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

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A</u>	For the	2023 calendar year, or tax year beginning JUL 1, 2023 and e	ending J	UN 30, 2024	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres change				
	Name change Initial			27-15546	05
	return Final return/	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 2397	Room/suite	E Telephone number 319-361-	
	termin- ated			G Gross receipts \$	749,057.
	Amend return	, , ,		H(a) Is this a group re	
	Applica tion			for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
T	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) or	r 527	1 ` '	list. See instructions
	Websit			H(c) Group exemptio	
K	Form of	organization: X Corporation Trust Association Other	L Year		■ State of legal domicile: IA
	art I	Summary			
	1 1	Briefly describe the organization's mission or most significant activities: $ \underline{ ext{ALLEV}} $	IATE	HUNGER BY SU	JPPORTING
Activities & Governance		FEEDING AMERICA FOOD BANKS IN IOWA.			
2		Check this box if the organization discontinued its operations or dispose		1 1	sets.
Š	3			3	6
ď	2 4 I	Number of independent voting members of the governing body (Part VI, line 1b)			1
<u>.i.</u>	<u> </u>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			18
1	6 7	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
<	ן י",	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
_	 "	Net directated business taxable meetine north offin 550 f, f art f, line ff		Prior Year	Current Year
Revenue	. 8	Contributions and grants (Part VIII, line 1h)		1,235,747.	744,157.
	9 1	Program service revenue (Part VIII, line 2g)		0.	0.
9	10 i	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,430.	4,900.
à	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,237,177.	749,057.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		110,317.	300,383.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45 6	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		92,639.	88,478.
Fynoneoe	2 16a ∣	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
2	<u> </u>		0.		
Ú	i 17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		547,801.	651,646.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		750,757.	1,040,507.
_	19	Revenue less expenses. Subtract line 18 from line 12		486,420.	-291,450.
Net Assets or	ces		Ве	ginning of Current Year	End of Year
sets	ਬ੍ਰੀ 20 ੋ	Total assets (Part X, line 16)		811,577.	512,053.
it As	플 21 -	Total liabilities (Part X, line 26)		105,530.	55,401.
Ä	22	Net assets or fund balances. Subtract line 21 from line 20		706,047.	456,652.
	art II	Signature Block			. Ialadaa aad baliaf itia
		ties of perjury, I declare that I have examined this return, including accompanying schedules a t. and complete. Declaration of preparer (other than officer) is based on all information of whic		-	knowledge and belief, it is
tru	e, correct	t, and complete. Declaration of preparer (other than officer) is based on an information of which	cii preparer	lias any knowledge.	
Çi,	-n	Signature of officer		L Date	
Sig He		LINDA GORKOW, EXECUTIVE DIRECTOR			
116	16	Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		BRIAN ARONSON, CPA BRIAN ARONSON, C	PA 0	3/04/25 if self-employ	ed P01425251
		Firm's name CREATIVE PLANNING TAX, LLC			7-1019942
	e Only	Firm's address 100 E PARK AVE STE 300			
_		WATERLOO, IA 50703		Phone no. 31	9-234-6885
Ma	ay the IR	S discuss this return with the preparer shown above? See instructions			X Yes No
					= 000 (aaaa)

				ASSOCIATION	27-	-1554605	Page 2
t of Pro	ogram	Service	Accon	nnlishments			

Form	990 (2023) IOWA FOOD BANK ASSOCIATION 27-1554605 Page	2
	t III 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 SUPPORT THE FEEDING AMERICA FOOD BANKS AND THEIR AFFILIATES SERVING	
	IOWA IN THEIR WORK TO ENSURE THAT SUFFICIENT FOOD IS ACCESSIBLE TO	
	ALL.	—
	S. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	—
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X N	
	prior Form 990 or 990-EZ?	D
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	_
3	If "Yes," describe these changes on Schedule O.	U
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 \$ 807,240. including grants of \$ 300,383.) (Revenue \$	
	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP). SNAP OUTREACH AND	
	HOTLINE TO ASSIST INDIVIDUALS, BUT DUE TO LACK OF ACCESS AND KNOWLEDGE	
	OF THE PROGRAM MANY INDIVIDUALS DO NOT APPLY TO RECEIVE BENEFITS.	
	DURING THE YEAR, THE ORGANIZATION ASSISTED WITH 12,492 SNAP	
	APPLICATIONS THROUGH THE IFBA HOTLINE AND OUTREACH SPECIALISTS ACROSS	_
	THE STATE. THIS EXCEEDED THE IFBA GOAL AND PREVIOUS YEARS NUMBER OF	_
	APPLICATIONS SUBMITTED. THE HOTLINE WAS EXCEPTIONALLY BUSY THROUGHOUT	_
	THE YEAR. SNAP OUTREACH TOOLKIT WAS PRODUCED AND SHARED ACROSS IOWA TO HELP PARTNERS PROVIDE SNAP APPLICATION ACCESS TO NEIGHBORS.	_
	TELP PARTNERS PROVIDE SNAP APPLICATION ACCESS TO NEIGHBORS.	—
	IFBA EDUCATED LEGISLATURE TO ENSURE SNAP ACCESS FOR IOWANS IN NEED OF	—
	ASSISTANCE. IFBA SNAP ADVOCACY WORK INCLUDED EDUCATION AND AWARENESS OF	_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		- ′
		_
		_
		—
		_
		—
		—
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	, (- ′
		_
		—
		—
		—
	Other program services (Describe on Schedule O.)	—
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 807,240.	—

