



D.M.A.C.C. Foundation
2006 S. Ankeny Blvd
Ankeny, IA 50023

Enclosed are the original and one copy of the 2020 Exempt Organization return, as follows...

2020 Form 990

Each original return should be signed, dated and filed in accordance with the filing instructions. Copies of each return should be retained for your files.

We have enclosed mailing envelopes for your convenience in filing the return.

Please review the return for completeness and accuracy.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We have provided you tax advice in connection with the preparation of your U.S. federal tax return and associated tax planning services we have furnished. This advice is not intended or written to be used by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer by the Internal Revenue Service, and it cannot be used by any taxpayer for such purpose.

Very truly yours,

Denman & Company, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2021

Prepared For:

D.M.A.C.C. Foundation
2006 S. Ankeny Blvd
Ankeny, IA 50023

Prepared By:

Denman & Company, LLP
1601 22nd Street, Suite 400
West Des Moines, IA 50266-1453

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 16, 2022.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

D.M.A.C.C. FOUNDATION

23-7229486

Name and title of officer or person subject to tax

**KRISTI CHRISTENSEN
TREASURER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,727,961.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize DENMAN & COMPANY, LLP to enter my PIN 50023
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

42275650266

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. D.M.A.C.C. FOUNDATION	Taxpayer identification number (TIN) 23-7229486
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2006 S. ANKENY BLVD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANKENY, IA 50023	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOE SEUNTJENS

- The books are in the care of ▶ **2006 S. ANKENY BLVD - ANKENY, IA 50023**
Telephone No. ▶ **(515) 964-6319** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization D.M.A.C.C. FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2006 S. ANKENY BLVD City or town, state or province, country, and ZIP or foreign postal code ANKENY, IA 50023 F Name and address of principal officer: KRISTI CHRISTENSEN SAME AS C ABOVE	D Employer identification number 23-7229486 E Telephone number 515-964-6319 G Gross receipts \$ 5,041,514. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.DMACC.CC.IA.US/FOUNDATION/		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1972
		M State of legal domicile: IA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: RECEIVE DONATIONS FOR DMACC.	
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 26
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 0
	6	Total number of volunteers (estimate if necessary)	6 65
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
		b	Net unrelated business taxable income from Form 990-T, Part I, line 11
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 4,803,570. Current Year 2,882,566.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	983,232. 845,395.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,786,802. 3,727,961.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	177,961. 122,420.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,404,603. 2,777,585.
	19	Revenue less expenses. Subtract line 18 from line 12	2,382,199. 950,376.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 23,940,934. End of Year 25,871,910.
	21	Total liabilities (Part X, line 26)	4,495,995. 1,713,179.
	22	Net assets or fund balances. Subtract line 21 from line 20	19,444,939. 24,158,731.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer KRISTI CHRISTENSEN, TREASURER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DAVID ELLIS	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01306431
	Firm's name ▶ DENMAN & COMPANY, LLP Firm's address ▶ 1601 22ND STREET, SUITE 400 WEST DES MOINES, IA 50266-1453	Firm's EIN ▶ 42-0794029 Phone no. 515-225-8400

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part 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: RECEIVE DONATIONS FOR DMACC.

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] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,632,700. including grants of \$ 1,632,700.) (Revenue \$) PROVIDE GRANTS, SCHOLARSHIPS AND OTHER ASSISTANCE TO STUDENTS OF DES MOINES AREA COMMUNITY COLLEGE.

4b (Code:) (Expenses \$ 1,022,465. including grants of \$ 1,022,465.) (Revenue \$) PROVIDE GRANTS AND OTHER ASSISTANCE TO DES MOINES AREA COMMUNITY COLLEGE.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,655,165.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b 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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V 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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

		Yes	No
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.		
	1a 26		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
JOE SEUNTJENS - (515) 964-6319
2006 S. ANKENY BLVD, ANKENY, IA 50023

