Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	pprox 2022 calendar year, or tax year beginning OCT 1 , 2022 and	dending	SEP 30, 2023			
B c	heck if pplicable	C Name of organization		D Employer identific	cation number		
	Addres	DISABILITY RIGHTS IOWA					
	Name change			42-12354	07		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit				
	Final return/			515-278-			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,086,078.		
	Ameno return	DES MOINES, IA 50309		H(a) Is this a group re			
	Application pendin	F Name and address of principal officer: CATHERINE OCHINSON	for subordinates? Yes X No				
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No		
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 52	27 If "No," attach a	list. See instructions		
	Vebsit			H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Yea	ar of formation: 1984 N	M State of legal domicile: IA		
Pa	rt I	Summary	DIII	T			
ø		Briefly describe the organization's mission or most significant activities: TO A					
Governance		THE HUMAN AND LEGAL RIGHTS OF INDIVIDUALS					
ērn		Check this box if the organization discontinued its operations or dispo			sets.		
9				3 4	15		
જ		Number of independent voting members of the governing body (Part VI, line 1b)			26		
ties		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0		
Activities &		Total number of volunteers (estimate if necessary)			0.		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
		Net differenced business taxable income from 1 offit 930-1,1 at 1, life 11	<u> </u>	Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		1,871,927.	1,950,827.		
Revenue		Program service revenue (Part VIII, line 2g)		2,027.	110,374.		
Ver		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		724.	4,639.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		572,297.	20,238.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,446,975.	2,086,078.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
w		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,450,847.	1,592,105.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
be		Total fundraising expenses (Part IX, column (D), line 25)	0.				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	[425,708.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,876,555.	2,117,131.		
	19	Revenue less expenses. Subtract line 18 from line 12		570,420.	-31,053.		
Net Assets or Fund Balances			E	Beginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		721,651.	1,625,573.		
t As	21	Total liabilities (Part X, line 26)		133,521.	1,027,037.		
2	22	Net assets or fund balances. Subtract line 21 from line 20		588,130.	598,536.		
	rt II	Signature Block					
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			/ knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	/hich prepare	er has any knowledge.			
٥.		Signature of officer		I Date			
Sign		CATHERINE JOHNSON, EXECUTIVE DIRECTOR		Duto			
Her	е	Type or print name and title					
				Date Check	PTIN		
Paid		Print/Type preparer's name Preparer's signature STEVE BRUNER		if self-employ			
Prep		Firm's name DENMAN & COMPANY, LLP			2-0794029		
	Only	Firm's address 1601 22ND STREET, SUITE 400		I IIIII 2 EIIV =	_ 0,,,,,,,,		
550	Jy	WEST DES MOINES, IA 50266-1453		Phone no 51	5-225-8400		
May	the IF	RS discuss this return with the preparer shown above? See instructions		11 HOHO HO. 9 1	X Yes No		