27-1554605 Page 3

Form 990 (2023) IOWA FOOD BANK ASSOCIATION
Part IV Checklist of Required Schedules

or in quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 VIII d 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 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 XIII d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 11d X 11d X 12d Did the organization included in consolidated financial statements for the tax year include a footnote that addresses the organization shall separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X in 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X in All XIII X 12b Did the organization assertable in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule D, Part X in All XII X 12b Did the organization maintain an office, employees, or agents outside of the United States? 13 Is the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 15 Did the organization report a to				Yes	No
2 Is 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	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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 X 4 Section 50 (kg)(3) organizations. Did the organization engage in loobying activities, or have a section 50 (kp) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Le the organization assection 501(kg)(4), 501 (kg)(5), 501 (kg) organization that receives memberating dues, assessments, or similar amounts as defined in Rev. Proc. 98-197. If "Yes," complete Schedule C, Part III 5 LY		· · · ·			
subtic office? If *Yes,** complete Schedule C, Part I Section 501(kgl) arganizations. Did the organization engage in lobbying activities, or have a section 501(kgl) election in effect during the tax year? If *Yes,** complete Schedule C, Part II Is the organization as action 501(kgl), 501(kgl), or 501(kgl), organization that receives membership dues, assessments, or similar amounts as defined in Rev Price *961*7? If *Yes,** complete Schedule C, Part II Did the organization manitation any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If *Yes,** complete Schedule D, Part II Did the organization manitation or investment of amounts in such funds or accounts? If *Yes,** complete Schedule D, Part II Did the organization manitation of works of art, historical treasures, or other similar assess? If *Yes,** complete Schedule D, Part II Did the organization inport an amount in Part X, line 21, for eacrow or custodial account flability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repairs, or debt negotiation services? If *Yes,** complete Schedule D, Part IV Did the organization indication in Part X, line 21, for eacrow or custodial account flability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repairs, or debt negotiation services? If *Yes,** complete Schedule D, Part V Did the organization in server to any of the following questions is *Yes,** then complete Schedule D, Part V V Did the organization report an amount for investments - other securities in Part X, line 10? If *Yes,** complete Schedule D, Part V V Did the organization report an amount for investments - other securities in Part X, line 10. If *Yes,** complete Schedule D, Part V VI Did the organization report an amount for investments or the securities in Part X, line 10. Par	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
4 Section 50 (16/3) organizations. Did the organization engage in tobbying activities, or have a section 501 (h) election in effect during the tax year? // "yes," complete Schedule C, Part II stitle organization a section 501 (16/1), 501 (16/1), or 501 (16/1) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 // "yes," complete Schedule C, Part II in provide advice on the distribution or investment of amounts in such funds or a occounts? // "yes," complete Schedule D, Part I in provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // "yes," complete Schedule D, Part II in the organization means on total account indiging easements to preserve open species, the environment, historic land areas, or historic structures? // "yes," complete Schedule D, Part II in the organization related areas, or historic attractures? // "yes," complete Schedule D, Part II in the organization report an amount for land the funds of an amount for integral and account inability; serve as a custodian for amounts not isted in Part X. in Part X, ine 21, for secrow or custodial account inability; serve as a custodian for amounts not integral and account inability; serve as a custodian for amounts not integral and account inability; serve as a custodian for amounts not integral and account inability; serve as a custodian for amounts not integral and account inability; serve as a custodian for an amount for integral funds or any integral and account inability; serve as a custodian for any amount for integral and account inability; serve as a custodian for any accounts or in quasi-endowments? // "yes," complete Schedule D, Part X in 10 // "If the organization services? // "yes," complete Schedule D, Part X in 10 // "If the organization and account for investments or "yes," in a part X, line 10? // "yes," complete Schedule D, Part X in	3				
during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(4), 501(6)(5), or 501(6)(5) or 501(6)(6) or 501(6) or 501(6)(6) or 501(6) or 501(6			3		<u> X</u>
5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.197 if "Yes," complete Schedule C, Part III 6 Did the organization review of hold a conservation is such 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 II 7 Did the organization review or hold a conservation essement, including easements to preserve peep species, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 10 If the organization is answer to rivinough a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V III the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V III III III III III III III III III	4				
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Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? "Yes," complete Schedule D, Part V 10					37
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or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	16		ıJ		
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	10		16		x
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	17		10		
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	••		17		х
1c and 8a? If "Yes," complete Schedule G, Part II 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	18		••		
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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			18		Х
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	19				
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			19		х
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20a				
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	х	

