chapters, affiliates, and branches to ensure their operations and policy?         b       Did the organization have awritten policies and proc			
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officer, director, trustee, or key employee?         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?         4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?         5 Did the organization bacome aware during the year of a significant diversion of the organization's assets?         6 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?         b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?         b Did the organization orbit organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?         b Each committee with authority to act on behalf of the governing body?         b Is there any officer, directr, rustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>II'Yes</i> .* provide the names and addresses on Schedule O.         Section B. Policies (This Saction B requests information about policies not required by the Internal Revenue Code.)         10a 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?         11a Has the organization have written conflicts of interest policy? If 'No, ' go to line 13			
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<ul> <li>B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>g 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? <i>If "Yes," provide the names and addresses on Schedule O</i>.</li> <li>cection B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code</i>.)</li> <li>10a Did the organization have local chapters, branches, or affiliates?</li> <li>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?</li> <li>11a Has the organization nove a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>12a Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i></li> <li>13 Did the organization nave a written document retention and destruction policy?</li> <li>14 Did the organization have a written document retention and destruction policy?</li> <li>15 Did the organization invest an written document retention on the deliberation and decision?</li> <li>a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements with a taxable entity during the year?</li> <li>b If "Yes," did the organization follow a written policy or procedure requiring</li></ul>			
<ul> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>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? <i>If</i> "Yes," <i>convide the names and addresses on Schedule O</i></li> <li>cection B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>)</li> <li>10a Did the organization have local chapters, branches, or affiliates?</li> <li>b If "Yes," did the organization are onsistent with the organization's exempt purposes?</li> <li>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>12a Did the organization negularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe on Schedule O how this was done</i>.</li> <li>13 Did the organization negularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe on Schedule O how this was done</i>.</li> <li>14 Did the organization have a written whistleblower policy?</li> <li>15 Did the organization have a written document retention and destruction policy?</li> <li>14 Did the organization have a written document retention and destruction policy?</li> <li>15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>b If "Yes," did the organization follow a written policy 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?</li> <li>b (The organization have a written prolicy or procedure requiring the organization is exempt status with respect to such a</li></ul>	7b		X
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<ul> <li>b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. </li> <li>16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.</li></ul>			
<ul> <li>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.</li> <li>6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>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?</li> <li>7 List the states with which a copy of this Form 990 is required to be filed ▶ NONE</li> <li>8 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 for public inspection. Indicate how you made these available. Check all that apply.</li> </ul>	15a	Х	
<ul> <li>6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>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?</li> <li>cection C. Disclosure</li> <li>7 List the states with which a copy of this Form 990 is required to be filed ▶ NONE</li> <li>8 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 for public inspection. Indicate how you made these available. Check all that apply.</li> </ul>	15b	Х	
<ul> <li>I6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>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?</li> <li>Cection C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE</li> <li>18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.</li> </ul>			
<ul> <li>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?</li> <li>Section C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE</li> <li>18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.</li> </ul>			
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 I7 List the states with which a copy of this Form 990 is required to be filed ▶ NONE I8 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 for public inspection. Indicate how you made these available. Check all that apply.	16a		X
exempt status with respect to such arrangements?			
<ul> <li>Section C. Disclosure</li> <li>Is the states with which a copy of this Form 990 is required to be filed ▶ NONE</li> <li>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 for public inspection. Indicate how you made these available. Check all that apply.</li> </ul>			
<ul> <li>I7 List the states with which a copy of this Form 990 is required to be filed ▶ NONE</li> <li>I8 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 for public inspection. Indicate how you made these available. Check all that apply.</li> </ul>	16b		
8 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 for public inspection. Indicate how you made these available. Check all that apply.			
for public inspection. Indicate how you made these available. Check all that apply.			
	only) a	availa	ble
Own website 🛛 Another's website 🖾 Upon request 🗌 Other <i>(explain on Schedule O)</i>			
9 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
statements available to the public during the tax year.			
20 State the name, address, and telephone number of the person who possesses the organization's books and records 🕨			
SUSAN JOHNSON - 515-288-1846			
505 5TH AVENUE, SUITE 444, DES MOINES, IA 50309			
32006 12-09-21	Form	1 <b>990</b>	(202
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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l	mea		C)	ip on	ourc	(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
Name and the	hours per					than c s both		compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	- direc				pg		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensati		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	l trus	nal tr		oyee	duo		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOE MCGOVERN	line)	Inc	lns	HO	- Ye	err err	Foi			
PRESIDENT	40.00	x		х				158,469.	0.	18,624.
(2) PATRICIA WRIGHT	40.00			21				150,405.		10,024.
CFO	10000	1		х				120,676.	0.	9,595.
(3) SUSAN JOHNSON	40.00									
CFO EFFECTIVE 10-25-21		1		х				16,488.	0.	1,218.
(4) JOHN FISHER	5.00									
CHAIR		х		х				0.	0.	0.
(5) GREG GRUPP	1.00									
FIRST VICE CHAIR		Х		Х				0.	0.	0.
(6) DONALD BENEKE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) WENDY WIEDNER	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) DAVID BROWN	1.00									
SECOND VICE CHAIR		Х		Х				0.	0.	0.
(9) WILL ANDERSON	1.00									_
DIRECTOR		Х						0.	0.	0.
(10) PEG ARMSTRONG-GUSTAFSON	1.00									-
DIRECTOR		Х						0.	0.	0.
(11) AMY ANDERSON	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(12) CINDY BURKE DIRECTOR	1.00	x						0.	0.	0.
(13) ED COX	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(14) MIKE DECOOK	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(15) PAUL EASTER	1.00									
DIRECTOR		x						0.	Ο.	0.
(16) VERN FISH	1.00									
DIRECTOR		х						0.	0.	0.
(17) JOHN GRAY	1.00									
DIRECTOR		Х						0.	0.	0.
132007 12-09-21				_	_					Form <b>990</b> (2021)