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RITA PEREA PRESIDENT	1.00	X		X				0.	0.	0.
(2) SCOTT BENNETT VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) TAMARA KENWORTHY SECRETARY	1.00	X		X				0.	0.	0.
(4) HARLEE OLAFSON TREASURER	1.00	X		X				0.	0.	0.
(5) MIKE GRANDGEORGE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(6) CURTIS VAN VELDHUIZEN MEMBER	1.00	X						0.	0.	0.
(7) DAVID ABRAM MEMBER	1.00	X						0.	0.	0.
(8) DENNIS ALBAUGH MEMBER	1.00	X						0.	0.	0.
(9) DOUG BURNS MEMBER	1.00	X						0.	0.	0.
(10) KRISTI CHRISTENSEN MEMBER	1.00	X						0.	0.	0.
(11) CHRIS COSTA MEMBER	1.00	X						0.	0.	0.
(12) JAMES FLEMING MEMBER	1.00	X						0.	0.	0.
(13) BECKY GIBSON MEMBER	1.00	X						0.	0.	0.
(14) ROGER HARGENS MEMBER	1.00	X						0.	0.	0.
(15) JEANIE KERBER-MCCARVILLE MEMBER	1.00	X						0.	0.	0.
(16) S. AHMED MERCHANT MEMBER	1.00	X						0.	0.	0.
(17) DON LAMBERTI EMERITUS	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK RASMUSSEN MEMBER	1.00	X						0.	0.	0.
(19) JAMES SPOONER MEMBER	1.00	X						0.	0.	0.
(20) ROB TAYLOR MEMBER	1.00	X						0.	0.	0.
(21) DAVID VANSICKEL MEMBER	1.00	X						0.	0.	0.
(22) MIKE KAMMERER MEMBER	1.00	X						0.	0.	0.
(23) JEFF LAMBERTI MEMBER	1.00	X						0.	0.	0.
(24) KIM BUTLER HEGEDUS MEMBER	1.00	X						0.	0.	0.
(25) JIM HECKMAN MEMBER	1.00	X						0.	0.	0.
(26) NATALIE BACHMAN MEMBER	1.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	115,635.	21,263.
d Total (add lines 1b and 1c)								0.	115,635.	21,263.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,882,566.		
	g	Noncash contributions included in lines 1a-1f	1g	\$ 58,195.		
	h	Total. Add lines 1a-1f		2,882,566.		
Program Service Revenue	2 a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		789,584.		789,584.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real			
			(ii) Personal			
	6 b	Less: rental expenses				
	6 c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
				1,369,364.		
	7 b	Less: cost or other basis and sales expenses		1,313,553.		
	7 c	Gain or (loss)		55,811.		
d	Net gain or (loss)		55,811.		55,811.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b	Less: direct expenses	8b				
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 and allowances	10a				
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a		Business Code			
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
12	Total revenue. See instructions		3,727,961.	0.	0.	845,395.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,655,165.	2,655,165.		
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				
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				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	5,800.		5,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	7,470.		7,470.	
14 Information technology	24,150.		24,150.	
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	85,000.		85,000.	
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.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	2,777,585.	2,655,165.	122,420.	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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,862,706.	1	2,421,476.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,258,651.	3	1,086,377.
	4 Accounts receivable, net		4	
	5 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	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	102,525.	9	118,525.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	16,295,550.	11	21,533,687.
	12 Investments - other securities. See Part IV, line 11	2,410,622.	12	702,104.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,880.	15	9,741.
16 Total assets. Add lines 1 through 15 (must equal line 33)	23,940,934.	16	25,871,910.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	4,495,995.	25	1,713,179.
	26 Total liabilities. Add lines 17 through 25	4,495,995.	26	1,713,179.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,444,171.	27	1,554,724.
	28 Net assets with donor restrictions	18,000,768.	28	22,604,007.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	19,444,939.	32	24,158,731.
	33 Total liabilities and net assets/fund balances	23,940,934.	33	25,871,910.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,727,961.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,777,585.
3	Revenue less expenses. Subtract line 2 from line 1	3	950,376.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,444,939.
5	Net unrealized gains (losses) on investments	5	3,763,416.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	24,158,731.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **D.M.A.C.C. FOUNDATION** Employer identification number **23-7229486**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization 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 or 990-EZ).)
- 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 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - 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.**
 - e 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.
 - f Enter the number of supported organizations 1
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
DES MOINES AREA COMMUNITY COLLEGE	42-0926354	2	X		2,655,165.	
Total					2,655,165.	0.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		X
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		X
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? <i>If "Yes," provide detail in Part VI.</i>		X
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
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)? <i>If "Yes," answer line 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		X
b A family member of a person described in line 11a above?		X
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		X

Section 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? <i>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.</i>	X	
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? <i>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.</i>		X

Section 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 or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b Did the activities described in 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? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