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ADVANCE THROUGH ALL RESOURCES THE HUMAN AND LEGAL RIGHTS OF
	INDIVIDUALS WITH DISABILITIES. DISABILITY RIGHTS IOWA PROVIDES FREE
	LEGAL AND NON-LEGAL ADVOCACY ASSISTANCE TO PERSONS WITH MENTAL
	ILLNESS, DISABILITIES AND CERTAIN SOCIAL SECURITY BENEFICIARIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments 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.
4a	(Code:) (Expenses \$ 442,555. including grants of \$) (Revenue \$ 92,747.) MENTAL HEALTH - PROVIDES ADVOCACY TO REMEDY ABUSE OR NEGLECT OF
	INDIVIDUALS WITH MENTAL ILLNESS WHO ARE RESIDENTS OF CERTAIN CARE AND
	TREATMENT FACILITIES (E.G., MENTAL HEALTH INSTITUTES, NURSING
	FACILITIES, COMMUNITY HOSPITALS, ASSISTED LIVING FACILITIES, AND MENTAL
	HEALTH FACILITIES FOR CHILDREN) OR IN HOME AND COMMUNITY BASED
	SETTINGS. LEGAL ASSISTANCE TO PROTECT RIGHTS AND ADVOCATE FOR SERVICES
	TO INDIVIDUALS WITH MENTAL ILLNESS, LIVING IN FACILITIES OR THE
	COMMUNITY AND EVEN IN THEIR HOMES.
	COMMONITI AND EVEN IN THEIR HOMES:
4b	(Code:) (Expenses \$ 345,936 • including grants of \$) (Revenue \$ 13,790 •)
	DEVELOPMENTAL DISABILITIES - PROVIDES ADVOCACY TO REMEDY ABUSE OR
	NEGLECT OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND ASSISTANCE
	ACCESSING ENTITLEMENTS AND SERVICES (E.G., SPECIAL EDUCATION, DAY
	PROGRAMS, AND RESIDENTIAL SERVICES). A DEVELOPMENTAL DISABILITY IS A
	SEVERE PHYSICAL, COGNITIVE, OR EMOTIONAL IMPAIRMENT THAT BEGINS BEFORE
	AGE 22, LIKELY TO CONTINUE INDEFINITELY, AND INTERFERES WITH THREE OR
	MORE MAJOR LIFE ACTIVITIES.
	050.000
4c	(Code:) (Expenses \$ 253,922. including grants of \$) (Revenue \$)
	WORK INCENTIVES PLANNING AND ASSISTANCE (WIPA) - THE PROGRAM IS FUNDED
	BY SOCIAL SECURITY ADMINISTRATION (SSA) TO PROVIDE BENEFITS PLANNING
	AND ASSISTANCE TO SOCIAL SECURITY BENEFICIARIES
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 743,245 · including grants of \$) (Revenue \$ 3,537 ·)
4e	Total program service expenses 1,785,658.
	Form 990 (2022)

Form 990 (2022) DISABILITY RIGHTS IOWA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
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		х
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			_v
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			٦,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, .u		 -
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	145		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			₩
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا		_v
	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		X

Form 990 (2022) DISABILITY RIGHTS IOWA

Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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		<u> </u>
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		<u> </u>
	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			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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	051		Х
06	Schedule L, Part I	25b		
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%			
	and will adopt the confirmation of any of these paragraphs of the same and the same	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	120		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
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			37
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	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	34		Х
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	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		Х
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	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			لل
	1 1 -		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
000=	(gambling) winnings to prize winners?	1c	990	(2020)
232004	4 12-13-22	rorm	550	ZUZZ)

Form 990 (2022) DISABILITY RIGHTS IOWA

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

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 26								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	AL							
-	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b							
D	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5							
С	to file Form 8282?	7c		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	, ,							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders Cross income from ethan actuates (Do not not amounted due or poid to other actuate against								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)								
19a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. <u>_u</u>							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> X</u>					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			~~					
	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.			v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
47	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Ves." complete Form 6069	17							
	If "Yes," complete Form 6069.		000						

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JIM KAIN - 515-278-2502

Form **990** (2022)