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Form 990 (2021) IOWA NATU	JRAL HER	IT	'AG	E	FC	UN	DA	TION	42-1127	544 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do			sitior more	۱ than o	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	erson i	is both pr/trus	n an	compensation	compensation	amount of
	week					1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/		from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		/ee	mper		1099-NEC)	1000 1120)	and related
	below	In dividual trustee or director	nstitutional trustee	5	ƙey employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	High empl	Former			
(18) ROB HALL	1.00									
DIRECTOR		Х						0.	0.	0.
(19) NEIL HAMILTON	1.00									
DIRECTOR		Х						0.	0.	0.
(20) KIRSTEN HEINE	1.00									
DIRECTOR		Х						0.	0.	0.
(21) THOMAS HOFF	1.00									
DIRECTOR		Х						0.	0.	0.
(22) BOB JESTER	1.00									
DIRECTOR		Х						0.	0.	0.
(23) JEFF LOCKWOOD	1.00									
DIRECTOR		Х						0.	0.	0.
(24) JAN LOVELL	1.00								•	
DIRECTOR	1 0 0	X						0.	0.	0.
(25) DAVID MACKAMAN	1.00								•	
DIRECTOR	1 0 0	Х						0.	0.	0.
(26) PAUL MORF	1.00								2	
DIRECTOR		Х						0.	0.	0.
1b Subtotal								295,633.	0.	29,437.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								295,633.	0.	29,437.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable	2
compensation from the organization										2 Yes No
2 Did the exception list any former officer	diverter truct					~ ~ ~	hia	hast componented amp		
<b>3</b> Did the organization list any <b>former</b> officer,	-		•	•			Ŭ	• •		3 X
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the su			-					-	-	4 X
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>	,		•							4 21
rendered to the organization? If "Yes," com	-				-			-		5 X
Section B. Independent Contractors	plete Scheaule	<u> </u>	or sl	icn į	pers	on .				5 21
1 Complete this table for your five highest co	mpensated ind	ene	nder	nt co	ontra	acto	rs th	nat received more than \$	100 000 of compense	tion from
the organization. Report compensation for	-								-	
(A)	ine calendar ye		- TGII	<u>ig ii</u>		51 111		(B)		(C)
Name and business	address							Description of s	ervices	Compensation
ACCESS SYSTEMS								INFORMATION		
955 SE OLSON DR, WAUKEE,	IA 5026	3						TECHNOLOGY		169,938.
SNYDER & ASSOCIATES							_	CONTRACTED SI	ERVICES	
2727 SW SNYDER BLVD, ANKE	NY, IA	50	02	3			þ	FOR LAND PRO	JECTS	157,237.
	-									-
							Τ			
2 Total number of independent contractors (in	ncluding but no	ot lin	nitec	d to		-	ted	above) who received mo	ore than	
\$100,000 of compensation from the organiz						2				
SEE PART VII, SECTION	I A CONT	ΙN	ÛΆ	ΤT	ON	S	HE	ETS		Form <b>990</b> (2021)

132008 12-09-21

Part VII Section A. Officers, Directors, T	rustees, Key Er	nplc	yee	s, aı	nd H	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)							(D)	(E)	(F)
Name and title	Average hours per	(c	heck I	Pos	ition		ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) ELIZABETH NEUMANN DIRECTOR	1.00	x						0.	0.	0
(28) JOHN NEWMAN DIRECTOR	1.00	x						0.	0.	0
(29) RICHARD RAMSAY	1.00									
DIRECTOR (30) CAROLE SARGENT REICHARDT	1.00	X						0.	0.	0
DIRECTOR (31) SUSAN SALTERBERG	1.00	Х						0.	0.	0
DIRECTOR (32) SUSAN SHULLAW	1.00	x						0.	0.	0
DIRECTOR		x						0.	0.	0
(33) LORI HOWE DIRECTOR	1.00	x						0.	0.	0
(34) SETH WATKINS DIRECTOR	1.00	x						0.	0.	0
(35) PAUL WILLIS DIRECTOR	1.00	x						0.	0.	0
(36) GARTH ADAMS DIRECTOR	1.00	x						0.	0.	0
JIRECTOR								0.	0.	0
		-								
		-								
		-								
		-								
		-								
		_								
		╞								
		1								

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Form 990 (2021)	IOWA	NATURAL	HERITAGE	FOUNDATION	
Part VIII S	Statement of Reve	nue			

		Check if Schedule O contains a respo	onse c	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s co	1	a Federated campaigns 1a						
anta								
л Э С								
fts,		· · · · · · · · · · · · · · · · · · ·						
ilar İlar		d Related organizations 1d		188,455.				
ns, Sim		e Government grants (contributions) <b>1e</b>		100,400.				
er (		All other contributions, gifts, grants, and		14 072 404				
jë H		similar amounts not included above 1f		14,973,484.				
Contributions, Gifts, Grants and Other Similar Amounts		<b>g</b> Noncash contributions included in lines 1a-1f		10,028,390.				
<u>a Č</u>		<b>h Total.</b> Add lines 1a-1f			15,161,939.			
				Business Code				
e	2			531390	15,656,407.	15656407.		
Program Service Revenue	I	LAND MANAGEMENT		531390	390,173.	390,173.		
n S ent		PLANNING SERVICES		531390	1,000.	1,000.		
Rev		d MERCHANDISE SALES		531390	596.	596.		
<u>e</u>		e						
٩	1	All other program service revenue						
		g Total. Add lines 2a-2f			16,048,176.			
	3	Investment income (including dividends,			0 105 004			0105204
		other similar amounts)			2,127,384.			2127384.
	4	Income from investment of tax-exempt be	ond pr	oceeds 🕨				
	5	Royalties		····· ►				
		(i) Rea	11	(ii) Personal				
		a Gross rents 6a						
		b Less: rental expenses 6b						
		c Rental income or (loss) 6c						
		d Net rental income or (loss)						
	7	a Gross amount from sales of (i) Securi		(ii) Other				
		assets other than inventory <b>7a</b> 8,456,	303.					
		b Less: cost or other basis	422					
Other Revenue		and sales expenses						
eve		c Gain or (loss)			1 504 070			1584870.
ų,		d Net gain or (loss)		····· ►	1,584,870.			1584870.
the	8	a Gross income from fundraising events (not						
0		including \$ of						
		contributions reported on line 1c). See						
		Part IV, line 18						
		b Less: direct expenses						
		c Net income or (loss) from fundraising eve		····· ►				
	9	a Gross income from gaming activities. See Part IV, line 19	9a					
		b Less: direct expenses						
		C Net income or (loss) from gaming activitie	,s 					
	10	a Gross sales of inventory, less returns	10a					
		and allowances b Less: cost of goods sold						
		c Net income or (loss) from sales of invento						
$\neg$			y	Business Code				
sno	11	a						
Miscellaneous Revenue		o						
ella Wer		c						
Be		d All other revenue						
Σ		• Total. Add lines 11a-11d						
	12	Total revenue. See instructions			34,922,369.	16048176.	0.	3712254.
132009								Form <b>990</b> (2021)