D.M.A.C.C. FOUNDATION

Employer identification number

23-7229486

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization D.M.A.C.C. FOUNDATION	Employer identification number 23-7229486
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SHERI AVIS HORNER 1104 TULIP TREE LN WEST DES MOINES, IA 50266	\$ 311,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DENNIS ALBAUGH 1515 NE 36TH STREET ANKENY, IA 50021	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JP MORGAN CHASE & CO. 383 MADISON AVE 30TH FLOOR NEW YORK, NY 10179	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FAREWAY STORES, INC. 2600 8TH ST BOONE, IA 50036	\$ 85,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	UNITY POINT HEALTH DES MOINES 1200 PLEASANT STREET DES MOINES, IA 50309	\$ 210,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	D.R.A. PROPERTIES, LC 1525 NE 36TH ST ANKENY, IA 50021	\$ 78,195.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization D.M.A.C.C. FOUNDATION	Employer identification number 23-7229486
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NORTHWEST AREA FOUNDATION 60 PLATO BLVD E STE 400 SAINT PAUL, MN 55107	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	RUAN FOUNDATION 666 GRAND AVE 1700 RUAN CTR DES MOINES, IA 50309	\$ 130,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	GREATER DES MOINES COMMUNITY FOUNDATION 1915 GRAND AVE DES MOINES, IA 50309	\$ 74,578.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	RON OLSON 350 S GRAND AVE, 50TH FLOOR LOS ANGELES, CA 90071	\$ 61,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization D.M.A.C.C. FOUNDATION	Employer identification number 23-7229486
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization D.M.A.C.C. FOUNDATION	Employer identification number 23-7229486
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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 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 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 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	

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

2020

Open to Public Inspection

Name of the organization D.M.A.C.C. FOUNDATION Employer identification number 23-7229486

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.; 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,826,382.	7,318,235.	7,109,537.	6,957,594.	6,223,641.
b Contributions	203,262.	1,497,291.	67,057.	33,587.	373,121.
c Net investment earnings, gains, and losses	2,268,698.	302,695.	387,890.	362,469.	610,646.
d Grants or scholarships	222,968.	291,839.	246,249.	244,113.	249,814.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	11,075,374.	8,826,382.	7,318,235.	7,109,537.	6,957,594.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 59.0500 %
 - c Term endowment 40.9500 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO DMACC	1,713,179.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,713,179.

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	7,491,377.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	3,763,416.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	3,763,416.	
3	Subtract line 2e from line 1	3	3,727,961.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,727,961.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,777,585.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3	2,777,585.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,777,585.	

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE FOUNDATION FOLLOWS THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX AS REQUIRED BY THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS CODIFICATION. THE FOUNDATION HAS EVALUATED ITS MATERIAL TAX POSITIONS AND DETERMINED NO INCOME TAX EFFECTS WITH RESPECT TO THE FINANCIAL STATEMENTS. THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE YEARS BEFORE 2018. THE FOUNDATION HAS NOT BEEN NOTIFIED OF ANY IMPENDING EXAMINATIONS BY AUTHORITIES, AND NO EXAMINATIONS ARE IN PROCESS.

**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

2020

**Open to Public
Inspection**

Name of the organization **D.M.A.C.C. FOUNDATION** Employer identification number **23-7229486**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
D.M.A.C.C. 2006 S ANKENY BLVD. BUILDING 1 ANKENY, IA 50023-8995	42-0926354	501(C)(3)	2,655,165.	0.			TO PROVIDE GRANTS, SCHOLARSHIPS, AND OTHER ASSISTANCE TO DES MOINES AREA COMMUNITY COLLEGE

- 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

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Schedule I (Form 990) 2020

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **D.M.A.C.C. FOUNDATION** Employer identification number **23-7229486**

Part I	Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art			
2	Art - Historical treasures			
3	Art - Fractional interests			
4	Books and publications			
5	Clothing and household goods			
6	Cars and other vehicles			
7	Boats and planes			
8	Intellectual property			
9	Securities - Publicly traded	X	3	58,196. TRADING PRICE -DON.
10	Securities - Closely held stock			
11	Securities - Partnership, LLC, or trust interests			
12	Securities - Miscellaneous			
13	Qualified conservation contribution - Historic structures			
14	Qualified conservation contribution - Other			
15	Real estate - Residential			
16	Real estate - Commercial			
17	Real estate - Other			
18	Collectibles			
19	Food inventory			
20	Drugs and medical supplies			
21	Taxidermy			
22	Historical artifacts			
23	Scientific specimens			
24	Archeological artifacts			
25	Other ()			
26	Other ()			
27	Other ()			
28	Other ()			