666 WALNUT ST., SUITE 1440, DES MOINES

50309

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

		r any related organization compensate								(F)
(A)	(B)		(C) Position					(D)	(E)	(F)
Name and title	Average		(do not check more than one			than		Reportable	Reportable	Estimated
	hours per week	box, unless person is bot officer and a director/trus						compensation from related	amount of other	
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	organizations	al trus	nal tr		loyee	om p		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CATHERINE JOHNSON	line) 40.00	=	Ĕ	₩	- S	<u>₹</u> *5	2			
EXECUTIVE DIRECTOR	40.00	1		Х				101,925.	0.	14,227.
(2) TIFFANY DODD	5.00							101/323		11,22,0
PRESIDENT		x		x				0.	0.	0.
(3) KENNETH CAMERON	5.00			7					-	
VICE PRESIDENT		Х		x				0.	0.	0.
(4) BILL STUMPF	5.00									
SECRETARY		X		Х				0.	0.	0.
(5) TARA ROCHLEAU	5.00									
TREASURER		X		X				0.	0.	0.
(6) KYLE HAIMAN	5.00									
AUDIT CHAIR		Х						0.	0.	0.
(7) VICTORIA SPAIN	5.00									
PAC CHAIR		Х						0.	0.	0.
(8) BETH WARGO	5.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JILL HARTUNG	5.00									
BOARD MEMBER		Х						0.	0.	0.
(10) FRANK TENUTA	5.00									
BOARD MEMBER		Х						0.	0.	0.
(11) KEVIN DALIN	5.00	1								
BOARD MEMBER	 	Х						0.	0.	0.
(12) GINA BATTANI	5.00	↓								
BOARD MEMBER		Х				_		0.	0.	0.
(13) NICK MALCOM	5.00	۱								
BOARD MEMBER		Х				-	-	0.	0.	0.
(14) CLAIRE DAHM	5.00	٠,								
BOARD MEMBER		X				-	-	0.	0.	0.
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Name and title Average hours per week (list any hours for related organizations) Below line) By Bull of the standard organization of the compensation of the related organizations below line) By Bull of the standard organization of the related organizations of the related organizations (W.2/1099-MISC/ 1099-NEC) Bull of the standard organization of the related organization of the related organizations (W.2/1099-MISC/ 1099-NEC) Bull of the standard organization of the related organization organization or the related organization or the related organization organization or the related organization o	Section A. Officers, Directors		<u>loye</u> و	es, a	ind F	lighes	st C	ompensated Employee	s (continued)			
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes					- 1						14 25	
Compensation from the organization Yes								•		<u> </u>	.4,22	i /
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person ection B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than	Total number of individuals (including	but not limited to th	ose li	sted	abov	ve) wh	io re	eceived more than \$100,	000 of reportable			
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	compensation from the organization		7		_						T., T	
line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than				7	17						Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C	Did the organization list any former of	officer, director, trust	ee, ke	y en	nploy	ee, or	r hig	hest compensated empl	oyee on			
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	line 1a? If "Yes," complete Schedule	J for such individual								. 3	\bot	<u> </u>
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	For any individual listed on line 1a, is	the sum of reportabl	e con	npen	satio	n and	oth	ner compensation from the	ne organization			
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than	and related organizations greater that	n \$150,000? <i>If</i> "Yes.	" con	nplet	e Scl	hedule	e J f	or such individual		. 4		Х
rendered to the organization? If "Yes." complete Schedule J for such person cetion B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None Description of services Total number of independent contractors (including but not limited to those listed above) who received more than				•								
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than										5		Х
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		. Complete Scheduli	2 0 101	Suc	II DEI	13011				•		
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	•	act companeated inc		dont	cont	tracto	rc th	and received more than \$	100 000 of compo	acation t	rom	
(A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	· · · · · · · · · · · · · · · · · · ·	•	-						· · · · · · · · · · · · · · · · · · ·	isation	10111	
Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than			tai eii	iuirig	WILI	I OI W	1111111		ear.			
Total number of independent contractors (including but not limited to those listed above) who received more than	-	•	NTO.	NT TO					envices	Comp	(C) ensation	,
	Name and but	511633 add1633	NO	ИС			\dashv	Description of s	ei vices	ООПР		,
							_					
•												
•												
•							\neg					
•												
\$100,000 of compensation from the organization			ot limi	ited 1	to the	_	sted	above) who received mo	ore than			
Form 990 (20	\$100,000 of compensation from the o	organization				U						

42-1235407

t VIII	Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Officer if Schedule O contains a response	or note to any in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
ts ts	1 :	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
e, E		С	Fundraising events 1c					
ifts Ir A			Related organizations 1d					
nië,				943,568.				
Sir			All other contributions, gifts, grants, and	2 20 7 0 0 0 1				
ĒΈ		٠		7,259.				
들 된			similar amounts not included above 1f	1,433.	-			
ğ		g	Noncash contributions included in lines 1a-1f 1g \$		1 050 005			
<u>5</u> <u>5</u>		h	Total. Add lines 1a-1f		1,950,827.			
				Business Code				
Φ	2	а	FEES COLLECTED	624100	110,374.	110,374.		
, ķ		b						
še		c						
E S		_						
ar Be	'	d						
Program Service Revenue	,	е						
			All other program service revenue		110 071			
		g	Total. Add lines 2a-2f		110,374.			
	3		Investment income (including dividends, interest	est, and				
			other similar amounts)		4,639.			4,639.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties			· ·		
	_		(i) Real	(ii) Personal				
	_	_		() 1 5.55.14.				
			Gross rents 6a					
			Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
Ф	·	_	and sales expenses					
Revenue		_	Gain or (loss) 7c		1			
ě								
ĕ			Net gain or (loss)					
her	8	а	Gross income from fundraising events (not					
ŏ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events	•				
			Gross income from gaming activities. See					
	3	a						
			Part IV, line 19		-			
			Less: direct expenses 9b)				
		С	Net income or (loss) from gaming activities	·····				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	а				
		b	Less: cost of goods sold 10	o				
		С	Net income or (loss) from sales of inventory .					
			, ,	Business Code				
ns	44	_	MISCELLANEOUS	624110	20,238.	20,238.		
e e	11			024110	20,230.	20,230.		
lan en		b						
Miscellaneous Revenue		С						
Mis		d	All other revenue					
		е	Total. Add lines 11a-11d		20,238.			
	12		Total revenue. See instructions		2,086,078.	130,612.	0.	4,639.