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IOWA NATURAL HERITAGE FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	260 272	126 001	212 040	11 400
6	trustees, and key employees	360,372.	136,021.	212,948.	11,403.
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	1,747,160.	1,418,678.	151,630.	176,852.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	86,632.	71,827. 122,185.	6,035.	8,770. 14,653. 13,555.
9	Other employee benefits	150,891.	122,185.	14,053.	14,653.
10	Payroll taxes	150,388.	110,581.	26,252.	13,555.
11	Fees for services (nonemployees):				
	Management	5,033.	5,033.		
	Legal	40,693.	5,055.	40,693.	
	Lobbying	16,145.	16,145.		
	Professional fundraising services. See Part IV, line 17		•		
	Investment management fees	62,615.		62,615.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	74,287.	17,715.	56,068.	504.
12	Advertising and promotion	1.00.005	101 501		
13	Office expenses	162,365.	101,581.	33,063.	27,721.
14	Information technology				
15	Royalties	98,892.	62,844.	24,187.	11,861.
16 17	Occupancy Travel	87,996.	79,754.	4,412.	3,830.
17	Payments of travel or entertainment expenses	07,550.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5,050.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	28,484.	3,459.	12,772.	12,253.
20	Interest	219,755.	219,755.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	78,220.	55,413.	22,807.	
23	Insurance	114,075.	78,975.	17,550.	17,550.
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 0.)				
а	LAND PROJECT EXPENSES	16,358,266.	16,358,266.		
b	LAND IMPAIRMENT	7,525,000.	7,525,000.		
с	PROMOTIONS	186,716.	3,212.	128.	183,376.
d	PRINTING & PUBLICATIONS	46,719.	37,351.		9,368.
е	All other expenses	88,868.	28,741.	46,945.	13,182.
25	Total functional expenses. Add lines 1 through 24e	27,689,572.	26,452,536.	732,158.	504,878.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here fillowing SOP 98-2 (ASC 958-720)				
	12-09-21				Form <b>990</b> (2021

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Bulance oneet		
Check if Schedule O contains a response or note to any line in this Part X		
	<b>(A)</b> Beginning of year	
Cash - non-interest-bearing		1
Savings and temporary cash investments	733.207.	2

IOWA NATURAL HERITAGE FOUNDATION

Check if Schedule O contains a response or note to any line in this Part X			
	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
Cash - non-interest-bearing		1	
Savings and temporary cash investments	733,207.	2	4,872,119.
Pledges and grants receivable, net	114,849.	3	1,669,017.
Accounts receivable, net	464,920.	4	150,839.
Loans and other receivables from any current or former officer, director,			
trustee, key employee, creator or founder, substantial contributor, or 35%			
		-	

	-	Accounts receivable, net		·····	101,5201	4	130,035.
	5	Loans and other receivables from any current or	officer, director,				
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described		6			
ţs	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
Ä	9	Prepaid expenses and deferred charges	75,250.	9	69,192.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		946,374.			
	b	Less: accumulated depreciation	10b	531,469.	321,302.	10c	414,905.
	11	Investments - publicly traded securities			38,838,634.	11	28,143,776.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1		26,113,257.	13	30,376,741.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			31,921,767.	15	43,137,347.
	16	Total assets. Add lines 1 through 15 (must equa	al line 33	3)	98,583,186.	16	108,833,936.
	17	Accounts payable and accrued expenses		377,993.	17	555,022.	
	18	Grants payable				18	
	19	Deferred revenue			1,504,204.	19	1,422,974.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	f Schedule D		21		
ŝ	22	Loans and other payables to any current or form	er, director,				
litie		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes	e perso	ns		22	
	23	Secured mortgages and notes payable to unrela	ted third	d parties	22,440,350.	23	33,586,269.
	24	Unsecured notes and loans payable to unrelated	l third pa	arties	425,303.	24	442,095.
	25	Other liabilities (including federal income tax, page	ables to	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			3,348,141.	25	3,200,771. 39,207,131.
	26				28,095,991.	26	39,207,131.
		Organizations that follow FASB ASC 958, che	ck here				
Fund Balances		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			54,398,787.	27	53,091,070.
Ba	28	Net assets with donor restrictions		L	16,088,408.	28	16,535,735.
pur		Organizations that do not follow FASB ASC 9	58, cheo	ck here 🕨			
		and complete lines 29 through 33.					
20	29	Capital stock or trust principal, or current funds				29	
Net Assets	30	Paid-in or capital surplus, or land, building, or eq			30		
t As	31	Retained earnings, endowment, accumulated inc				31	
Nei	32	Total net assets or fund balances		L	70,487,195.	32	69,626,805.
	33	Total liabilities and net assets/fund balances			98,583,186.	33	108,833,936.
							Form <b>990</b> (2021)