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Form 990 (2023) Part IV Checklist of Required Schedules (continued)

IOWA FOOD BANK ASSOCIATION

Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 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 X 23 Schedule J 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 Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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 Х 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% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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Form 990 (2023) IOWA FOOD BANK ASSOCIATION

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	2a	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Advanced in the Financi	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b	<u> </u>	X
	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	e organization solicit			.,
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>	 	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	dana anno del al la alla anno 17			v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			+-	X
b			7b	+	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7.		X
٦	to file Form 8282?	7d	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	•	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7 6	+	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
		,	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the agree with a supplied to a supplied to the distribution and a supplied to 10000		9a		
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	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
b	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c	-		
		100	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

IOWA FOOD BANK ASSOCIATION 27-1554605 Page 6 Form 990 (2023) 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 6 **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. 6 **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 Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 X persons other than the governing body? 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 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 **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 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? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NONE	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or	1024-A, if applicable),	990, and 990-T (section 501(c)(3)s only) available
	for public inspection, Indicate how you made these available. Check all t	hat apply	

Own website Another's website X Upon request Other (explain on Schedule O)

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

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

taxable entity during the year?

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 THE ORGANIZATION - 319-235-0507

PO BOX 2397, WATERLOO, IA 50704

exempt status with respect to such arrangements?

X

16a

16b

Form 990 (2023)

IOWA FOOD BANK ASSOCIATION

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

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

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

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

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

- 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.

(A)	(B)		(C) Position		(D)	(E)	(F)			
Name and title	Average hours per week	box	not cl	heck i ss per	more son is	than o s both r/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LINDA GORKOW	40.00			х				00 515	0.	•
EXECUTIVE DIRECTOR (2) KIM GUARDADO	1.00			^				80,515.	0.	0.
CHAIR	1.00	Х		х				0.	0.	0.
(3) MICHELLE BOOK	1.00									
VICE CHAIR		Х		x				0.	0.	0.
(4) JACOB WANDERSCHEID	1.00								-	
TREASURER/SECRETARY		Х		х				0.	0.	0.
(5) BRIAN BARKS	0.50									
BOARD MEMBER		Х						0.	0.	0.
(6) BARB PRATHER	0.50									
BOARD MEMBER		Х						0.	0.	0.
(7) NANCY RENKES	0.50									
BOARD MEMBER		Х						0.	0.	0.
-										
		-								
	I	1	ı	l	i	ı	I	1		

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Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C	C)			(D)	(E)	Ţ		(F)	
Name and title	Average	(-1-		Posi	ition			Reportable	Reportable	.	Est	timate	d
	hours per (do not check more than box, unless person is bot officer and a director/trus							compensation	compensation			ount o	
	week	offi	cer ar	d a di	irecto	r/trus	tee)	from from relati		ı l	(other	
	(list any	ctor						the	organization	s	comp	pensat	tion
	hours for	Individual trustee or director				eq		organization	(W-2/1099-MIS	3C/	fro	om the	÷
	related	tee o	nstee			ensat		(W-2/1099-MISC/	1099-NEC)		orga	anizati	on
	organizations	Itrus	nal tr		oyee	d mo		1099-NEC)			and	l relate	∌d
	below	vidua	Institutional trustee	Je.	Key employee	Highest compensated employee	Former				orga	nizatio	วทร
	line)	Indi	Inst	Officer	Key	E High	Forr						
		1											
										\neg			
		1											
	+									-+			
	-	-											
	-									\longrightarrow			
		-											
	1						<u> </u>						
		L	L	L	L	L	L						
		1											
		1											
4b Cubbabal							<u> </u>	80,515.		0.			0.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part V								80,515.		0.			0.
d Total (add lines 1b and 1c)													<u> </u>
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	÷			^
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4 For any individual listed on line 1a, is the s	um of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$15	0.000? <i>If</i> "Yes	" co	mnle	ete S	Sche	dule	. I f	or such individual	· ·		4		Х
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes." cor					•			•			5		Х
Section B. Independent Contractors	прівсе Зспеаці	2 J 10	or st	ICH Ļ	bers	OH .					<u> </u>		
·	mpanaetad inc	lono	مامه	ot oo	· ~ + ~ ·		th	and received mare than C	100 000 of some		tion fro	<u></u>	
1 Complete this table for your five highest co										Jerisat	LIUII Iro	111	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
(A) Name and business	a ddraea	37/						(B)	om do o o	0	(C) ti.o.r	_
Name and business	address	N	ONE	5			\dashv	Description of s	ervices		omper	isatioi	
										_			
							\neg						
							\dashv						
O Tatal number of independent and the	in all calls of the of		-:u -	J I - '	LIL -		11	ala aval vola a ve a tiva t	415.0.0				
2 Total number of independent contractors (ut IIn	ıııtec	ı tO 1	_		tea	above) who received mo	ore than				
\$100,000 of compensation from the organ	zation				(,							