232009 12-13-22

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 response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 101,925. 31,166. 70,759. persons described in section 4958(c)(3)(B) 1,123,818. 111,848. Other salaries and wages 1,235,666. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 157,254. 137,268. 19,986. Other employee benefits 9 97,260. 83,941. 13,319. 10 Payroll taxes Fees for services (nonemployees): Management 1,209. 1,209. Legal 24,426. 24,426. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 35,750. 34,361. 1,389. column (A), amount, list line 11g expenses on Sch O.) 16, 110.15,882. 228. Advertising and promotion 12 15,314. 13,749. 1,565. Office expenses 13 38,152. 32,988. 5,164. Information technology 14 15 Royalties 112,149. 217,698. 105,549. 16 Occupancy 35,952. 35,819. 133. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 14,371. 313. 14,684. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 39,246. 39,193. 53. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 26,890. 26,890. MONITORING, INVESTIGATI EQUIPMENT REPAIRS AND M 23,423. 20,561. 2,862. 18,563. 18,540. 23. DUES 12,878. 12,775. SUBSCRIPTIONS AND PUBLI 103. 4.731. 4.723. 8. All other expenses 2,117,131. 1,783,829. 333,302. 0. Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			219,091.	1	91,689.
	2	Savings and temporary cash investments			28,990.	2	214,289.
	3	Pledges and grants receivable, net	120,933.	3	113,617.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	ontributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sed	tion 4958(c)(3)(B)		6	
छ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			21,550.	9	26,496.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	10,472. 10,472.			
	b	Less: accumulated depreciation	10b	10,472.	0.	10c	0.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	224 225	14	4 4 5 0 4 0 0		
	15	Other assets. See Part IV, line 11	331,087.	15	1,179,482.		
	16	Total assets. Add lines 1 through 15 (must ed			721,651.	16	1,625,573.
	17	Accounts payable and accrued expenses			119,581.	17	110,855.
	18	Grants payable	12 040	18	10 100		
	19	Deferred revenue			13,940.	19	19,180.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
≣		trustee, key employee, creator or founder, sub				-00	
Liabilities	00	controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lin					
		- f O - l l- l- D		·	0.	25	897,002.
	26	Total liabilities. Add lines 17 through 25			133,521.	25 26	1,027,037.
	20	Organizations that follow FASB ASC 958, cl	heck he	X	100,011	20	2/02//00//
es		and complete lines 27, 28, 32, and 33.	ioon iio	,			
Suc	27	, , ,			559,140.	27	461,893.
Bala	28				28,990.	28	136,643.
<u>Б</u>		Organizations that do not follow FASB ASC					•
F.		and complete lines 29 through 33.	,				
p	29	Capital stock or trust principal, or current fund	ds			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Ę	32				588,130.	32	598,536.
					721,651.	33	1,625,573.

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,086		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,11	7,1	31.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	588	8,1	30.
5	Net unrealized gains (losses) on investments	5	4:	1,4	59.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	598	8,5	36.
Pai	rt 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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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				
	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	audit,			
	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 Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