3 4

Form	990 (2021) IOWA NATURAL HERITAGE FOUNDATION	42-1	127544	Pag	<sub>ge</sub> 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,922	2,30	69.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,689	),5	72.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,232	2,79	97.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70,487		
5	Net unrealized gains (losses) on investments	5	-8,547	7,11	<u>11.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	453	<u>3,92</u>	24.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	69,626	5,80	05.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Total

## **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
2021
Open to Public Inspection

1

Name of the	organization
-------------	--------------

Nam	ie of t	he organization							identification number
_						2-1127544			
Pa	Art I         Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	)(A)(i).		
2		A school described in secti	on 170(b)(1)(A)(ii). (	Attach Schedule E (Forr	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	r the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	omplete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normal	ly receives a substar	ntial part of its support f	rom a gove	ernmental u	unit or from th	ne general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	d in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)	ix) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the r	name, city,	and state of	the college	or
		university:							
10		An organization that normal	ly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	is, membersh	ip fees, and	d gross receipts from
		activities related to its exem	pt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		income and unrelated busin	less taxable income	(less section 511 tax) fro	om busines	ses acquir	red by the org	anization a	ıfter June 30, 1975.
		See section 509(a)(2). (Cor	nplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	5 <b>09(a)(3).</b> (	Check the box on
		lines 12a through 12d that of	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving
		the supported organization	n(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	Ipporting
		organization. You must c	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with its	s supporte	d organizatio	n(s), by hav	ving
		control or management of			ame perso	ns that cor	ntrol or manag	ge the supp	ported
		organization(s). You mus	-						
с		Type III functionally inte						ly integrate	d with,
		its supported organization							
d		Type III non-functionally						-	
		that is not functionally int			•			an attentiv	/eness
		requirement (see instructi	-	-					
е		Check this box if the orga					Type I, Type	II, Type III	
	<b>E</b>	functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,	0 0	ation.			
		er the number of supported o	•						
g		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10	in your governi Yes	ng aocument?	support (see ir	structions)	support (see instructions)
				above (see instructions))					<u> </u>

IOWA NATURAL HERITAGE FOUNDATION

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8136817.	4920467.	5514452.	8867159.	15161939.	42600834.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8136817.	4920467.	5514452.	8867159.	15161939.	42600834.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4797658.
6	Public support. Subtract line 5 from line 4.						37803176.
Sec	ction B. Total Support	•		•		•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	8136817.	4920467.	5514452.		15161939.	42600834.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1314861.	1304355.	866,252.	1218658.	2127384.	6831510.
9	Net income from unrelated business			-			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						49432344.
	Gross receipts from related activities,	etc. (see instructio	ons)				,762,896.
	First 5 years. If the Form 990 is for the					· · ·	· · ·
	organization, check this box and <b>stop</b>	-					►
Sec	ction C. Computation of Publi						
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	76.47 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	79.17 %
	33 1/3% support test - 2021. If the					ore, check this bo	x and
	stop here. The organization qualifies						N V
b	33 1/3% support test - 2020. If the	organization did no	t check a box on l				
	and <b>stop here.</b> The organization qual						▶
17a	10% -facts-and-circumstances test		•••				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	·····	•
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th	-					
	organization meets the facts-and-circl						►
18	<b>Private foundation.</b> If the organization						s <b>&gt;</b>
	×						(Form 990) 2021

## IOWA NATURAL HERITAGE FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
•	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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 amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
	check this box and stop here	<u></u>					►
See	ction C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2021 (I	line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2020	) Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
<b>19</b> a	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	ation	►
k	<b>33 1/3% support tests - 2020.</b> If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies	as a publicly suppo	orted organization	►
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	►
1320	23 01-04-22					Schedule A	A (Form 990) 2021
			17				

## IOWA NATURAL HERITAGE FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

Yes No

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21

Sche	dule A (Form 990) 2021	IOWA NATURAL	HERITAGE	FOUNDATION	42-112754	4 Pa	age 5
Par	t IV Supporting Organ	izations (continued)					
						Yes	No
11	Has the organization accepted	a gift or contribution from a	ny of the following	persons?			
а	A person who directly or indire	ctly controls, either alone or	together with pers	ons described on lines 11b and			
	11c below, the governing body	of a supported organizatior	י?		11a		
b	A family member of a person d	escribed on line 11a above?	,		11b		
с	A 35% controlled entity of a pe	rson described on line 11a c	or 11b above? If "	Yes" to line 11a, 11b, or 11c, provide			
	<i>detail in</i> Part VI.			· · · ·	11c		
Sec	tion B. Type I Supporting	g Organizations					
						Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> Did the organization operate for the benefit of any supported organization other than the supported	1
	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, ntrollad the nizotic

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

Yes 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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1

Section D. All Type III Supporting Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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		
3	By reason of the relationship described on line 2, above, 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			
	supported organizations played in this regard.	3		

## Section E. Type III Functionally Integrated Supporting Organizations

<b>1</b> C	neck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
------------	----------------------------------------------------------------------------------------------------------------------------------

а The organization satisfied the Activities Test. Complete line 2 below.

с	The organization supported a governmental entity. Describ	e in <b>Part VI</b> how you supported a governmental entity (see instruction <u>s).</u>
---	-----------------------------------------------------------	-----------------------------------------------------------------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- 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 that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, 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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

2

No

Yes No

08050109 136621 C9127.000

Schedule A	(Form	990	) 2021
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## IOWA NATURAL HERITAGE FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

		<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	n Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	<b>1</b> a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting orga	anization (see
		-	• •	

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

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e Excess from 2021

	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				

IOWA NATURAL HERITAGE FOUNDATION

42-1127544 Page 7

1

**Current Year** 

Schedule A (Form 990) 2021

	(Form 990) 2021	IOWA NATURAL			
Part V	Type III Non-Funct	ionally Integrated 5	09(a)(3) Suppor	ting Organizations	(continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Section D - Distributions