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

DMACC FOUNDATION USES UBS FINANCIAL SERVICES TO PROCESS AND SELL
DONATED SECURITIES.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

D.M.A.C.C. FOUNDATION

Employer identification number

23-7229486

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

THE FOUNDATION BOARD WILL REVIEW AND APPROVE THE FORM 990 BEFORE IT IS
FILED.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION WILL MAKE THE FORMS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE FOUNDATION HAS NOT CHANGED THE PROCESS FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

D.M.A.C.C. FOUNDATION

Employer identification number

23-7229486

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DES MOINES AREA COMMUNITY COLLEGE - 42-0926354, 2006 S. ANKENY BLVD, ANKENY, IA 50023-8995	COLLEGE	IOWA	501(C)(3)	LINE 2			X

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DES MOINES AREA COMMUNITY COLLEGE	B	0.	
(2) DES MOINES AREA COMMUNITY COLLEGE	M	0.	
(3) DES MOINES AREA COMMUNITY COLLEGE	E	0.	
(4) DES MOINES AREA COMMUNITY COLLEGE	C	0.	
(5) (AMOUNTS BELOW REPORTING THRESHOLDS)		0.	
(6)			



UBS FINANCIAL SERVICES INC.
1075 Jordan Creek Parkway
Suite 100
West Des Moines IA 50266-5735

2021 Consolidated Form 1099

Account Number: 8W 28470

Your Financial Advisor:
ALPHA WEALTH CONSULTING GROUP

Phone: 515-222-0585/877-315-6138

Reporting for:
DMACC FOUNDATION



0001124 03 MM 0.494 03 TR 00008 UANDDK04 100000


DMACC FOUNDATION
2006 S. ANKENY BLVD.
ANKENY IA 50023-8995



Our 1099 Guide at www.ubs.com/1099information provides access to supplemental tax information you may find useful when filing your income tax return.



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 UBS UBS FINANCIAL SERVICES INC. 1000 HARBOR BLVD. WEEHAWKEN, NJ 07086	Income Summary Statement Account 8W 28470	Statement Date: 02/11/2022 Document ID: X8J2 A0Q B2BT	2021
	DMACC FOUNDATION ATTN Dave Abegglen 2006 S ANKENY BLVD ANKENY, IA 50023-8995	Your Financial Advisor: ALPHA WEALTH CONSULTING GROUP 515-222-0585	
PAYER'S TIN: 13-2638166	RECIPIENT'S TIN: XX-XXX9486	Office Code: 8W Rep Code: 8W75	

Summary Information

DIVIDENDS AND DISTRIBUTIONS	Not reported to the IRS*	MISCELLANEOUS INFORMATION	Not reported to the IRS*
1a- Total ordinary dividends (includes lines 1b, 5, 2e)	409,444.28	2- Royalties	0.00
1b- Qualified dividends	128,451.98	3- Other income	0.00
2a- Total capital gain distributions (includes lines 2b, 2c, 2d, 2f)	1,042,833.25	4- Federal income tax withheld	0.00
2b- Unrecaptured Section 1250 gain	3.45	8- Substitute payments in lieu of dividends or interest	0.00
2c- Section 1202 gain	0.00		
2d- Collectibles (28%) gain	0.00		
2e- Section 897 ordinary dividends	0.00		
2f- Section 897 capital gain	0.00		
3- Nondividend distributions	60,664.12		
4- Federal income tax withheld	0.00		
5- Section 199A dividends	4,945.24		
6- Investment expenses	0.00		
8- Foreign country or US possession: See detail	7,141.63		
7- Foreign tax paid:	0.00		
9- Cash liquidation distributions	0.00		
10- Noncash liquidation distributions	0.00		
11- Exempt-interest dividends (includes line 12)	0.00		
12- Specified private activity bond interest dividends (AMT)	0.00		

SECTION 1256 CONTRACTS

	Not reported to the IRS*
8- Profit or (loss) realized in 2021 on closed contracts	0.00
9- Unrealized profit or (loss) on open contracts-12/31/2020	0.00
10- Unrealized profit or (loss) on open contracts-12/31/2021	0.00
11- Aggregate profit or (loss) on contracts	0.00

If applicable, proceeds from sale transactions appear summarized below and are detailed in subsequent sections of this document.

