# SEORM 990 Department of the Treasury Injernal Revenue Service

# CHANGE OF ACCOUNTING PERIOD

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017
Open to Public Inspection

Form 990 (2017)

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

806 Open to

ΑI	or th	e 2017 calendar year, or tax year beginning JAN 1, 2018 and ending	<u></u> ្ស	JN 30, 20	18		
В	Check if applicab	€ Name of organization		D Employer ide	entific	cation number	
	Addre chang	Doing business as	_			127544	
	initial return Final return	Number and street (or P.O box if mail is not delivered to street address)  Room/s  505 5TH AVENUE  444	uite	E Telephone number 515-288-1846			
	termır ated	City or town, state or province, country, and ZIP or foreign postal code	L	G Gross receipts \$		14,698,772.	
	Amen return	DES MOINES, IA 50309		H(a) Is this a gro	oup re		
	Application	F Name and address of principal officer DOE INCOOVERIN		for subord	nates'	? Yes X No	
	pendi	SAME AS C ABOVE		H(b) Are all subordi	nates in	ncluded? Yes No	
1.	Гах-ех	empt status X 501(c)(3) 501(c)( ) ( (insert no.) 4947(a)(1) or	527	If "No," atta	ach a	list (see instructions)	
		te: ► WWW.INHF.ORG		H(c) Group exer			
			ear o	f formation: 19	<u>79</u> №	State of legal domicile IA	
Pa	art I	Summary					
ě	1	Briefly describe the organization's mission or most significant activities THE FOUN					
Activities & Governance		RESTORES IOWA'S LAND, WATER AND WILDLIFE FOR					
ern	2	Check this box   If the organization discontinued its operations or disposed of n	nore	than 25% of its i	1 . 1		
õ	3	Number of voting members of the governing body (Part VI, line 1a)			3	32	
જ	4	Number of independent voting members of the governing body (Part VI, line 1h)		1	4	····	
ies	5	Total number of individuals employed in calendar year 2017 (Part Recall IVED			5	209	
ξį	6	Total number of volunteers (estimate if necessary)	၂၇	1	6	0.	
Ac	7 a	Total unrelated business revenue from Part VIII, column (C), and 12 NOV 1 3 2018	Ϊ́	İ	7a 7b	0.	
	b	Net unrelated business taxable income from Form 990-T, line 1 3 2010	18	Prior Year	1/0	Current Year	
		Contributions and grants (Part VIII line 1b)	11.	8,136,83	7	1,389,219.	
Revenue	8	Contributions and grants (Part VIII, line 1h)  OGDEN, UT	<del>  .</del>	9,770,38		5,371,504.	
Ver	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,745,43		463,754.	
æ	10 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,/45,4.	0.	0.	
,	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		29,652,63		7,224,477.	
5	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>	0.	0.	
J	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.	
٥ د	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,809,19		1,032,997.	
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.	
ž ja	1	Total fundraising expenses (Part IX, column (D), line 25)  278,867.				7	
υЩ	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		22,753,22	26.	8,950,354.	
2		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		24,562,42	23.	9,983,351.	
	۱	Revenue less expenses Subtract line 18 from line 12		5,090,18	38.	<u>&lt;2,758,874.</u> >	
Ned Salances				inning of Current		End of Year	
alan Ba	20	Total assets (Part X, line 16)		<u>72,157,9</u> 0		<u>74,596,766.</u>	
	21	Total liabilities (Part X, line 26)		<u>18,056,54</u>		23,262,271.	
_		Net assets or fund balances Subtract line 21 from line 20		54,101,3 <u>!</u>	<u> 56.</u>	51,334,495.	
	art II	Signature Block					
		ilties of perjury, I declare that I have examined this return, including accompanying schedules and sta				y knowledge and belief, it is	
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer t	nas any knowledge			
		Signature of officer		Date Date	<u> </u>	<u> </u>	
Sig				Date			
Her	e	JOE MCGOVERN, PRESIDENT Type or print name and title		<del></del> .			
		Print/Type preparer's name Preparer's signature	Da	ate chi	eck	PTIN	
Paid	i	TELFORD A. LODDEN TELFORD A. LODDEN	10	0/02/18 set	-emplove	P00075132	
	parer	Firm's name BROOKS LODDEN, P.C.	=_	Firm's El		42-1229486	
	Only	Firm's address 1441 29TH STREET, STE. 305					
	•	WEST DES MOINES, IA 50266-1357		Phone no	<u> 5.5</u> 1	5-223-7300	
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)				X Yes No	

SEE SCHEDULE O FOR CONTINUATION(S)

732002 11-28-17

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?	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	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		٠,,	
_	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? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	ļ		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	х	
þ	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	<u></u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
123	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u>-</u> -
	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	990	(2017)
		corm	27271	./UI /

	rt IV Checklist of Required Schedules (continued)	112/544	. P	age 4
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			.,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			7.7
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	:		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	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	ie		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K If "No", go to line 25a	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٦,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			<b>.</b>
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		ì	v
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	00-		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	l l		Λ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an office	<b>I</b>		v
	director, trustee, or direct or indirect owner? 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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		Х
	contributions? If "Yes," complete Schedule M	30		^
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		х
	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		Λ
32		32		X
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		21
34	Part V, line 1	34		х
25-		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354	<del> </del>	
D		35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.		-	
36		36		X
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 47
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
	and that is treated as a partitioning for loading income tax purposes. If Test, complete confederally fait the	<u></u>		_==