Schedule A	(Form 990) 2021				FOUNDATI		42-1127544	Page 8
Part VI	Supplemental Infor	mation.	Provide the exp	lanations require	d by Part II, line 10	); Part II, line 17a or	17b; Part III, line 12;	-
	Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c,	4b, 4c, 5a, 6, 9a	a, 9b, 9c, 11a, 11	b, and 11c; Part I\	/, Section B, lines 1	and 2; Part IV, Section	C, + V
	Section D, lines 5, 6, and	8; and Parl	t V, Section E, li	nes 2, 5, and 6. A	lso complete this	part for any addition	al information.	ιν,
	(See instructions.)				-			
132028 01-04-2	2			~~			Schedule A (Form 9	90) 2021
				22				

SCHEDULE C	Po	OMB No. 1545-0047				
(Form 990)		2021				
		anizations Exempt From Income				<b>ZUZ I</b>
Department of the Treasury		if the organization is described Go to www.irs.gov/Form990 for i			90-EZ.	Open to Public Inspection
Internal Revenue Service						-
-		n Form 990, Part IV, line 3, or For nplete Parts I-A and B. Do not com		ie 46 (Political Campa	aign Activ	vities), then
	-	01(c)(3)) organizations: Complete F	•	Do not complete Part	I-R	
<ul> <li>Section 501(c) (other</li> <li>Section 527 organiz</li> </ul>			and the below.	Do not complete r art	ŀЪ.	
•	•	n Form 990, Part IV, line 4, or For	m 990-EZ. Part VI. li	ne 47 (Lobbving Activ	vities). the	en
-		have filed Form 5768 (election und			-	
<ul> <li>Section 501(c)(3) or</li> </ul>	- ganizations that I	have NOT filed Form 5768 (electio	n under section 501(h	)): Complete Part II-B.	Do not co	mplete Part II-A.
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 5 (Proxy	Tax) (See separate i	nstructions) or Form	990-EZ, I	Part V, line 35c (Proxy
Tax) (See separate inst	tructions), then					
	), or (6) organizat	tions: Complete Part III.			_	
Name of organization						r identification number
Dout I A Compl		TURAL HERITAGE FO janization is exempt unde		ria a contian 50		2-1127544
Part I-A Compl	ete il the org	janization is exempt unde	r section 501(c) (	or is a section 52	<i>i</i> organ	
4 Decide a decident				- Devi N/		
•	0	ation's direct and indirect political			•	
<ul><li>2 Political campaign</li><li>3 Volunteer hours for</li></ul>	, ,					
3 Volunteer nours for	political campai					
Part I-B Compl	ete if the org	janization is exempt unde	r section 501(c)(3	3).		
1 Enter the amount of	of any excise tax	incurred by the organization unde	r section 4955	-	▶\$	
2 Enter the amount of	of any excise tax	incurred by organization manager				
3 If the organization i	incurred a sectio	n 4955 tax, did it file Form 4720 fo	or this year?			Yes No
4a Was a correction m	nade?					Yes No
<b>b</b> If "Yes," describe in	n Part IV.					
		anization is exempt unde		-		
		d by the filing organization for sect			▶\$	
		ization's funds contributed to othe			<b>、</b> .	
exempt function ac					▶\$	
	-	s. Add lines 1 and 2. Enter here an				
		<b>1120-POL</b> for this year?			▶\$	Yes No
00		nployer identification number (EIN)		itical organizations to		
		tion listed, enter the amount paid				
	-	omptly and directly delivered to a				
political action com	nmittee (PAC). If	additional space is needed, provid	le information in Part	IV.		
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid f	rom (	(e) Amount of political
				filing organization	n's coi	ntributions received and
				funds. If none, ente		promptly and directly lelivered to a separate
						political organization.
						If none, enter -0
			+			

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

Schedule C (Form 990) 2021

132041 11-03-21

	Schedule C (Form 990) 2021 IOWA NATURAL HERITAGE FOUNDATION 42-1127544 Page 2								
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under									
section 501(h)).									
	-			Part IV each affiliated	group member's name	e, address, EIN,			
expenses, and shar		, 0	, ,						
B Check if the filing organiza	tion checked	box A ar	nd "limited control" pro	visions apply.	( ) =···				
	Limits on Lobbying Expenditures(a) Filing organization's totals(b) Affiliated group totals(The term "expenditures" means amounts paid or incurred.)totalstotals								
1a Total lobbying expenditures to influ	ience public	opinion (a	arassroots lobbving)		14,382.				
<b>b</b> Total lobbying expenditures to influ	•				16,851.				
c Total lobbying expenditures (add li	-		• • • •		31,233.				
d Other exempt purpose expenditure					27,658,339.				
e Total exempt purpose expenditure	s (add lines 1	c and 1d	)		27,689,572.				
f Lobbying nontaxable amount. Ente	er the amount	from the	e following table in both	n columns.	1,000,000.				
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable amo	ount is:					
Not over \$500,000		20% of 1	the amount on line 1e.						
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.					
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exce						
	Over \$1,500,000 but not over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.								
Over \$17,000,000		\$1,000,	000.						
	Law 050/ a f lia	- 10			250,000.				
g Grassroots nontaxable amount (en					250,000.				
<ul> <li>h Subtract line 1g from line 1a. If zer</li> <li>i Subtract line 1f from line 1c. If zero</li> </ul>	-				0.				
j If there is an amount other than ze			ine 11 did the organiza						
reporting section 4911 tax for this						Yes No			
			eraging Period Under			100 110			
(Some organizations the second s	nat made a s	ection 5		nave to complete all o	of the five columns be	low.			
	Lobbyi	ng Expei	nditures During 4-Yea	r Averaging Period					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 201	18	<b>(b)</b> 2019	(c) 2020	( <b>d)</b> 2021	<b>(e)</b> Total			
2a Lobbying nontaxable amount	1,000,	000.	1,000,000.	854,594.	1,000,000.	3,854,594.			
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))						5,781,891.			
<b>c</b> Total lobbying expenditures	73,	100.	58,345.	26,833.	31,233.	189,511.			
d Grassroots nontaxable amount	250,	000.	250,000.	213,649.	250,000.	963,649.			
e Grassroots ceiling amount (150% of line 2d, column (e))						1,445,474.			
f Grassroots lobbying expenditures	36,	550.	31,975.	8,199.	14,382.	91,106.			