*** This statement displays activity for this account which has NOT been reported to the IRS. Any transactions that are being furnished to the IRS are provided on Forms 1099, either packaged with this statement or sent separately. Because the formatting is similar to Forms 1099, we have provided the related instructions with this document.**

SUMMARY OF PROCEEDS, GAINS & LOSSES, ADJUSTMENTS AND WITHHOLDING

Refer to the Proceeds not reported to the IRS pages to ensure that you consider all relevant items to determine the correct gains and losses. The amounts shown below are for informational purposes.

Term	Form 8949 type	Proceeds	Cost basis	Market discount	Wash sale loss disallowed	Net gain or loss(-)
Short	C (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
Long	F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
Undetermined	C or F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Grand total	0.00	0.00	0.00	0.00	0.00
Withholding		Amount				
	Federal income tax withheld	0.00				

Changes to dividend tax classifications processed after your original tax form is issued for 2021 may require an amended tax form.

UBS FINANCIAL SERVICES INC.

Account 8W 28470

Summary Information

2021

(continued)

02/11/2022

INTEREST INCOME

Not reported to the IRS

This statement displays activity for this account which has NOT been reported to the IRS. Any transactions that are being furnished to the IRS are provided on Forms 1099, either packaged with this statement or sent separately. Because the formatting is similar to Forms 1099, we have provided the related instructions with this document.

1- Interest income (not included in line 3)	2.97
2- Early withdrawal penalty	0.00
3- Interest on US Savings Bonds & Treasury obligations	0.00
4- Federal income tax withheld	0.00
5- Investment expenses	0.00
7- Foreign country or US possession:	0.00
6- Foreign tax paid:	0.00
8- Tax-exempt interest (includes line 9)	0.00
9- Specified private activity bond interest (AMT)	0.00
10- Market discount (covered lots)	0.00
11- Bond premium (covered lots)	0.00
12- Bond premium on Treasury obligations (covered lots)	0.00
13- Bond premium on tax-exempt bonds (categorized below)	0.00
Tax-exempt obligations (covered lots)	0.00
Tax-exempt private activity obligations (AMT, covered lots)	0.00
14- Tax-exempt and tax credit bond CUSIP number	See detail

The following amounts are not reported to the IRS. They are presented here for your reference when preparing your tax return(s).

Taxable accrued interest paid	0.00
Taxable accrued Treasury interest paid	0.00
Tax-exempt accrued interest paid	0.00
Tax-exempt accrued interest paid (AMT)	0.00
Taxable accrued nonqualified interest paid	0.00
Tax-exempt accrued nonqualified interest paid	0.00
Tax-exempt accrued nonqualified interest paid (AMT)	0.00
Nonqualified interest	0.00
Tax-exempt nonqualified interest	0.00
Tax-exempt nonqualified interest (AMT)	0.00
Interest shortfall on contingent payment debt	0.00
Bond premium- Non Treasury obligations (noncovered lots)	0.00
Bond premium- Treasury obligations (noncovered lots)	0.00
Bond premium- Tax-exempt obligations (noncovered lots)	0.00
Bond premium- Tax-exempt obligations (AMT, noncovered lots)	0.00
Market discount (noncovered lots)	0.00

STATE TAX WITHHELD

Use the details of the State Tax Withholding page(s) to determine the appropriate amounts for your income tax return(s). The amounts shown in this section are for your reference.

1099-DIV total withheld	0.00
1099-INT total withheld	0.00
1099-OID total withheld	0.00
1099-MISC total withheld	0.00
1099-B total withheld	0.00

ORIGINAL ISSUE DISCOUNT AND ADJUSTMENTS

Use bond-by-bond details from the Form 1099-OID page(s) to determine amounts of Original Issue Discount income for your income tax return(s). The amounts shown in this section are for your reference when preparing your income tax return(s).