Form **990** (2017)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Pai	Check if Schedule O contains a response or note to any line in this Part V			
		. <u>-</u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Ì	
_	(gambling) winnings to prize winners?	1c		,
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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	'	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	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	1		
	any contributions that were not tax deductible as charitable contributions?	6a_	L	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	yor? 7a	<u> </u>	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	<u> </u>	X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
е		7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		-	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-	C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			37
	sponsoring organization have excess business holdings at any time during the year?	8	-	X
9	Sponsoring organizations maintaining donor advised funds.		-	х
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<del>  -</del>	X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<del>                                     </del>	^
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	$\dashv$		
		$\neg$		
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	$\dashv$		
b	amounts due or received from them)	1		
122	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	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	$\neg$		
	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			
ь	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

42-1127544 Form 990 (2017) IOWA NATURAL HERITAGE FOUNDATION 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 in Schedule O. See instructions  $\mathbf{x}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Ye<u>s</u> No 32 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 31 b Enter the number of voting members included in 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 Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? <u>7a</u> b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? d8 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 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? X 15a a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶\_ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 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 \_\_ Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 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

Form 990 (2017)

50309

JOE MCGOVERN - 515-288-1846

505 5TH AVENUE, SUITE 444, DES MOINES,

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 (Ď), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organizat		orga	anıza			nper	nsat			
(A)	(B)	(C) Position						(D)	<b>(E)</b> Reportable compensation	(F)
Name and Title	Average hours per		(do not check more than one box, unless person is both ar					Reportable compensation		Estimated amount of
	week	offi	officer and a direc			rson is both an irector/trustee)		from	from related	other
	(list any	Ę						the	organizations	compensation
	hours for	a E				eg		organization	(W-2/1099-MISC)	from the
	related	ste 0	ustee			ensa		(W-2/1099-MISC)		organization
	organizations	altra	onal t		oloyee	com Se				and related
	below line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CAROLE REICHARDT	1.00									^
DIRECTOR		X						0.	0.	0.
(2) PEG ARMSTRONG-GUSTAFSON	1.00									•
DIRECTOR		X						0.	0.	0.
(3) DONALD BENEKE	1.00									
SECRETARY		X		Х				0.	0.	0.
(4) WENDY WIEDNER	1.00									
TREASURER		X		Х				0.	0.	0.
(5) CINDY BURKE	1.00									
DIRECTOR		X						0.	0.	0.
(6) DAVID BROWN	1.00									
DIRECTOR		X						0.	0.	0.
(7) ED COX	1.00									•
DIRECTOR		X						0.	0.	0.
(8) WOODWARD BRENTON	1.00									
DIRECTOR		X		$\square$		$\vdash$		0.	0.	0.
(9) VERN FISH	1.00									•
DIRECTOR	<del> </del>	X			_			0.	0.	0.
(10) THOMAS HOFF	1.00									•
DIRECTOR		X						0.	0.	0.
(11) GREG GRUPP	1.00									_
DIRECTOR	1 00	Х				Щ		0.	0.	0.
(12) JOHN FISHER	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(13) MIKE DECOOK	1.00								•	0
DIRECTOR	1 00	Х				-		0.	0.	0.
(14) PAUL EASTER	1.00								•	0
DIRECTOR		X				-		0.	0.	0.
(15) SUSAN SHULLAW	1.00			_						•
CHAIR	1 00	X		X				0.	0.	0.
(16) RICHARD RAMSAY	1.00									•
DIRECTOR	1 00	X		$\vdash$		$\vdash\vdash$		0.	0.	0.
(17) JOHN GRAY	1.00	,,							_	^
DIRECTOR	<u></u>	X_	Ш			Ш		0.	0.	0 . Form <b>990</b> (2017)

Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees	, and	d Hig	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average	(do		Pos	ition more t		one	Reportable	Reportable	E	Estimate	∍d
•	hours per	box	, unle	ss pe	rson i:	s bot	han	compensation	compensation	a	imount	
	week (list any		]			1,		from the	from related organizations		other mpensa	
	hours for	director				_		organization	(W-2/1099-MISC)	_ I	from th	
	related	ee or	stee			nsate		(W-2/1099-MISC)	( , , , , , , , , , , , , , , , , ,	- 1	ganızat	
	organizations	trust	lal tru		yee	ашь		,		a	nd relat	:ed
	below	Individual trustee or	Institutional trustee	, 5	Key employee	Highest compensated employee	Former			orç	ganızatı	ons
	line)	ğ	list	Officer	Key	High	P					
(18) ROB HALL	1.00											
DIRECTOR		X						0.	0			0.
(19) NEIL HAMILTON	19) NEIL HAMILTON 1.00											
DIRECTOR		X						0.	0			0.
(20) KIRSTEN HEINE	1.00											
DIRECTOR		X						0.	0			0.
(21) BOB JESTER	1.00											
DIRECTOR		x			1			0.	0			0.
(22) CHRISTOPHER LINDELL	1.00	<u></u>	-							1		
DIRECTOR		x						0.	0			0.
	1.00	-								+		<u></u> _
(23) JEFF LOCKWOOD	1.00	X						0.	0			0.
DIRECTOR	1.00	1	<del>                                     </del>	-	$\vdash$					*		<del></del>
(24) SUSAN SALTERBERG	1.00	x						0.	0			0.
DIRECTOR	1.00	^		_		-		<u> </u>	<u> </u>	<del>-</del>		
(25) JAN LOVELL	1.00	<b>.</b>						•	0	İ		0.
DIRECTOR	1 00	X						0.	U	+		<u> </u>
(26) DAVID MACKAMAN	1.00							•	_			^
DIRECTOR		X						0.	0			<u>0.</u>
1b Sub-total								0.	0			0.
c Total from continuation sheets to Part	VII, Section A							85,500.	0		9,2	
d Total (add lines 1b and 1c)								85,500.	0	<u>•</u>	9,2	<u>63.</u>
2 Total number of individuals (including but	t not limited to th	ose	liste	ed al	oove	e) wr	no re	eceived more than \$100	,000 of reportable			•
compensation from the organization								<del></del>	· ·		<del></del>	0
											Yes	No
3 Did the organization list any former office	er, dırector, or tru	uste	e, ke	y en	nplo	yee,	or h	nighest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J fo.	r such individual									3		X
4 For any individual listed on line 1a, is the	sum of reportab	le co	omp	ensa	tion	and	oth	ner compensation from	the organization	-		
and related organizations greater than \$1	150,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	dule	J fo	or such individual		4		X
5 Did any person listed on line 1a receive of	or accrue compe	nsat	ion f	rom	any	unr	elate	ed organization or indiv	dual for services	}		
rendered to the organization? If "Yes," co	omplete Schedul	e J f	or s	uch	oers	on				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest	compensated inc	depe	ende	nt c	ontra	acto	rs th	nat received more than	\$100,000 of compe	nsation	from	
the organization Report compensation for	•											
(A)	<u></u>							(B)			(C)	
Name and busine	ss address	N	INC	₹.				Description of s	ervices		ensatio	n
				_			$\exists$					
····							十					
	·						+					
							+	<u>-</u>				
							+					
							- 1		[			
									l			
Total number of independent contractors							$\perp$					