Schedule C (Form 990) 2021

132042 11-03-21

## IOWA NATURAL HERITAGE FOUNDATION

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t	<b>)</b>
	lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с d	Media advertisements? Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?         Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities? Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	. or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		, or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '	'No" OR (b	o) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A,	lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

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.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	IOWA NATURAL HERITAGE FOUNDA	ATION		42-1127544	
Pa	rt I Organizations Maintaining Donor Advised Funds or Ot	her Similar Funds or A	ccour	Its. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line 6.				
	(a) Donor	advised funds	(b) Fun	ds and other accounts	
1	Total number at end of year	7			
2	Aggregate value of contributions to (during year)	76,585.			
3	Aggregate value of grants from (during year)	63,937.			
4	Aggregate value at end of year	617,201.			
5	Did the organization inform all donors and donor advisors in writing that the ass	sets held in donor advised fur	nds		
	are the organization's property, subject to the organization's exclusive legal cor			X Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in writing t				
	for charitable purposes and not for the benefit of the donor or donor advisor, or				
	impermissible private benefit?		•	X Yes	No
Pa	t II Conservation Easements. Complete if the organization answere				
1	Purpose(s) of conservation easements held by the organization (check all that a		,		
•	X Preservation of land for public use (for example, recreation or education)	Preservation of a his	torically	important land area	
	X Protection of natural habitat	Preservation of a cer			
	X Preservation of open space		uneu m		
2	Complete lines 2a through 2d if the organization held a qualified conservation of	optribution in the form of a c	opeonia	tion accoment on the la	et
2	day of the tax year.			Held at the End of the Ta	
_			2a	20	
a L	Total number of conservation easements			25,313.0	
a		(-)	2b	23,313.0	
c	Number of conservation easements on a certified historic structure included in		2c		
d	Number of conservation easements included in (c) acquired after 7/25/06, and				
-	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, released, extinguishe	ed, or terminated by the orgai	nization	during the tax	
-	year ▶	<b>.</b>			
4	Number of states where property subject to conservation easement is located				
5	Does the organization have a written policy regarding the periodic monitoring, in	nspection, handling of		<b>T</b>	
				X Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violation 1252	ons, and enforcing conservat	on ease	ments during the year	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, a	and enforcing conservation e	asemen	ts during the year	
	▶\$ <u>4,350.</u>				
8	Does each conservation easement reported on line 2(d) above satisfy the requir	ements of section 170(h)(4)(E	3)(i)		
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservation easements in its		ment an	d	
	balance sheet, and include, if applicable, the text of the footnote to the organiz	ation's financial statements t	nat desc	ribes the	
	organization's accounting for conservation easements.				
Pa	t III Organizations Maintaining Collections of Art, Historica	I Treasures, or Other	Simila	r Assets.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	3.			
1a	If the organization elected, as permitted under FASB ASC 958, not to report in	its revenue statement and ba	lance sł	neet works	
	of art, historical treasures, or other similar assets held for public exhibition, edu	cation, or research in furthera	ance of p	oublic	
	service, provide in Part XIII the text of the footnote to its financial statements th	at describes these items.			
b	If the organization elected, as permitted under FASB ASC 958, to report in its re	evenue statement and baland	e sheet	works of	
	art, historical treasures, or other similar assets held for public exhibition, education	tion, or research in furtherand	e of pul	olic 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 treasures, or other sin			·	
-	the following amounts required to be reported under FASB ASC 958 relating to	-	Piovide	-	
а	Revenue included on Form 990, Part VIII, line 1			\$	
	Assets included in Form 990, Part X		•		
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.			$\frac{\Psi}{\Psi}$ Schedule D (Form 990	)) 2021
	1 10-28-21			Concoure D (Form 390	1 2021
,0200					

Sche		TURAL HERIT				42-11	27544	Page 2
Par	t III Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or Oth	er Sir	nilar Assets	continue)	d)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	signific	cant 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	ellections and explain	how they further th	e organization's exe	empt p	urpose in Part	XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's col	lection?			Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "Yes" o	n Forn	n 990, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets no	t inclue	ded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:		_			
							Amount	
С	Beginning balance				L	1c		
d	Additions during the year				L	1d		
е	Distributions during the year				L	1e		
f	Ending balance				L	1f	_	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial account liab	oility?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete in							
		(a) Current year	(b) Prior year	(c) Two years back	-	hree years back		
1a	Beginning of year balance	53,162,779.	36,747,265.	34,796,975.	-	32,220,836.	· · · · ·	95,120.
b	Contributions	3,618,440.	9,503,278.	, ,	-	903,904.		50,612.
С	Net investment earnings, gains, and losses	-4,223,668.	7,021,449.	1,488,096.		1,792,635.	43	38,179.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	1,574,034.		1,247,868.		70,763.		38,547.
f	Administrative expenses	189,657.	109,213.	101,433.		49,637.	3	34,528.
g	End of year balance	50,793,860.	53,162,779.	36,747,265.		34,796,975.	32,22	20,836.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)	) held as:				
а	Board designated or quasi-endowment	90.8700	_%					
b	Permanent endowment ► 9.1300	%						
с	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.						
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	d administered for	the org	anization	_	
	by:						Ye	es No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds.					
Par	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part >	K, line 1	10.		
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accum	nulated	(d) Book v	alue
		basis (investr	nent) basis	(other) d	lepreci	ation		
1a	Land							
b	Buildings							
с	Leasehold improvements			6,072.		,764.		308.
d	Equipment		87	0,302.	456	,705.	413,	597.
е	Other							
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X. column (B). line 10	0c.)		🕨	414,	905.
						Schedule	D (Form 9	90) 2021

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
	(2) 20010 10:000		
(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 <sup>.</sup>	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) LAND	17,377,865.	COST	
(2) LAND SUBJECT TO RLE	12,592,019.	COST	
(3) ASSETS HELD IN TRUST	406,857.	COST	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	30,376,741.		
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	-
	Description		(b) Book value
(1) LAND PROJECTS IN PROCESS			43,043,137.
(2) INTEREST RECEIVABLE			19,336.
(3) BENEFICIAL INTEREST IN CON	MMUNITY FO		74,874.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		43,137,347.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) FUNDS HELD IN TRUST			617,201.
(3) BENEFICIARY USE OF RESERVI	3 LIFE		
(4) ESTATE			2,583,570.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line			3,200,771.