Original issue discount for the year	0.00
Acquisition premium (covered lots)	0.00
Acquisition premium (noncovered lots)	0.00
Original issue discount on Treasury obligations	0.00
Acquisition premium, Treasury obligations (covered lots)	0.00
Acquisition premium, Treasury obligations (noncovered lots)	0.00
Tax-exempt OID	0.00
Tax-exempt OID (lots not reported)	0.00
Acquisition premium (covered)	0.00
Acquisition premium (lots not reported)	0.00
Tax-exempt OID on private activity bonds	0.00
Tax-exempt OID on private activity bonds (lots not reported)	0.00
Acquisition premium (AMT, covered)	0.00
Acquisition premium (AMT, lots not reported)	0.00
Market discount (all lots)	0.00
Early withdrawal penalty	0.00
Investment expenses	0.00

RECONCILIATIONS, FEES, EXPENSES AND EXPENDITURES

The amounts in this section are not reported to the IRS. They are presented here for your reference when preparing your income tax return(s).

Other Receipts & Reconciliations- Partnership distributions	0.00
Other Receipts & Reconciliations- Foreign tax paid- partnership	0.00
Other Receipts & Reconciliations- Return of principal	0.00
Other Receipts & Reconciliations- Deferred income payment	0.00
Other Receipts & Reconciliations- Deemed premium	0.00
Other Receipts & Reconciliations- Income accrual- UIT	0.00
Other Receipts & Reconciliations- Basis adjustments	-224.50
Other Receipts & Reconciliations- Foreign tax pd beyond treaty	0.00
Fees & Expenses- Margin interest	0.00
Fees & Expenses- Dividends paid on short position	0.00
Fees & Expenses- Interest paid on short position	0.00
Fees & Expenses- Non reportable distribution expense	0.00
Fees & Expenses- Other expenses	0.00
Fees & Expenses- Severance tax	0.00
Fees & Expenses- Organizational expense	0.00
Fees & Expenses- Miscellaneous fees	175.00
Fees & Expenses- Tax-exempt investment expense	0.00
Foreign Exchange Gains & Losses- Foreign currency gain/loss	0.00

UBS FINANCIAL SERVICES INC.

Account 8W 28470

Detail for Dividends and Distributions

2021

02/11/2022

This section of your tax information statement contains the payment level detail of your taxable dividends, capital gains distributions, Section 199A dividends, exempt-interest dividends, nondividend distributions and liquidation distributions. Also shown are the fair market values of any taxable stock dividends or noncash liquidation distributions.

Federal, state and foreign tax withheld and investment expenses are presented as negative amounts but do not net against the reportable income totals. Any taxes withheld will also be reported to you separately on Form 1099-DIV. All amounts are grouped by security, with the transactions listed in chronological order. Subtotals for each security are provided. For situations in which the tax character of a distribution (or part thereof) is different than at the time it was paid, endnotes are provided for further explanation.

Note that a transaction characterized as a "Qualified dividend" is only issuer-qualified. There is also a holder level criteria for a dividend to be treated as Qualified. If the payment is from a common stock you are required to have held it for more than 60 days during the 121-day period that begins 60 days before the ex-dividend date of the dividend. If the dividend is from preferred shares and covers a period greater than 366 days, you must have held the preferred stock for more than 90 days during the 181-day period that begins 90 days before the ex-dividend date of the dividend.

Amounts presented in Box 2e as Section 897 Ordinary Dividends or Box 2f as Section 897 Capital Gains apply only to foreign persons and entities whose income maintains its character when passed through or distributed to its direct or indirect foreign owners or beneficiaries. If you are a US citizen, you should disregard this

Security description	CUSIP and/or symbol	State	Date	Amount	Transaction type	Notes	Ex-Date
BLACKROCK STRATEGIC INCOME OPPORTUNITIES PORTFOLIOA	09260B416		01/29/21	1,350.79	Nonqualified dividend	03	
			01/29/21	106.88	Qualified dividend	03	
			02/26/21	1,237.94	Nonqualified dividend	03	
			02/26/21	97.95	Qualified dividend	03	
			03/31/21	1,293.85	Nonqualified dividend	03	
			03/31/21	102.37	Qualified dividend	03	
			04/30/21	1,090.07	Nonqualified dividend	03	
			04/30/21	86.25	Qualified dividend	03	
			05/28/21	1,290.44	Nonqualified dividend	03	
			05/28/21	102.10	Qualified dividend	03	
			06/30/21	1,361.27	Nonqualified dividend	03	
			06/30/21	107.70	Qualified dividend	03	
			07/30/21	1,348.37	Nonqualified dividend	03	
			07/30/21	106.68	Qualified dividend	03	
			08/31/21	1,407.10	Nonqualified dividend	03	
			08/31/21	111.33	Qualified dividend	03	
			09/30/21	1,229.07	Nonqualified dividend	03	
			09/30/21	97.25	Qualified dividend	03	
			10/29/21	1,080.41	Nonqualified dividend	03	
			10/29/21	85.48	Qualified dividend	03	
	11/30/21	894.45	Nonqualified dividend	03			
	11/30/21	70.77	Qualified dividend	03			
	12/22/21	3,915.14	Short-term capital gain	03	12/22/2021		
	12/22/21	2,607.23	Long-term capital gain				
	12/22/21	309.77	Qualified dividend	03	12/22/2021		

UBS FINANCIAL SERVICES INC.