732008 11-28-17

SEE PART VII, SECTION A CONTINUATION SHEETS

IOWA NATURAL HERITAGE FOUNDATION

Form 990

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (D) (E) (F) (A) (B) Reportable Position Reportable Estimated Name and title Average (check all that apply) compensation amount of compensation hours from from related other per the organizations compensation week Highest compensated employee (W-2/1099-MISC) from the (list any Individual trustee or director organization (W-2/1099-MISC) organization hours for and related related organizations organizations Institutional below Officer line) 1.00 (27) ELIZABETH NEUMANN 0. 0 0. DIRECTOR 1.00 (28) SCOTT RAECKER 0. X 0 0 DIRECTOR 1.00 (29) MIKE DAUGHERTY 0. 0 0. X SECOND VICE CHAIR 1.00 (30) GARTH ADAMS 0 0 0. X FIRST VICE CHAIR 1.00 (31) TRAVIS YOUNG 0. 0. 0. X DIRECTOR 40.00 (32) JOE MCGOVERN 9,263. X X 85,500 0. PRESIDENT 85,500 <u>9,263.</u> Total to Part VII, Section A, line 1c

1.01

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (B) Related or (C) Unrelated Total revenue business exempt function revenue revenue Gifts, Grants ilar Amounts 1a 1 a Federated campaigns Membership dues 1b 1c c Fundraising events '1d d Related organizations Government grants (contributions) 1e 30,904 Contributions, and Other Sım f All other contributions, gifts, grants, and similar amounts not included above 1f 1,308,690 Q Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f **Business Code** Program Service Revenue 900099 5,301,794 5,301,794 2 a LAND PROJECTS 900099 69,466 69 466 LAND MANAGEMENT MERCHANDISE SALES 900099 All other program service revenue ... Total, Add lines 2a-2f . Investment income (including dividends, interest, and other similar amounts) 176,791 Income from investment of tax-exempt bond proceeds Royalties 5 (II) Personal (ı) Real 6 a Gross rents b Less rental expenses Rental income or (loss) Net rental income or (loss) (i) Securities (II) Other Gross amount from sales of assets other than inventory 7,761,258 b Less cost or other basis and sales expenses 474,295 c Gain or (loss) 286,963 d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 Other b Less direct expenses Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances Less cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a All other revenue Total. Add lines 11a-11d 463 754 Total revenue. See instructions 7, 224, 477 Form 990 (2017) 732009 11-28-17

• '

Do.	Check if Schedule O contains a respons not include amounts reported on lines 6b,		(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22			-	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<del></del>
5	Compensation of current officers, directors,		54 000	04 055	10 005
	trustees, and key employees	85,500.	51,300.	21,375.	12,825
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	550 005	505 165	00.004	150 010
7	Other salaries and wages	778,907.	527,165.	98,824.	152,918
8	Pension plan accruals and contributions (include	41 160	06 151	7 220	7 707
	section 401(k) and 403(b) employer contributions)	41,168.	26,151.	7,220.	7,797
9	Other employee benefits	67,831.	44,018.	10,462.	13,351
10	Payroll taxes	59,591.	37,143.	8,463.	13,985
11	Fees for services (non-employees)				
а		4 4 2 4	0 516	1 415	<del></del>
b	_ `	4,131.	2,716.	1,415.	
С	· · · · · · · · · · · · · · · · · · ·	22,400.		22,400.	
d	, , , , , , , , , , , , , , , , , , ,				
е		42 074		40 067	2 207
f	Investment management fees	43,074.		40,867.	2,207
g	•	00 600	01 221	1 201	
	column (A) amount, list line 11g expenses on Sch O )	82,622.	81,331.	1,291.	66,275
12	Advertising and promotion	67,440.	1,165. 40,907.	26 045	00,213
13	Office expenses	66,952.	40,907.	26,045.	
14	Information technology				
15	Royalties	F7 017		57,017.	==
16	Occupancy	57,017.	27,359.	305.	1,456
17	Travel	29,120.	41,359.	303.	1,430
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	15,965.	12,091.	3,204.	670
19	Conferences, conventions, and meetings	71,099.	71,099.	3,204.	070
20	Interest	71,099.			
21	Payments to affiliates	30,534.		30,534.	<del>-</del> ·
22	Depreciation, depletion, and amortization	37,738.		37,738.	
23	Other expanses Hamize expanses not covered	31,130.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
•	LAND PROJECT EXPENSES	8,381,955.	8,381,955.		
a b	DOLLED MENTE DENIE AND MATH	20,783.		20,783.	<u></u>
C	DETAINING C DUDITONE	15,339.	7,956.		7,383
d	VENDED CUITD	4,185.	4,000.	185.	
_	All other expenses	-,2001			
25	Total functional expenses Add lines 1 through 24e	9,983,351.	9,316,356.	388,128.	278,867
<u>25</u> 26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)	i			