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Form 990 (2023)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a $\overline{31,875}$. 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 553,706. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 158,576. similar amounts not included above ... 1f 1g \$ g Noncash contributions included in lines 1a-1f 744,157. h Total. Add lines 1a-1f **Business Code** 2 a _____ Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 4,900. 4,900. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 749,057. 4,900

12 Total revenue. See instructions

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Form 990 (2023) IOWA FOOD BANK ASSOCIATION Part IX Statement of Functional Expenses

Continu FO1/0//2) and FO1/0//1	araanizatiana muuat aamaalata	all actions All ather are	anizations must complete column (A).
Section Suricist and Suricit	corganizations musi complete	an columns an omer ord	anizations must complete column (A)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).							
	Check if Schedule O contains a response or note to any line in this Part IX. Do not include amounts reported on lines 6b. (A) (B) (C) (D)										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(ם) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	300,383.	300,383.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	82,191.	19,726.	62,465.							
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits		4	4 550							
10	Payroll taxes	6,287.	1,509.	4,778.							
11	Fees for services (nonemployees):	10 004	10 004								
а	Management	10,224.	10,224.								
b	Legal	12 000		12 000							
С	Accounting	13,000.	0.000	13,000.							
d	Lobbying	8,000.	8,000.								
e	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,	538,247.	424,805.	113,442.							
40	column (A), amount, list line 11g expenses on Sch 0.)	14,523.	14,371.	152.							
12	Advertising and promotion	20,252.	15,929.	4,323.							
13 14	Office expenses Information technology	20,232.	13,323.	4,525.	_						
15	Royalties										
16	Occupancy	3,732.		3,732.							
17	Travel	26,049.	12,293.	13,756.	_						
18	Payments of travel or entertainment expenses				-						
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	17,060.		17,060.							
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance										
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)										
а											
b											
С											
d											
е	All other expenses	559.		559.							
25	Total functional expenses. Add lines 1 through 24e	1,040,507.	807,240.	233,267.	0.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)				000						

Form 990 (2023) Part X Balance Sheet

IOWA FOOD BANK ASSOCIATION

27-1554605 Page **11**

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 38,401. 19,174. 1 Cash - non-interest-bearing 480,657. 341,780. Savings and temporary cash investments 2 150,070. 291,662. Pledges and grants receivable, net 3 3 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 1,029. Prepaid expenses and deferred charges 857. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 811,577. 512,053. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 105,530.55,401. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 105,530. 55,401. 26 **Total liabilities.** Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 159,271. 27 174,534. 27 Net assets with donor restrictions 546,776. 282,118. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 706,047. Total net assets or fund balances 456,652. 32 32 811,577. 512,053. 33 33 Total liabilities and net assets/fund balances

Form **990** (2023)

Page	1	2

Pa	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		9,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,040		
3	Revenue less expenses. Subtract line 2 from line 1	3	-291		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	706	5,04	<u>47.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	42	2,0	55.
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	456	5,6	52.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
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?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2023)

SCHEDULE A

(Form 990)

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

Employer identification number

Open to Public Inspection

IOWA FOOD BANK ASSOCIATION 27-1554605

Pa	TI Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The	rganization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	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).							
4	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:							
5	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).							
7	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.)							
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
9	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							
	university:							
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.)							
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).							
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.							
а	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.							
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.							
С	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.							
d	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.							
е	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							
<u> </u>	(i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other							
	organization (described on lines 1-10 above (see instructions)) (described on lines 1-10 above (see instructions)) (described on lines 1-10 above (see instructions)) (described on lines 1-10 above (see instructions))							
	abovo (occimotraction)							

(i) Name of supported	(ii) EIN (iii) Type of organization (described on lines 1-10		(iv) Is the organization listed in your governing document?		(v) Amount of monetary	(vi) Amount of other
organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Total						
LHA For Paperwork Reduction Ac	t Notice, see the Ins	tructions for Form 990	or 990-EZ	. 332021	12-21-23 Sche	dule A (Form 990) 2023

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1165654.	7378479.	580,322.	1235747.	744,157.	11104359.
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	1165654.	7378479.	580,322.	1235747.	744,157.	11104359.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						382,587.
	Public support. Subtract line 5 from line 4.						10721772.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1165654.	7378479.	580,322.	1235747.	744,157.	<u>11104359.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	275.	148.	16.	1,430.	4,900.	6,769.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						<u> 11111128.</u>
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage			Г	06.50
	Public support percentage for 2023 (I		•	***		14	96.50 %
	Public support percentage from 2022					15	96.09 %
16a	33 1/3% support test - 2023. If the	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact					_	
	meets the facts-and-circumstances te	_	•	* **	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		-		• • •		
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	S

Schedule A (Form 990) 2023 IOWA FOOD BANK ASSOCIATION | 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 under the tests listed below, please complete Part II \

Se	ction A. Public Support	now, please comp	Diete Part II.)				
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
•	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						
	ction C. Computation of Public						
15	Public support percentage for 2023 (li			column (f))		15	%
16	Public support percentage from 2022					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2023. If the						
ı	more than 33 1/3%, check this box an 33 1/3% support tests - 2022. If the						nd
	line 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

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		
	٥L		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	Eh		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
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Pai	T IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
_			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		.03	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	/•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	otri oti -	, a)	
2	Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		.03	.10
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	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-function	ally integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990) 2023

instructions).