Liability for uncertain tax positions. In Part XIII, provide the text of the foothote 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

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## IOWA NATURAL HERITAGE FOUNDATION Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
4.0		

Sche	dule D (Form 990) 2021 IOWA NATURAL HERITAGE FOUN	42-	1127544 Page 4		
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	turn.	¥		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	26,766,567.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-8,547,111.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	453,924.		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	34,859,754.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	62,615.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	62,615. 34,922,369.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	34,922,369.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		ith Expenses per H	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	27,626,957.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1			
а	Donated services and use of facilities	. 2a		-	
b	Prior year adjustments			-	
С	Other losses			-	
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	27,626,957.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	<b>60 61</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b		62,615.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	62,615.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	27,689,572.
Pa	t XIII Supplemental Information.				

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF REAL ESTATE SUBJECT OT LIFE ESTATE	468,986.
CHANGE IN VALUE OF BENEFICIAL INTEREST	-15,062.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	453,924.
PART VI LINE 1D	
PART V, LINE 4: THE FOUNDATION'S ENDOWMENT FUNDS CONSISTS OF BOARD	
DESIGNATED UNRESTRICTED NET ASSETS WHICH ARE AVAILABLE FOR LAND	
CONSERVATION PROJECTS AND PERMANENTLY RESTRICTED NET ASSETS REQUIR	ING THAT
THE PRINCIPAL BE INVESTED AND ONLY THE EARNINGS CAN BE USED.	

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Schedule D	(Form 990) 202 <sup>-</sup>

Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2021

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SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	47
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest	Γ	20	21	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				
	rtment of the Treasury	Attach to Form 990.		Open to Inspe		ic
	al Revenue Service ne of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer i	-		mbor
Indi	le of the organization	IOWA NATURAL HERITAGE FOUNDATION		12754		libei
Pa	rt I Question	s Regarding Compensation	72 1	12/34	<b>-</b>	
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990.		100	110
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o		nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if a	of the following the experimetion used to establish the companyation of the experimetion?				
3		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organizati				
		ation of the CEO/Executive Director, but explain in Part III.	Unio			
	X Compensation					
	-	ompensation consultant <u>X</u> Compensation survey or study				
	X Form 990 of o		ommittee			
			ommittee			
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 re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		<b>4b</b>		X
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		<b>4c</b>		x
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	0					
-		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
э	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation evenues of:	лт			
~	contingent on the r			5a		x
a h	Any related organiz	ation?		5a 5b		X
5		ation?				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
-	contingent on the r					
а	•	~		6a		X
	Any related organiz					X
	, ,	or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n <b>990</b> )	2021

Schedule J (Form 990) 2021

42-1127544

Page **2** 

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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>B)</b> Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOE MCGOVERN	(i)	158,469.	0.	0.	11,130.	7,494.	177,093.	0
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii) (i)							
	(i) (ii)							
	(ii)							
	(i) (ii)							
	(i)							
	(i)							

Schedule J (Form 990) 2021

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

## **2021** Open to Public Inspection

Name of	f the	organization
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# IOWA NATURAL HERITAGE FOUNDATION

Employer identification number 42 - 1127544

Pa	rt I Types of Property					I		-	
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reported Form 990, Part VIII,	d on	<b>(d)</b> Method of de noncash contribu		0	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8									
9		X	23	2 255 0	962	MARKET VALU	<u> </u>		
	Securities - Publicly traded	A	<u> </u>	5,555,	902.	MARKEI VADO	<u> </u>		
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures	v	A		7				
14	Qualified conservation contribution - Other	X	4		/•	APPRAISAL			
15	Real estate - Residential								
16	Real estate - Commercial		11	F 240	1 0 0				
17	Real estate - Other	X	11	5,342,.	122.	APPRAISAL			
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other  ( BARGAIN SALE )	X	7			APPRAISAL			
26	Other  ( MISCELLANEOUS )	X	14	6,1	169.	FAIR MARKET	VA	LUE	
27	Other ► ()								
28	Other 🕨 ( )								
29	Number of Forms 8283 received by the organi	zation during	the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement	29			8	-
								Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1	1 throug	h 28, that it			
	must hold for at least three years from the date								
	exempt purposes for the entire holding period	?	-	· · · · · · · · · · · · · · · · · · ·			30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	oolicy that re	quires the review	of any nonstandard c	ontribut	ions?	31	Х	
	Does the organization hire or use third parties								(
	contributions?		-				32a		x
b	If "Yes," describe in Part II.								_
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	/ for which column (a)	) is chec	ked.			
	describe in Part II.				, 10 01100				
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	Э.		Schedule N	l (Forr	n 990)	2021

Schedule M	(Form 990) 2021	IOWA	NATURAL	HERITAGE	FOUNDATION	42-1127544	Page <b>2</b>
Part II	Supplemental	Inform	ation. Provide	the information re	equired by Part I, lines 30b,	32b, and 33, and whether the organizat ad, or a combination of both. Also comp	ion
_							
132142 11-17-2	1					Schedule M (Form	990) 202
					42		

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SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



IOWA NATURAL HERITAGE FOUNDATION

Employer identification number 42-1127544

## FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THIS MEMBER-SUPPORTED ORGANIZATION'S PRIORITIES INCLUDE PERMANENT LAND

PROTECTION, PROMOTION OF IMPROVED LAND MANAGEMENT AND BRINGING NEW

CONSERVATION IDEAS AND OPPORTUNITIES TO IOWA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WITH THE LANDOWNER. SINCE 1979, INHF HAS HELPED PROTECT OVER 188,387

ACRES OF LAND ACROSS IOWA.