Form 990 (2017)
Part X Balance

Pai	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
		•			Beginning of year		Life of year
	1	Cash - non-interest-bearing			1 700 022	1	1 266 260
	2	Savings and temporary cash investments			1,789,033.	2	1,366,268.
	3	Pledges and grants receivable, net			386,793.	3	385,693
	4	Accounts receivable, net			157,308.	4	18,137.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa-	ated empl	oyees Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
ets		employees' beneficiary organizations (see instr)	Complete	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
,	8	Inventories for sale or use			20 500	8	40 450
	9	Prepaid expenses and deferred charges	1 1		39,720.	9	48,179.
	10a	Land, buildings, and equipment cost or other		655 000			
		basis Complete Part VI of Schedule D	10a	655,298.	404 504		000 045
	þ	Less accumulated depreciation	10b	366,451.	194,721.		288,847.
	11	Investments - publicly traded securities			27,142,971.	11	27,988,958.
	12	Investments - other securities See Part IV, line		192,775.	12	192,775.	
	13	Investments · program-related See Part IV, line	14,260,573.	13	14,929,001.		
	14	Intangible assets		05 004 005	14	00 250 000	
	15	Other assets See Part IV, line 11		27,994,007.	15	29,378,908.	
	16	Total assets. Add lines 1 through 15 (must equ	ial line 34)		72,157,901.	16	74,596,766.
	17	Accounts payable and accrued expenses			438,307.	17	464,115.
	18	Grants payable	10 145	18	46 204		
	19	Deferred revenue			19,145.	19	46,204.
	20	Tax-exempt bond liabilities				20_	
	21	Escrow or custodial account liability Complete				21	
ies	22	Loans and other payables to current and former					
ilit		key employees, highest compensated employee	es, and dis	squalified persons			
Liabilities		Complete Part II of Schedule L		,	15 006 560	22	21 220 240
-	23	Secured mortgages and notes payable to unrela			15,996,569.	23	21,220,249.
	24	Unsecured notes and loans payable to unrelate			443,139.	24	404,775.
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	s 17-24) C	complete Part X of	1 150 205	_	1 126 020
		Schedule D			1,159,385.		1,126,928. 23,262,271.
	26	Total liabilities. Add lines 17 through 25		<b>.</b> .	18,056,545.	26	23,402,411.
		Organizations that follow SFAS 117 (ASC 958		here 🕨 🔼 and			
ces		complete lines 27 through 29, and lines 33 an	nd 34.		11 016 761		20 122 270
lan	27	Unrestricted net assets			41,816,764. 8,531,872.		39,122,378. 8,450,132.
Ba	28	Temporarily restricted net assets					3,761,985.
Net Assets or Fund Balances	29	Permanently restricted net assets			3,752,720.	29	3,/01,303.
T		Organizations that do not follow SFAS 117 (A	ISC 958),	cneck here			
S Of		and complete lines 30 through 34.			_		
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid in or capital surplus, or land, building, or ec			<u> </u>	31	<u> </u>
et	32	Retained earnings, endowment, accumulated in	ncome, or	otner tunds	EA 101 3EC	32	E1 224 40E
-	33	Total net assets or fund balances			54,101,356.	33	51,334,495.
	34	Total liabilities and net assets/fund balances		<u> </u>	72,157,901.	34	74,596,766. Form <b>990</b> (2017)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