Par	't V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations _{(contint}	ued)	
Secti	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpos	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pi	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

IOWA FOOD BANK ASSOCIATION

27-1554605

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ

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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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.

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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization Employer identification number

IOWA FOOD BANK ASSOCIATION

27-1554605

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$21,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$60,162. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		_ \$\$553,706.	Person X 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Page 3 Name of organization Employer identification number 27-1554605 IOWA FOOD BANK ASSOCIATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** IOWA FOOD BANK ASSOCIATION 27-1554605 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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:

Name of organization	or (6) Organizat	ions. Complete Part III.			Emplover	identification n	umber
· ·	IOWA FO	OD BANK ASSOCIAT	ION			7-155460	
		anization is exempt und		or is a section 52			
2 Political campaign ac	tivity expendit	ation's direct and indirect polition ures gn activities					
Part I-B Complet	e if the org	anization is exempt und	ler section 501(c)(3).			
1 Enter the amount of a	ny excise tax	incurred by the organization un	der section 4955		\$		
		incurred by organization manag					
		n 4955 tax, did it file Form 4720				Yes	No
						Yes	No
b If "Yes," describe in F		anization is exempt und	lor poetion 501(a)	eveent eastion 5	01/01/21		
		by the filing organization for se			\$		
		ization's funds contributed to of	•		¢		
		. Add lines 1 and 2. Enter here			Ф		
•	•	. Add lines 1 and 2. Enter here a		•	Φ.		
		1120-POL for this year?				Yes	No
		nployer identification number (E					
		tion listed, enter the amount pai					
contributions received	d that were pro	omptly and directly delivered to	a separate political orga	anization, such as a se	parate seç	gregated fund or	а
political action comm	ittee (PAC). If	additional space is needed, pro	vide information in Part	IV.			
(a) Name		(b) Address	(c) EIN	(d) Amount paid fr		e) Amount of po	
				filing organization funds. If none, ente		ntributions receive promptly and dire	
				lunus. Il none, ente		lelivered to a sep	
						political organiza If none, enter -	
						ii fiorie, eriter -	U