DISABILITY RIGHTS IOWA 42-1235407 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1631840.	1725317.	1728136.	1871927.	1950827.	8908047.	
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	1631840.	1725317.	1728136.	1871927.	1950827.	8908047.	
5	The portion of total contributions							
Ŭ	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,							
6							8908047.	
	Public support. Subtract line 5 from line 4.						000047.	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(c) 2020	(d) 2021	(e) 2022	(f) Total	
		(a) 2018 1631840.	(b) 2019 1725317.	1728136.	1871927.	1950827.	(f) Total 8908047.	
	Amounts from line 4	1031040.	1/2331/•	1720130.	10/1/2/6	1730027.	000047.	
ð	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	59.	97.	63.	725.	4,639.	E E02	
_	and income from similar sources	59.	91.	63.	745.	4,039.	5,583.	
9	Net income from unrelated business							
	activities, whether or not the			, in the second				
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital	45 000	24 500	00 000	554 204	122 612	011 016	
	assets (Explain in Part VI.)	45,899.	34,522.	28,989.	574,324.	130,612.		
	Total support. Add lines 7 through 10						9727976.	
	Gross receipts from related activities,	•	,			12	109,410.	
13	First 5 years. If the Form 990 is for the	-		•				
_	organization, check this box and stop							
	ction C. Computation of Publi					Г		
	Public support percentage for 2022 (I					14	91.57 %	
	Public support percentage from 2021					15	92.23 %	
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or					
	stop here. The organization qualifies		~					
b	33 1/3% support test - 2021. If the o							
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation				
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization			
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th	ne facts-and-circum	stances test, che	ck this box and st	t op here. Explain ir	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 1 <mark>7</mark> b	o, check this box ar	nd see instructions	·	
							(Form 990) 2022	

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.)

Sed	etion A. Public Support	siow, picase comp	nete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4	Tax revenues levied for the organization'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						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4,7 = 0 + 0		(2) = 3 = 3	(4,) = 0 = 1	(5) = 5 = 5	(1) 1010.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				1		<u> </u>
14	First 5 years. If the Form 990 is for the	J			•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021		•			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2022. If the						7 is not
	more than 33 1/3%, check this box ar	=	-	•			
b	33 1/3% support tests - 2021. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						

232023 12-09-22

Schedule A (Form 990) 2022

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	-		
	3c		
	4a		
	4b		
	40		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10-		
	10a		
	10b		
_	100	~ 000	

232024 12-09-22

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form 990) 2022

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

За

3b

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust o	n Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co		·	
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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-functionally i	integra	ated Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations _{(continu}	ıed)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	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 - pri		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				
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u></u> а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	LAUCUS II UIII LULL				

Schedule A (Form 990) 2022

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCH. A, PART II, LINE 10
THE OTHER INCOME INCLUDED IN PART II, LINE 10, OF SCHEDULE A RELATES
ENTIRELY TO FEES COLLECTED FOR PROGRAM SERVICES PERFORMED.

Schedule B

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	DISABILITY RIGHTS IOWA	42-1235407					
Organization type (chec	ck one):						
Filers of:	Section:						
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	on is covered by the General Rule or a Special Rule .	ula Caa instructiona					
Note: Only a section 50	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See Instructions.					
General Rule							
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor						
Special Rules							
sections 509(a) contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, contributi is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ions exclusively for religious, charitable, etc., purposes, but no such contributions totaled reter here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because itable, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box us, charitable, etc., t received <i>nonexclusively</i>					
answer "No" on Part IV,	In that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-Pifiling requirements of Schedule B (Form 990)	• •					

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

DISABILITY RIGHTS IOWA

42-1235407

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE SW WASHINGTON, DC 20201	\$ 1,093,023.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DEPARTMENT OF EDUCATION 400 MARYLAND AVE SW WASHINGTON, DC 20202	\$ 220,541.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SOCIAL SECURITY ADMINISTRATION 6401 SECURITY BOULEVARD BALTIMORE, MD 21235	\$ 628,507.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization

Employer identification number

DISABILITY RIGHTS IOWA

42-1235407

Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) \$ (c) FMV (or estimate) (See instructions.) (d) (e) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.)