732012 11-28-17

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Inspection

TOWA NATURAL HERTTAGE FOUNDATION

**Employer identification number** 42-1127544

Pa	rt I	Reason for Public 0		All organizations must co			ee instructions	<u> </u>						
_		zation is not a private found		<del> </del>			<u>-</u>							
		A church, convention of ch					IVAVa							
1	H	·					·//~//·/·							
2	H	A school described in secti						$\mathcal{O}$						
3	=	A hospital or a cooperative					•	the beental's name						
4	ш	A medical research organiz	ation operated in col	njunction with a nospital	described	ın sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,						
		city, and state	<del>-</del>	·										
5	Ш	An organization operated for		llege or university owner	d or opera	ted by a ge	overnmental unit descrit	ped in						
		section 170(b)(1)(A)(iv). (C	Complete Part II)											
6	$\sqsubseteq$	A federal, state, or local government	-				• •							
7	LX													
		section 170(b)(1)(A)(vi). (Complete Part II )												
8	Ш	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )												
9	Ш	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-g	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the colleg	e or						
		university				_								
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from						
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment						
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975						
		See section 509(a)(2). (Cor	mplete Part III )											
11		An organization organized a	and operated exclus	vely to test for public sa	fety See	section 50	)9(a)(4).							
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ns of, or to carry out the	purposes of one or						
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section :	509(a)(2)	See <b>section 509(a)(3)</b> . (	Check the box in						
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g							
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	janization(s), typically by	giving						
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting						
		organization You must o	omplete Part IV, Se	ections A and B.										
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	iving						
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported						
		organization(s) You mus	t complete Part IV,	Sections A and C.										
С		Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functionally integrate	ed with,						
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.							
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)						
		that is not functionally int	egrated The organiz	ation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness						
		requirement (see instruct	ions) You must con	nplete Part IV, Sections	s A and D,	and Part	V.							
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III							
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation								
f	Ente	r the number of supported o	organizations											
_g		ide the following information		d organization(s)	L find le the oros	nization lielad								
	(1	) Name of supported	(II) EIN	(III) Type of organization (described on lines 1-10	(iv) is the orga		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)						
		organization		above (see instructions))	Yes	No	Support (see instructions)	Support (See Instructions)						
							<u> </u>							
		<del></del> -				-								
ota		<u></u>		·										

Schedule A (Form 990 or 990-EZ) 2017 IOWA NATURAL HERITAGE FOUNDATION 42-1127 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 42-1127544 Page 2

(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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	4,649,813.	5,789,539,	10,829,384.	8,136,817.	1,389,219.	30,794,772.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				i		•
	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	4,649,813.	5,789,539.	10,829,384.	8,136,817.	1,389,219.	30,794,772.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			ŀ			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			ŀ			
	column (f)						5,166,348.
6	Public support. Subtract line 5 from line 4						25 628 424
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	4,649,813.	5,789,539.	10,829,384.	8,136,817,	1,389,219,	30,794,772.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	798,998.	943,522.	944,158.	1,745,411.	463,754.	4,895,843,
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						<u> </u>
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						35,690,615.
	Gross receipts from related activities,	etc (see instruction	ons)			12 71	,363,989.
13	First five years. If the Form 990 is for	the organization's	first, second, thire	d, fourth, or fifth ta	x year as a section		
	organization, check this box and stop	here					▶□
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				<u></u>
14	Public support percentage for 2017 (I	ıne 6, column (f) dı	ivided by line 11, c	olumn (f))		14	71.81 <u>%</u>
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	<u>76.00 %</u>
16a	33 1/3% support test - 2017. If the c	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright [X]$
b	33 1/3% support test - 2016. If the c	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anızatıon dıd not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						ightharpoons
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization						s <b>▶</b> □
			<u></u>			dule A (Form 990	

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 I f the organization fails to

qualify under the tests listed bel	ow, please com	olete Part II )				
Section A. Public Support			<del></del>	,		
Calendar year (or fiscal year beginning in) 🕨 🔙	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total 1
1 Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude 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 bus-						
iness under section 513						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						_
5 The value of services or facilities				/	1	
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	<b>∕(c)</b> 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			<i>y</i>			
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)					E01(=\(0\) = ==	L
14 First five years. If the Form 990 is for to check this box and stop here	ne organization's	s tirst, second, thir	α, τουπη, or τίπη τ	ax year as a section	on 50 r(c)(3) organiz	ation,
Section C. Computation of Public	Support Pe	rcentage				<u> </u>
15 Public support percentage for 2017 (lin			column (fl)	-	15	<u></u> %
16 Public support percentage for 2017 (iii)	1 1	•			16	<u>%</u>
Section D. Computation of Invest					101	
17 Investment income percentage for 201			ne 13 column (fl)		17	%
<ul><li>17 Investment income percentage for 201</li><li>18 Investment income percentage from 20</li></ul>			ie 15, column (i))		18	
·			on line 14 and line	a 15 io mara than 1	L	
19a 33 1/3% support tests - 2017. If the o						I / IS HOL
more than 33 1/3%, check this box and						<b>▶</b> □ □
b 33 1/3% support tests - 2016. If the o	-					ano 🛌
line 18 is not more than 33 1/3%, check		-				
20 Private foundation. If the organization	aia not check a	box on line 14, 19	a, or 190, check ti			> = 000 57) 004
732023 10-06-17				ocn 5cn	edule A (Form 990	. ur 990-cz.) 201/

### Schedule A (Form 990 or 990-EZ) 2017 IOWA NATURAL HERITAGE FOUNDATION

Part IV | Supporting Organizations

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

. m. oappo	 		

Section A. All Supporting Organizations Yes No 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 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 2 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 (b) and (c) below 3a 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 3b 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 Зс 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b 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 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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) 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already 5b designated in the organization's organizing document? c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ) 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 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. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in 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. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

10a

10b

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

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Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016e Excess from 2017

()

# SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. 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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<ul> <li>Section 501(c)(4), (5), or (6) organiza</li> </ul>	tions Complete Part III					
Name of organization			Empl	oyer identification number		
IOWA NA	TURAL HERITAGE	FOUNDATION		42-1127544		
Part I-A Complete if the org	janization is exempt un	der section 501(c	or is a section 527 o	rganization.		
<ol> <li>Provide a description of the organiz</li> <li>Political campaign activity expendit</li> <li>Volunteer hours for political campain</li> </ol>	ures	ical campaign activities				
Part I-B Complete if the org	janization is exempt un	der section 501(c	)(3).			
1 Enter the amount of any excise tax	incurred by the organization ur	nder section 4955	▶\$			
2 Enter the amount of any excise tax	incurred by organization mana-	gers under section 495	5 ▶\$			
3 If the organization incurred a section	n 4955 tax, did it file Form 472	O for this year?		Yes No		
4a Was a correction made?				└─ Yes └─ No		
b If "Yes," describe in Part IV				1/01		
Part I-C Complete if the org	janization is exempt un	der section 501(c				
<ol> <li>Enter the amount directly expended</li> </ol>						
2 Enter the amount of the filing organ	ization's funds contributed to o	other organizations for s	section 527			
exempt function activities			▶\$			
3 Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-PO				
line 17b			▶\$	A		
4 Did the filing organization file Form	<del>-</del>			L Yes L No		
5 Enter the names, addresses and en made payments. For each organizal contributions received that were propolitical action committee (PAC). If	tion listed, enter the amount pa omptly and directly delivered to	aid from the filing organ o a separate political org	iization's funds Also enter th ganization, such as a separa	e amount of political		
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-		
For Paperwork Reduction Act Notice,	see the Instructions for Form	990 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2017		

LHA

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Schedule C (Form 990 or 990-EZ) 2017 ] Part II-A   Complete if the organism 501/b)	OWA NATURA: anization is exen	L HERITAGE npt under section	FOUNDATION n 501(c)(3) and file	42-1 ed Form 5768 (el	127544 Page 2 ection under
expenses, and share	e of excess lobbying e	- · · ·	Part IV each affiliated	group member's nam	e, address, EIN,
Limit	s on Lobbying Expen			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (g	grass roots lobbying)			
b Total lobbying expenditures to influ	ence a legislative bod	y (direct lobbying)		7,874.	<del></del>
c Total lobbying expenditures (add lir	nes 1a and 1b)			7,874.	
d Other exempt purpose expenditure	S			9,975,477.	
e Total exempt purpose expenditures	•			9,983,351.	<u></u>
f Lobbying nontaxable amount Ente	r the amount from the	following table in both	n columns	<u>649,168.</u>	
If the amount on line 1e, column (a) or	(b) is: The lobb	oying nontaxable am	ount is:		
Not over \$500,000		he amount on line 1e.			
Over \$500,000 but not over \$1,000		O plus 15% of the exc			
Over \$1,000,000 but not over \$1,50		0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000					
Over \$17,000,000	\$1,000,0	000	<u></u>		
	050/ -51 10			162,292.	
g Grassroots nontaxable amount (ent	162,292.				
h Subtract line 1g from line 1a. If zero	0.				
<ul><li>i Subtract line 1f from line 1c If zero</li><li>j If there is an amount other than zer</li></ul>	·	ing 1, did the organiza	tion file Form 4720		
reporting section 4911 tax for this y		ine ii, did the organiza	ation me i onn 4/20	Γ	Yes No
reporting section 4911 tax for this y		raging Period Under	section 501(h)		
(Some organizations th	at made a section 50		have to complete all	of the five columns b	elow.
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	940,205.	1,000,000.	1,000,000.	649,168.	3,589,373.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,384,060.
c Total lobbying expenditures	36,817.	44,453.	22,088.	_7,874.	111,232.
d Grassroots nontaxable amount	235,051.	250,000.	250,000.	162,292.	897,343.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,346,015.

Schedule C (Form 990 or 990-EZ) 2017

# Schedule C (Form 990 or 990-EZ) 2017 IOWA NATURAL HERITAGE FOUNDATION 42-112754 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	h "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed description		a)	(b)	
of the	e lobbying activity	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or		-		
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of		_		
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
i	Total Add lines 1c through 1i				
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			_	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), sect	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	he prior yea	r? <b>3</b>		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sect	on 501(c)	(5), or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	i "No," O	R (b) Par	t III-A, Iir	ne 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ıcal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		<u> </u>
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?				
5	5 Taxable amount of lobbying and political expenditures (see instructions)				
Par	t IV Supplemental Information		<u></u>		
Provi	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	p list), Part I	I-A, lines 1 a	and 2 (see	
nstru	ctions), and Part II-B, line 1 Also, complete this part for any additional information				
	<del>-</del>	-			
					_
<u>.</u>		_			
					^