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1c and 1d) d Other exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose						ANK ASSOCIA'		27-1	.554605 Page 2
A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence a legislative body (direct lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1 a and 1b) d Other exempt purpose expenditures (add lines 1 a and 1b) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: not over \$500,000. over \$500,000 but not over \$1,000,000, over \$11,000,000 but not over \$1,000,000, over \$11,000,000 but not over \$1,500,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1f from line 1a. If zero or less, enter -0 if there is an amount of ther than zero on either line 1 th or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2t) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) Total	Pi	art II-A		anization	is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ection under
expenses, and share of excess lobbying expenditures). If the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount by the excess over \$500,000. over \$500,000 but not over \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1f from line 1a. If zero or less, enter -0. if If the most some amount of the than 2a or on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) lection do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2t.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) Total			section 501(h)).						
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) (a) Filing organization's totals (b) Affiliated group totals (c) Affiliated group totals (c) Affiliated group totals (a) Filing organization's totals (b) Affiliated group totals (c) Affiliated group totals (c) Affiliated group totals (c) Affiliated group dependitures to influence a legislative body (direct lobbying) (c) Affiliated group dependitures to influence a legislative body (direct lobbying) (c) Total lobbying expenditures (add lines 1a and 1b) (d) Other exempt purpose expenditures (add lines 1a and 1d) (e) Total exempt purpose expenditures (add lines 1a and 1d) (f) Lobbying nontaxable amount Enter the amount from the following table in both columns. (f) Lobbying nontaxable amount group (f)	Α	Check	if the filing organiza	ation belongs	to an affil	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures (add lines 1a and 1c) f Lobbying ontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, solumn (a) or (b) is:			expenses, and shar	re of excess	lobbying e	expenditures).			
(The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is:	В	Check	if the filing organiza	ation checked	d box A ar	nd "limited control" pro	visions apply.		_
b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is:				-				organization's	
c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: not over \$500,000, 20% of the amount on line 1e. over \$500,000 but not over \$1,000,000, \$100,000 plus 15% of the excess over \$500,000, over \$1,000,000 but not over \$1,000,000, \$225,000 plus 10% of the excess over \$1,000,000, over \$1,7,000,000, \$225,000 plus 10% of the excess over \$1,500,000, over \$1,7,000,000, \$225,000 plus 5% of the excess over \$1,500,000, over \$1,7000,000, \$225,000 plus 5% of the excess over \$1,500,000, over \$1,7000,000, \$225,000 plus 5% of the excess over \$1,500,000, over \$1,500,000 but not over \$17,000,000, \$225,000 plus 5% of the excess over \$1,500,000, over \$1,500,000 but not over \$17,000,000, \$225,000 plus 5% of the excess over \$1,500,000, over \$1,500,000 but not over \$17,000,000, \$225,000 plus 5% of the excess over \$1,500,000, over \$1,500,000 but not over \$17,000,000, \$225,000 plus 5% of the excess over \$1,500,000, over \$1,500,000 but not over \$17,000,000, \$225,000 plus 5% of the excess over \$1,500,000, over \$1,500,000 but not over \$1,500,000, over \$1,500,000, over \$1,500,000 but not	1	a Total lob	bying expenditures to influ	uence public	opinion (g	grassroots lobbying)			
d Other exempt purpose expenditures (add lines 1c and 1d) e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is:		b Total lob	bying expenditures to influ	uence a legis	lative bod	ly (direct lobbying)			
e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: not over \$500,000, over \$500,000, over \$1,000,000 but not over \$1,000,000, over \$1,500,000 but not over \$1,500,000, over \$1,500,000 but not over \$1,000,000, over \$1,500,000 but not over \$1,000,000, over \$1,000,000 but not over \$1,000,000, g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2r.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) Total		c Total lob	bying expenditures (add li	nes 1a and 1	1b)				
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		d Other ex	empt purpose expenditure	es					
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: not over \$500,000,		e Total ex	empt purpose expenditure	s (add lines	1c and 1d)			
Not over \$500,000,		f Lobbyin	g nontaxable amount. Ente	er the amour	nt from the	following table in both	n columns.		
over \$500,000 but not over \$1,000,000, \$100,000 plus 15% of the excess over \$500,000. over \$1,000,000 but not over \$1,500,000, \$175,000 plus 10% of the excess over \$1,000,000. over \$1,500,000 but not over \$17,000,000, \$225,000 plus 5% of the excess over \$1,500,000. over \$17,000,000, \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))		If the am	ount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
over \$1,000,000 but not over \$1,500,000, \$175,000 plus 10% of the excess over \$1,000,000. over \$1,500,000 but not over \$17,000,000, \$225,000 plus 5% of the excess over \$1,500,000. over \$17,000,000, \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1) h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) Total		not over	\$500,000,		20% of 1	the amount on line 1e.			
over \$1,500,000 but not over \$17,000,000, \$225,000 plus 5% of the excess over \$1,500,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))		over \$50	00,000 but not over \$1,000	0,000,	\$100,00	00 plus 15% of the exce	ess over \$500,000.		
over \$17,000,000, \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))		over \$1,000,000 but not over \$1,500,000,			\$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))		over \$1,	500,000 but not over \$17,0	000,000,	\$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) Total 2a Lobbying nontaxable amount (150% of line 2a, column(e))		over \$17	7,000,000,		\$1,000,0	000.			
i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) Total 2a Lobbying ceiling amount (150% of line 2a, column(e))		g Grassro	ots nontaxable amount (en	nter 25% of li	ne 1f)				
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))		h Subtrac	t line 1g from line 1a. If zer	o or less, en	ter -0				
reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))		i Subtrac	line 1f from line 1c. If zero	o or less, ent	er -0				
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))		j If there i	s an amount other than ze	ro on either l	ine 1h or l	line 1i, did the organiza	tion file Form 4720		
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))		reporting	g section 4911 tax for this	year?					Yes No
Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))			(Some organizations t	hat made a s See t	section 50 the separa	01(h) election do not la ate instructions for lin	nave to complete all c les 2a through 2f.)	of the five columns b	elow.
(or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))				Lobby	ing Exper	nditures During 4-Yea	r Averaging Period		_
b Lobbying ceiling amount (150% of line 2a, column(e))				(a) 20)20	(b) 2021	(c) 2022	(d) 2023	(e) Total
(150% of line 2a, column(e))	2	a Lobbyin	g nontaxable amount						
c Total lobbying expenditures		•							
		c Total lob	obying expenditures						

Schedule C (Form 990) 2023

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

27-1554605 Page 3

Schedule C (Form 990) 2023 IOWA FOOD BANK ASSOCIATION 27-15546 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)).

00.
00
00.
No
s

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

IOWA FOOD BANK ASSOCIATION

Employer identification number 27-1554605

Pa	organizations Maintaining Donor A organization answered "Yes" on Form 990, Pa	Advised Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered fes on Form 990, Fa	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	` ,	(b) I and and other decoding
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi		ed funds
Ū	are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and		
_	for charitable purposes and not for the benefit of the		
	impermissible private benefit?		•
Pai	rt II Conservation Easements. Complete	if the organization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ganization (check all that apply).	
	Preservation of land for public use (for example	e, recreation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held	d a qualified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified his	toric structure included on line 2a	2c
d			
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conserva		
5	Does the organization have a written policy regarding		
	violations, and enforcement of the conservation ease		
6	Staff and volunteer hours devoted to monitoring, insp	pecting, handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing conservat	tion easements during the year
			