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** DISABILITY RIGHTS IOWA 42-1235407 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

DISABILITY RIGHTS IOWA

Employer identification number 42-1235407

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) Donor advised funds	(b) Furius and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year) Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
•	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
2	historic structure listed in the National Register		
3		eased, extinguished, or terminated by the	organization during the tax
4	year Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Dos	organization's accounting for conservation easements.	i Art Historical Transcurso or Ot	shar Cimilar Assats
Pai	t III Organizations Maintaining Collections of		iller Sillillar Assets.
	Complete if the organization answered "Yes" on Form		and be also as a short of control
па	If the organization elected, as permitted under FASB ASC 95	·	
	of art, historical treasures, or other similar assets held for pub	,	'
h	service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in furti	lerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			•
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		J , F
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		Schedule D (Form 990) 2022

Par	rt III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, o	r Other S	imilar Ass	ets (continued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	t make sign	ficant use of	its
	collection items (check all that apply):						
а	Public exhibition	d	Loan or excl	hange progra	am		
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	on's exempt	purpose in F	Part XIII.
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or othe	er similar as	sets	
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	lection?			Yes No
Par	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered '	"Yes" on Fo	rm 990, Part	IV, line 9, or
	reported an amount on Form 990, Par						
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other ass	sets not inc	uded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII a						
							Amount
С	Beginning balance					1c	
	Additions during the year					1d	
	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on Fo)	Yes No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been j	provided on	Part XIII		
Par	rt V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	rm 990, Part	: IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d)	Three years b	ack (e) Four years back
1a	Beginning of year balance	331,087.					
b	Contributions	0.	398,000.				
С	Net investment earnings, gains, and losses	43,314.	-66,069.				
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs						
f	Administrative expenses	1,855.	844.				
g	End of year balance	372,546.	331,087.				
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) held as:			
а	Board designated or quasi-endowment		%				
b	Permanent endowment	%					
С	Term endowment	/ 6					
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.					
За	Are there endowment funds not in the posses		tion that are held an	nd administer	red for the		
	organization by:						Yes No
	(i) Unrelated organizations						3a(i) X
	(ii) Related organizations						
b	If "Yes" on line 3a(ii), are the related organizate						
4	Describe in Part XIII the intended uses of the		wment funds.				
Par	rt VI Land, Buildings, and Equipme	ent.					
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990	, Part X, line	e 10.	
	Description of property	(a) Cost or o	, , ,	or other (other)	1 ' '	umulated ciation	(d) Book value
1a	Land						
	Buildings						
	Leasehold improvements						
	Equipment		1	0,472.	1	0,472.	0.
	Other						
Total	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. column (B). line 10	Oc.)			0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 DISABILITY F	RIGHTS IOWA	42-	-1235407 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(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)			
(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" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1) BENEFICIAL INTEREST IN NET	ASSETS OF C	OMMUNITY FOUNDATION	
(2) OF GREATER DSM			372,546.
(3) OPERATING RIGHT OF USE ASS	SET (NET)		806,936.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		1,179,482.
Part X Other Liabilities.		·	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			897,002.
(3)			,
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

art XI	Recond	ciliation o	of Revenue	per Audited	Financial	Statements	With	Revenue	per F	Returr

ı a	The conclination of Nevertue per Addited I mancial Statements with Nevertue per I	ictuiii.		
	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	2,127,537.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a 41,459	<u>. </u>		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e	41,459.	
3	Subtract line 2e from line 1	3	2,086,078.	
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			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	. 5	2,086,078.	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	2,117,131.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	/ /			
С	Other losses 2c			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	2,117,131.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	4c	0.	
			2 117 121	

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, NO PROVISION FOR
INCOME TAXES HAS BEEN MADE. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN
THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS
TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) FOR AN
UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON
EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS EVALUATED
THEIR MATERIAL TAX POSITIONS AND DETERMINED THERE ARE NO UNCERTAIN
POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF
A LIABILITY (OR ASSET) OR DISCLOSURES IN THE FINANCIAL STATEMENTS. THE
ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAX AUTHORITIES; HOWEVER,

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

FORM 990,

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.

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

DISABILITY RIGHTS IOWA

Employer identification number 42-1235407

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

DISABILITY RIGHTS IOWA PROVIDES FREE LEGAL AND NON-LEGAL ADVOCACY

ASSISTANCE TO PERSONS WITH MENTAL ILLNESS, DISABILITIES AND CERTAIN

SOCIAL SECURITY BENEFICIARIES.

PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS PROVIDES ADVOCACY TO

INDIVIDUALS WITH DISABILITIES WHO ARE NOT ELIGIBLE FOR THE MENTAL

HEALTH OR DEVELOPMENTAL DISABILITIES PROGRAMS DESCRIBED ABOVE AND WHO

REQUIRE ADVOCACY ASSISTANCE TO OVERCOME DISCRIMINATION OR BARRIERS TO

LIVING INDEPENDENTLY.

PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROTECTION AND ADVOCACY OF TRAUMATIC BRAIN INJURY FUNDED BY THE

CHILDREN'S HEALTH ACT OF 2000, THE PROGRAM HAS BEEN ESTABLISHED TO

PROVIDE SERVICES TO INDIVIDUALS WITH TRAUMATIC BRAIN INJURY. SERVICES

MAY INCLUDE THE PROVISION OF (1) INFORMATION, REFERRALS, AND ADVICE;

(2) INDIVIDUAL AND FAMILY ADVOCACY; (3) LEGAL REPRESENTATION; AND (4)

SPECIFIC ASSISTANCE IN SELF-ADVOCACY.

PROTECTION AND ADVOCACY OF VOTING ACCESS FUNDED BY THE HELP AMERICA

VOTE ACT OF 2002, THE PROGRAM HAS BEEN ESTABLISHED TO ADVANCE THE

PARTICIPATION OF INDIVIDUALS WITH DISABILITIES IN THE ELECTORAL

PROCESS. EACH STATE MUST USE THEIR ALLOTTED MONEY BY MEANS OF TRAINING,

EDUCATION, AND ASSISTANCE WITH VOTER RIGHTS, RESPONSIBILITIES,

REGISTRATION, AND ELECTION DAY PROCESS.

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

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization

DISABILITY RIGHTS IOWA

Employer identification number
42-1235407

PROTECTION AND ADVOCACY FOR BENEFICIARIES OF SOCIAL SECURITY THE

PROGRAM ASSISTS SOCIAL SECURITY BENEFICIARIES WHO ARE TRYING TO OBTAIN,

MAINTAIN, OR REGAIN EMPLOYMENT AND PROVIDES LEGAL AND ADVOCACY

ASSISTANCE WITH TICKET TO WORK ISSUES.

PROTECTION AND ADVOCACY OF ASSISTIVE TECHNOLOGY PROVIDES PROTECTION AND

ADVOCACY SERVICES TO ASSIST INDIVIDUALS OF ALL AGES WITH DISABILITIES

IN THE ACQUISITION, UTILIZATION OR MAINTENANCE OF ASSISTIVE TECHNOLOGY

SERVICES OR DEVICES.

WORK INCENTIVES PLANNING AND ASSISTANCE (WIPA) THE PROGRAM IS FUNDED BY

THE SOCIAL SECURITY ADMINISTRATION (SSA) TO PROVIDE BENEFITS PLANNING

AND ASSISTANCE TO SOCIAL SECURITY BENEFICIARIES.

PROTECTION AND ADVOCACY FOR ACCESS TO COVID-19 VACCINES PROVIDES

ADVOCACY TO INDIVIDUALS WITH DISABILITIES BY EXPANDING ACCESS TO

COVID-19 VACCINES.

EXPENSES \$ 743,245. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,537.

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

FORM 990 IS REVIEWED BY THE BOARD MEMBERS AND AFTER ALL OF THEIR QUESTIONS HAVE BEEN ANSWERED, THE EXECUTIVE DIRECTOR SIGNS AND SUBMITS THE FORM.

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

EMPLOYEES, OFFICERS, DIRECTORS, AND TRUSTEES ARE MADE AWARE OF THE WRITTEN

CONFLICT OF INTEREST POLICY THROUGH MANAGEMENT AND THE EMPLOYEE MANUAL.

MEETINGS ARE HELD SEMI-ANNUALLY AT A MINIMUM TO DISCUSS COMPLIANCE WITH THE

POLICY. NEW STAFF AND NEW BOARD MEMBERS ALSO REVIEW THE POLICY WHEN THEY

Schedule O (Form 990) 2022	Page 2
Name of the organization DISABILITY RIGHTS IOWA	Employer identification number 42-1235407
START.	
FORM 990, PART VI, SECTION B, LINE 15:	
MANAGEMENT, OFFICER OR KEY EMPLOYEE COMPENSATION IS DETERM	ITNED BY THE BOARD
OF DIRECTORS.	DI IIII DOING
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE UPON REQU	EST AT THEIR
OFFICE.	
FORM 990, PART XII, LINE 2C:	_
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS DURI	NG THE TAX
YEAR.	