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# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	IOWA NATURAL HERIT		42-112/544			
Pa			Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, Iir					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	7				
2	Aggregate value of contributions to (during year)	0.				
3	Aggregate value of grants from (during year)	32,457.				
4	Aggregate value at end of year	208,317.				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu				
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	d only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	erring			
	impermissible private benefit?		X Yes No			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	IV, line 7			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)				
	X Preservation of land for public use (e.g., recreation or e	<del></del>	lly important land area			
	X Protection of natural habitat	Preservation of a certified				
	X Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last			
	day of the tax year		Held at the End of the Tax Year			
а	Total number of conservation easements		2a 179			
b	Total acreage restricted by conservation easements		2b 21,897.00			
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c			
q	Number of conservation easements included in (c) acquired	• •				
_	listed in the National Register		2d			
3						
·	year >	ioabba, oximgaionoa, or torrimatob by the orgi	anization daming the tax			
4	Number of states where property subject to conservation ea	sement is located > 2				
5	Does the organization have a written policy regarding the per					
3	violations, and enforcement of the conservation easements it holds?					
6						
U	► 559	rianding of violations, and emoraling conserva	ation describing the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	fling of violations, and enforcing conservation	easements during the year			
•	►\$ <u>16,127.</u>	g o				
8	Does each conservation easement reported on line 2(d) above	ve 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 conservati	on easements in its revenue and expense stat	<del></del>			
•	include, if applicable, the text of the footnote to the organization					
	conservation easements		ngamaan o accounting to			
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or Other	r Similar Assets.			
	Complete if the organization answered "Yes" on Form					
12	If the organization elected, as permitted under SFAS 116 (AS	<del> </del>	and balance sheet works of art			
,	historical treasures, or other similar assets held for public ext					
	the text of the footnote to its financial statements that descri		or public solvido, provido, irri are xiii,			
ь	If the organization elected, as permitted under SFAS 116 (AS		halance sheet works of art, historical			
U	treasures, or other similar assets held for public exhibition, ed	•				
		ducation, or research in furtherance of public s	ervice, provide the following amounts			
	relating to these items		<b>~</b> ¢			
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$			
_	(ii) Assets included in Form 990, Part X	and the state of t				
2	If the organization received or held works of art, historical tre	-	i, provide			
	the following amounts required to be reported under SFAS 1	10 (ASC 958) relating to these items	▶ •			
a	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$			
	Assets included in Form 990, Part X	4.5000	\$			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2017			

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Sche		TURAL HERI						<u> 27544</u>	
Pai	rt III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, or	Other S	Simila	r Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that ar	re a signi	ficant u	se of its	collection	items
	(check all that apply)								
а	Public exhibition	d	Loan or exc	hange programs	3				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's	s exemp	t purpo	se in Pari	XIII	
5	During the year, did the organization solicit of	r receive donations of	of art, historical trea	sures, or other s	sımılar as	sets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?				Yes	No_
Pa	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Ye	s" on Fo	rm 990	, Part IV,	lıne 9, or	
	reported an amount on Form 990, Pa			_					
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	s or other asset	s not inc	luded		_	_
	on Form 990, Part X?						L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e_			
f	Ending balance					1f		<del></del>	<del></del>
	Did the organization include an amount on F					<b>&gt;</b>		」 Yes	No ا
	If "Yes," explain the arrangement in Part XIII						_	••••	
Pa	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	orm 990, Part IV,					
		(a) Current year	(b) Prior year	(c) Two years b			ears back		ears back_
1a	Beginning of year balance	32,395,120.	23,577,695.	21,365,8		•	57 <u>706.</u>		<u>318,946.</u>
b	Contributions	60,612.	6,435,254.	1,051,0		2,00	61 <u>,136.</u>		<u>86,357.</u>
C	Net investment earnings, gains, and losses	438,179.	3,559,718 <u>,</u>	1,897,2	207.		78,138.	1.3	328,447.
d	Grants or scholarships	_							
e	Other expenditures for facilities								
	and programs	638,547.	1,084,023.	653,2	275.		<u> 19,642.</u>		
f	Administrative expenses	34,528,	93,524.	83,1	170.	{	81 <u>,496.</u>		76,044.
g	End of year balance	32,220,836.	32,395,120.	23,577,6	595.	21,36	65 <u>,84</u> 2.	20,2	257 <u>,706.</u>
2	Provide the estimated percentage of the cur	-	e (line 1g, column (a	i)) held as					
а	Board designated or quasi-endowment	88.32	_%						
b	Permanent endowment ► 11.68	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho								
3а	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered	i for the o	organiza	ation	<u></u>	. 1
	by.								es No
	(i) unrelated organizations							3a(i)	<u>X</u>
	(ii) related organizations							3a(ii)	X_
b	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the		wment funds	<del></del>					<del></del>
Pai	t VI Land, Buildings, and Equipm				- 4 V 1	- 10			
	Complete if the organization answere						. 1		<del></del>
	Description of property	(a) Cost or of basis (investing		or other (other)	(c) Accu depred		d	(d) Book	value
1a	Land					•			
	Buildings								
	Leasehold improvements								
d	Equipment		65	5,298.	36	6,45	1.	288	,847.
-	Other								
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c)				288	,847.

Schedule D (Form 990) 2017

F)5					
		L HERITAGE	FOUNDATION	42-1127544 Pag	je :
Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"				
	on of Security or category (including name of security)	(b) Book value	(c) Method of va	luation Cost or end-of-year market value	
1) Financial	derivatives				
2) Closely-h	eld equity interests				
<ol><li>Other _</li></ol>					
(A)				<del></del>	
(B)				<del>_</del>	
(C)					
(D)					_
(E)	<del></del>			<u> </u>	
(F)		<u> </u>		<u> </u>	_
(G)	. <u> </u>				_
(H)					_
	must equal Form 990, Part X, col. (B) line 12)				
	Investments - Program Related.	5 000 D- 4.11/ I	44 - 0 5 000 5	Doub V. June 40	
	Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value		luation Cost or end-of-year market value	—
(a) T 3 N	<u> </u>	8,492,53		idation Gost of Cha of year market value	
(1) LAN		6,436,46			_
	ID SUBJECT TO RLE	0,430,40	O. COST	<del></del>	
<u>(3)</u>					_
(4)				<del></del>	_
(5)					_
(6) (7)				<del></del>	_
(8)	<del></del>				_
(9)		_			_
	must equal Form 990, Part X, col. (B) line 13.)	14,929,00	1.		_
Part IX	Other Assets.	11//00//00		<u> </u>	
	Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11d See Form 990, F	Part X, line 15	
		Description	- · · · · · · · · · · · · · · · · · · ·	(b) Book value	_
(1) LAN	D PROJECTS IN PROCESS			29,362,67	9
	EFICIAL INTEREST IN CO	MMUNITY FOU	NDATION FUND	16,22	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col (B) lin	e 15)	. <u>.                                   </u>	<b>▶</b> 29,378,90	8
Part X	Other Liabilities.				
(	Complete if the organization answered "Yes"	on Form 990, Part IV, I		990, Part X, line 25	
l.	(a) Description of liability		(b) Book value		
	ral income taxes				
	IDS HELD IN TRUST		208,317.		
	EFICIARY USE OF RESERV	E LIFE			
(4) ESI	PATE		918,611.		
(5)					
(0)		I	l l		

(7) (8)

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2017

1,126,928.