THIS INCLUDES IMPORTANT PROTECTION IN PRIORITY REGIONS SUCH AS THE

LOESS HILLS OF WESTERN IOWA, UPPER MISSISSIPPI RIVER BLUFFLANDS AND

IOWA GREAT LAKES AND PRAIRIE POTHOLE REGIONS. INHF WORKS TOWARDS THE

CREATION OF LARGER STRETCHES OF INTER-CONNECTED PROTECTED CONSERVATION

LANDS THAT IMPROVE WILDLIFE HABITAT AND OFFERS MANAGEMENT FOR IMPROVED

SOIL HEALTH, WATER QUALITY AND OUTDOOR RECREATION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

A RANGE OF INHF-OWNED PROPERTIES, SOME OF WHICH ARE OPEN TO THE PUBLIC.

INTERESTED LANDOWNERS LEARN ABOUT OPTIONS FOR PERMANENT LAND PROTECTION

THROUGH PRINTED MATERIALS, ONLINE RESOURCES AND PERSONAL COMMUNICATION

WITH INHF STAFF. INHF INTRODUCES PEOPLE TO IOWA'S CONSERVATION

CHALLENGES AND SHARES STORIES OF CONSERVATION SUCCESS IN OUR QUARTERLY

MAGAZINE, MEDIA OUTREACH, STRONG DIGITAL COMMUNICATION, AND

CO-SPONSORED EVENTS AND CONFERENCES ARE SHARED.

## FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

STATE AND FEDERAL TAX INCENTIVES FOR LAND PROTECTION.

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

Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization	Employer identification number
IOWA NATURAL HERITAGE FOUNDATION	42-1127544
INHF SUPPORTS THE DEVELOPMENT AND IMPLEMENTATION OF LONG-R	ANGE
CONSERVATION PLANS. INHF'S LAND CONSERVATION AND TRAIL PR	OJECTS HELP
FULFILL MULTIPLE LONG-RANGE PLANS DEVELOPED BY FEDERAL, ST	ATE AND
COUNTY AGENCIES SUCH AS THE IOWA WILDLIFE ACTION PLAN, IOW	A MONARCH
CONSERVATION CONSORTIUM ACTION PLAN, IOWA BICYCLE-PEDESTRI	AN AND TRAILS
PLAN, PRAIRIE POTHOLE JOINT VENTURE, MULTIPLE WATERSHED MA	NAGEMENT
AUTHORITY PRIORITIES, PROTECTED WATER AREAS PLAN, IOWA NUT	RIENT
REDUCTION STRATEGY AND THE IOWA OPEN SPACES PLAN.	

FORM 990, PART VI, SECTION B, LINE 11B:

THE FOUNDATION'S AUDIT COMMITTEE REVIEWS THE FORM 990 WITH MANAGEMENT. THE FORM 990 IS ALSO PROVIDED TO THE ENTIRE BOARD OF DIRECTORS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS REQUIRED TO BE REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

THE FOUNDATION'S PERSONNEL COMMITTEE CONDUCTS AN ANALYSIS OF COMPARABLE

COMPENSATION EVERY THREE YEARS. THIS ANALYSIS IS CONDUCTED BY A QUALIFIED

CONSULTANT OR VOLUNTEER USING LOCAL AND REGIONAL INFORMATION WHERE

AVAILABLE. THIS DATA IS USED TO RECOMMEND SALARY RANGES AND BENEFITS TO THE

BOARD FOR ITS APPROVAL. THE BOARD IS RESPONSIBLE FOR EVALUATING AND

ESTABLISHING COMPENSATION FOR THE PRESIDENT. THE BOARD AND ITS DESIGNATED

MEMBERS MEET ANNUALLY WITH THE PRESIDENT AND APPROVE THE PRESIDENT'S

COMPENSATION. THE PRESIDENT RECOMMENDS COMPENSATION AND BENEFIT CHANGES FOR

OTHER EMPLOYEES AND THESE ARE REVIEWED ANNUALLY BY THE BOARD. THE PRESIDENT 132212 11-11-21 Schedule O (Form 990) 2021

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Name of the organization IOWA NATURAL HERITAGE FOUNDATION	Employer identification number 42-1127544		
WELCOMES INPUT FROM THE BOARD AND IS RESPONSIBLE FOR ADJUS	TING EMPLOYEE		
COMPENSATION BASED UPON THE TOTAL BUDGETED STAFF COMPENSAT	ION APPROVED BY		
THE BOARD WITHIN THE ANNUAL BUDGET.			
FORM 990, PART VI, SECTION C, LINE 18:			
REQUESTS FOR THE 990 CAN BE DIRECTED TO SUSAN JOHNSON, CFO	, AT THE INHF		
OFFICE IN DES MOINES. INHF 990 CAN ALSO BE VIEWED AT GUID	ESTAR.ORG.		
FORM 990, PART VI, SECTION C, LINE 19:			
THE FOUNDATIONS ORGANIZING DOCUMENTS AND CONFLICT OF INTER	EST POLICY ARE		
MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FOUNDATION'	S FINANCIAL		
STATEMENTS ARE PART OF FORM 990 AND ARE AVAILABLE UPON REQ	UEST.		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:			
CHANGE IN VALUE OF REAL ESTATE SUBJECT TO LIFE INTEREST	468,986.		
CHANGE IN VALUE OF BENEFICIAL INTEREST	-15,062.		
TOTAL TO FORM 990, PART XI, LINE 9	453,924.		
FORM 990 , PART XII, LINE 2C:			
FORM 990 , PART XII, LINE 2C: NO CHANGE HAS OCCURRED IN THE FOUNDATION'S SELECTION OR OV	ERSIGHT OF		

132212 11-11-21