8	Does each conservation easement reported on line 2		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports con	-	
	balance sheet, and include, if applicable, the text of t		ents that describes the
Pai	organization's accounting for conservation easement art III Organizations Maintaining Collection	is. ions of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB	ASC 958, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held	d for public exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to	its financial statements that describes these item	S.
b	If the organization elected, as permitted under FASB	ASC 958, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for	or public exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items	3.	
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			•
2	If the organization received or held works of art, histo	orical treasures, or other similar assets for financial	I gain, provide
	the following amounts required to be reported under	FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

27-1554605 Page 2

Par	rt III Organizations Maintaining Co	llections of Ar	t, Historical Tre	easures, or Othe	er Similar	Assets (continued)
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	following that make	significant u	se of its
	collection items (check all that apply).					
а	Public exhibition	d	Loan or exc	change program		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's coll	lections and explair	n how they further th	ne organization's exe	empt purpos	e in Part XIII.
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or other simila	ır assets	
	to be sold to raise funds rather than to be main	ntained as part of th	ne organization's co	llection?		Yes No
Par	rt IV Escrow and Custodial Arrang	ements Comple	te if the organization	n answered "Yes" or	Form 990,	Part IV, line 9, or
	reported an amount on Form 990, Part	X, line 21.				
1a	Is the organization an agent, trustee, custodial	n, or other intermed	diary for contribution	ns or other assets no	t included	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	lowing table:			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance					
2a	Did the organization include an amount on For	rm 990, Part X, line	21, for escrow or co	ustodial account liab	ility?	Yes No
	If "Yes," explain the arrangement in Part XIII. C					
Par	rt V Endowment Funds Complete if t	he organization ans				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1g, column (a)) held as:		
а	Board designated or quasi-endowment		_%			
b	Permanent endowment	%				
С	Term endowment%	ó				
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.				
За	Are there endowment funds not in the possess	sion of the organiza	tion that are held a	nd administered for t	he	
	organization by:					Yes No
	(i) Unrelated organizations?					3a(i)
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	ed on Schedule R?			3b
4	Describe in Part XIII the intended uses of the o		wment funds.			
Par	rt VI Land, Buildings, and Equipme					
	Complete if the organization answered	"Yes" on Form 990	· · · · · · · · · · · · · · · · · · ·	<u> </u>	(, line 10.	
	Description of property	(a) Cost or o basis (investr		' '	Accumulate epreciation	d (d) Book value
1a	Land					
	Buildings					
	Leasehold improvements					
	Equipment					
	Other					
Total	I. Add lines 1a through 1e. <i>(Column (d) must</i> eg	ual Form 990, Part	X. line 10c. column	(B))		0.

Schedule D (Form 990) 2023 IOWA FOOD BA	ANK ASSOCIATIO	าง 27	/-1554605 Page
Part VII Investments - Other Securities	WW ADDOCINITE	27	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-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, line 12, col. (B))			
Part VIII Investments - Program Related.	5 000 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1	44 O E 000 B 1 V II 40	
Complete if the organization answered "Yes" o			-1 -6
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	3-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	<u>. (B))</u>		
Part X Other Liabilities	Farm 000 Bart IV Bar 4	44 446 O Faura 000 Bart V line 05	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	1
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			-
(2)			+
(3)			+
<u>(4)</u>			+
<u>(5)</u> (6)			
(7)			
\' /			1

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

(8) (9)

27-1554605 Page 4

Pai	t XI Reconciliation of Revenue per Audited Financial Staten	nents With R	evenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	751,498.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	3,000.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	3,000. 748,498.
3	Subtract line 2e from line 1			3	748,498.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b		559.	-	
b	Other (Describe in Part XIII.)	•			550
c	Add lines 4a and 4b			4c	559. 749,057.
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State	ments With I	Expenses per F	5 Return	
. u	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:		-xpoilede per i	iotaii	•
1				1	1,042,948.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				1,012,310.
- a	Donated services and use of facilities	2a	3,000.		
b	Prior year adjustments		- · · · · · · · · · · · · · · · · · · ·		
С	Other losses	1 - 1			
d					
е	Add lines 2a through 2d			2e	3,000.
3	Subtract line 2e from line 1			3	3,000. 1,039,948.
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	4a			
b	Other (Describe in Part XIII.)	4b	559.		
С	Add lines 4a and 4b			4c	559.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,040,507.
	rt XIII Supplemental Information				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			; Part)	K, line 2; Part XI,
111163	20 and 45, and Fart An, lines 20 and 45. Also complete this part to provide any a	uditional imonna	ation.		
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
SPI	ECIAL EVENT EXPENSE				559.
D 3 T	OM VII I IND 4D OMUDD AD TUGMVDNING				
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
CDI	ECIAL EVENT EXPENSE				559.
SFI	CIAD EVENT EXPENSE				339•

Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization IOWA FOOD	BANK ASS	SOCTATION	.				Employer identification number 27-1554605
Part I General Information on Grants a							2, 1001000
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's pro 	stance?						
Part II Grants and Other Assistance to recipient that received more than S	Domestic Organi	zations and Domestic	Governments. C	complete if the org	anization answered "\	es" on Form 990, Par	t IV, line 21, for any
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FOOD BANK OF THE HEARTLAND 10525 J STREET							
OMAHA, NE 68117	47-0637701	501(C)(3)	15,660.	0.			FUNDS TO THE FOOD BANK
NORTHEAST IOWA FOOD BANK PO BOX 2397 WATERLOO, IA 50704	42-1169648	501(C)(3)	35,603.	0.			FUNDS TO THE FOOD BANK
RIVER BEND FOOD BANK 4010 KIMMEL DR. DAVENPORT, IA 52802	36-3147342	501(C)(3)	39,570.	0.			FUNDS TO THE FOOD BANK
FOOD BANK OF IOWA PO BOX 1517 DES MOINES, IA 50305	42-1177880	501(C)(3)	145,620.	0.			FUNDS TO THE FOOD BANK
FOOD BANK OF SIOUXLAND PO BOX 985 SIOUX CITY, IA 51102	42-1381516	501(C)(3)	19,320.	0.			FUNDS TO THE FOOD BANK
HAWKEYE AREA COMMUNITY ACTION							

44,610.

42-0898405

501(C)(3)

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

6.

FUNDS TO THE FOOD BANK

DR. - HIAWATHA, IA 52233

² Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

³ Enter total number of other organizations listed in the line 1 table

27-1554605

Page 2

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	L (b); and any other ac	l Iditional information.	
PART I, LINE 2:					
IF GRANTS ARE RESTRICTED, IFBA PASS	SES THAT	INFORMATIO	ON ONTO THE	MEMBER FOOD	
BANKS. DEPENDING ON THE GRANT, THE	RE MAY BE	OTHER REE	PORTS REQUI	RED. FOR	
THESE, IFBA RECEIVES SUPPORTING DO	CUMENTATI	ON IN ORDE	ER TO ACCUR	ATELY FILE	
THE REPORTS.					

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Name of the organization

IOWA FOOD BANK ASSOCIATION

Employer identification number 27-1554605

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
CHALLENGES SNAP ELIGIBILTY AND APPLICATION REQUIREMENTS PROPOSED. IFBA
ALSO SUPPORTED DOUBLE UP FOOD BUCKS TO HELP INCREASE FUNDS FOR SNAP
PARTICIPANTS TO INCREASE AMOUNT OF FRUITS AND VEGETABLES THEY CAN
PURCHASE. IFBA ADVOCATED FOR ALLOCATION OF LEGISLATIVE FUNDS FOR FOOD
BANKS TO PARTICIPATE IN CHOOSE IOWA (FOOD BANKS MATCHED FUNDS ALLOCATED
TO PURCHASE LOCAL FOOD IN CHOOSE IOWA).
IFBA CONTINUED WORK WITH ALL MEMBER FOOD BANKS AS WELL AS IVRCD AND
IDALS TO ENSURE THE USDA GRANT IN IOWA, LOCAL FOOD PRODUCT PROGRAM
LAUNCHED EFFECTIVELY AND EFFICIENTLY IN IOWA.
FORM 990, PART VI, SECTION A, LINE 6:
CLASSES OF MEMBERS OR STOCKHOLDERS MEMBERS OF THE IOWA FOOD BANK
ASSOCIATION INCLUDE: NORTHEAST IOWA FOOD BANK, RIVER BEND FOOD BANK, FOOD
BANK FOR THE HEARTLAND, HACAP FOOD RESERVOIR, FOOD BANK OF IOWA, AND FOOD
BANK OF SIOUXLAND INC.
FORM 990, PART VI, SECTION A, LINE 7A:
THE MEMBERS EACH HAVE ONE APPOINTED REPRESENTATIVE TO THE BOARD OF
DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS FOR
REVIEW PRIOR TO FILING.

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** IOWA FOOD BANK ASSOCIATION 27-1554605 FORM 990, PART VI, SECTION B, LINE 12C: IFBA BEGINS EACH BOARD MEETING BY STATING ANY CONFLICTS. FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION OF THE EXECUTIVE DIRECTOR WAS DETERMINED BY THE OFFICERS AND IS SUBJECT TO BOARD APPROVAL. GUIDELINES PROVIDED BY FEEDING AMERICA AND LOCAL MARKET CONDITIONS WERE CONSIDERED IN DETERMINING THE AMOUNT. COMPENSATION IS REVIEWED ANNUALLY BY THE BOARD. COMPENSATION DETERMINATION IS MAINTAINED IN THE EMPLOYEE PERSONNEL FILE. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRACT LABOR: PROGRAM SERVICE EXPENSES 424,805. MANAGEMENT AND GENERAL EXPENSES 113,442. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 538,247. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 538,247.