16421002 757948 9127

# **SCHEDULE 0**

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(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Inspection

IOWA NATURAL HERITAGE FOUNDATION

Employer identification number 42-1127544

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THIS MEMBER-SUPPORTED ORGANIZATION'S PRIORITIES INCLUDE PERMANENT LAND
PROTECTION, PROMOTION OF IMPROVED LAND MANAGEMENT AND BRINGING NEW
CONSERVATION IDEAS AND OPPORTUNITIES TO IOWA.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
BLUFFLANDS. INHF WORKS TOWARDS THE CREATION OF LARGER COMPLEXES OF
INTER-CONNECTED PROTECTED CONSERVATION LANDS THAT IMPROVE WILDLIFE
HABITAT AND OFFER MANAGEMENT FOR IMPROVED SOIL HEALTH, WATER QUALITY
AND OUTDOOR RECREATION. SOMETIMES THE TIMING OF PROTECTION STEPS
REFLECTS AS A FINANCIAL LOSS FOR A FISCAL YEAR. EXAMPLE: ONE VERY
VALUABLE PROPERTY WAS DONATED TO INHF VERY LATE IN FY 17, AND WHEN IT
TRANSFERRED TO A PUBLIC AGENCY EARLY IN FY 18, ITS VALUE APPEARS AS A
LOSS IN ASSETS IN FY 18. INHF CHOOSES TO KEEP LAND PROTECTION ON A
STRONG PACE AND MEET LOCAL LAND DONORS' TIMING NEEDS, EVEN WHEN
SITUATIONS LIKE THIS ARISE. THIS PRACTICE DOES NOT WEAKEN INHF'S
OVERALL FINANCIAL POSITION, AND IT MEETS OUR STRATEGIC GOALS FOR LAND
PROTECTION. INHF STAFF IS GLAD TO TALK WITH DONORS ABOUT ANY FISCAL
QUESTIONS OR CONCERNS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
WATER, AND WILDLIFE THROUGH INHF, AS STORIES IN OUR QUARTERLY MAGAZINE,
MEDIA OUTREACH, STRONG DIGITAL COMMUNICATIONS, AND CO-SPONSORED EVENTS
AND CONFERENCES ARE SHARED.

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

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization Employer identification number IOWA NATURAL HERITAGE FOUNDATION 42-1127544 INCENTIVES FOR LAND PROTECTION. INHF HELPS DEVELOP AND IMPLEMENT LONG-RANGE CONSERVATION PLANS. INHF'S LAND CONSERVATION AND TRAIL PROJECTS HELP FULFILL MULTIPLE LONG-RANGE PLANS DEVELOPED BY FEDERAL, STATE AND COUNTY AGENCIES SUCH AS THE IOWA WILDLIFE ACTION PLAN, IOWA MONARCH CONSERVATION CONSORTIUM ACTION PLAN, IOWA TRAILS PLAN, PRAIRIE POTHOLE JOINT VENTURE, WATERSHED MANAGEMENT AUTHORITY PRIORITIES, PROTECTED WATER AREAS PLAN AND THE IOWA OPEN SPACES PLAN. FORM 990, PART VI, SECTION B, LINE\_11B: THE FOUNDATION'S AUDIT COMMITTEE REVIEWS THE FORM 990 WITH MANAGEMENT. THE FORM 990 IS ALSO PROVIDED TO THE ENTIRE BOARD OF DIRECTORS BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS REQUIRED TO BE REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION'S PERSONNEL COMMITTEE CONDUCTS AN ANALYSIS OF COMPARABLE COMPENSATION EVERY THREE YEARS. THIS ANALYSIS IS CONDUCTED BY A QUALIFIED CONSULTANT OR VOLUNTEER USING LOCAL AND REGIONAL INFORMATION WHERE AVAILABLE. THIS DATA IS USED TO RECOMMEND SALARY RANGES AND BENEFITS TO THE BOARD FOR ITS APPROVAL. THE BOARD IS RESPONSIBLE FOR EVALUATING AND ESTABLISHING COMPENSATION FOR THE PRESIDENT. THE BOARD AND ITS DESIGNATED MEMBERS MEET ANNUALLY WITH THE PRESIDENT AND APPROVE THE PRESIDENT'S COMPENSATION. THE PRESIDENT RECOMMENDS COMPENSATION AND BENEFIT CHANGES FOR

Schedule O (Form 990 or 990-EZ) (2017)

OTHER EMPLOYEES AND THESE ARE REVIEWED ANNUALLY BY THE BOARD. THE PRESIDENT

WELCOMES INPUT FROM THE BOARD AND IS RESPONSIBLE FOR ADJUSTING EMPLOYEE

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