Account 8W 28470

Detail for Dividends and Distributions

2021

(continued)

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Security description	CUSIP and/or symbol	State	Date	Amount	Transaction type	Notes	Ex-Date
BLACKROCK STRATEGIC INCOME OPPORTUNITIES PORTFOLIOA (cont'd)			12/31/21	1,079.92	Nonqualified dividend	03	
			12/31/21	85.44	Qualified dividend	03	
				22,656.02	Total Dividends & distributions		
EATON VANCE FLOATING RATE FUND I	277911491		01/29/21	863.65	Nonqualified dividend		
			02/26/21	1,025.72	Nonqualified dividend		
			03/31/21	1,168.46	Nonqualified dividend		
			04/30/21	1,219.58	Nonqualified dividend		
			05/28/21	1,109.25	Nonqualified dividend		
			06/30/21	1,109.01	Nonqualified dividend		
			07/30/21	1,140.44	Nonqualified dividend		
			08/31/21	1,172.44	Nonqualified dividend		
			09/30/21	1,096.83	Nonqualified dividend		
			10/29/21	1,120.94	Nonqualified dividend		
			11/30/21	1,103.10	Nonqualified dividend		
			12/31/21	1,342.13	Nonqualified dividend		
				13,471.55	Total Dividends & distributions		
FT-FRANKLIN GROWTH A	353496508 MFFKGF		12/01/21	177,508.48	Long-term capital gain		
			12/01/21	758.44	Qualified dividend	03	12/01/2021
				178,266.92	Total Dividends & distributions		
FT-FRANKLIN CONVERTIBLE SEC A	353612104		03/15/21	3,368.24	Nonqualified dividend	03	03/15/2021
			03/15/21	3,220.36	Qualified dividend	03	03/15/2021
			06/15/21	1,099.42	Nonqualified dividend	03	06/15/2021
			06/15/21	1,051.15	Qualified dividend	03	06/15/2021
			09/15/21	839.87	Nonqualified dividend	03	09/15/2021
			09/15/21	803.00	Qualified dividend	03	09/15/2021
			12/15/21	283,406.87	Long-term capital gain		
			12/15/21	15,316.36	Short-term capital gain		
			12/15/21	1,064.42	Nonqualified dividend	03	12/15/2021
			12/15/21	1,017.69	Qualified dividend	03	12/15/2021
				311,187.38	Total Dividends & distributions		
FRANKLIN SMALL-MID CAP GROWTH FUND CLASS A	354713109		12/15/21	194,846.82	Long-term capital gain	03	12/15/2021
			12/15/21	40,018.86	Short-term capital gain	03	12/15/2021
			12/15/21	4,207.51	Qualified dividend	03	12/15/2021
			12/15/21	3.45	Unrecaptured section 1250 gain	03	12/15/2021
				239,076.64	Total Dividends & distributions		

UBS FINANCIAL SERVICES INC.

Account 8W 28470

Detail for Dividends and Distributions

2021

(continued)

02/11/2022

Security description	CUSIP and/or symbol	State	Date	Amount	Transaction type	Notes	Ex-Date
FT-FRANKLIN STRATEGIC INCOME A	354713505		01/29/21	1,799.57	Nonqualified dividend		
			02/26/21	1,766.61	Nonqualified dividend		
			03/31/21	1,733.66	Nonqualified dividend		
			04/30/21	1,733.66	Nonqualified dividend		
			05/28/21	1,727.06	Nonqualified dividend		
			06/30/21	1,786.39	Nonqualified dividend		
			07/30/21	1,779.80	Nonqualified dividend		
			08/31/21	1,786.39	Nonqualified dividend		
			09/30/21	1,872.08	Nonqualified dividend		
			10/29/21	1,872.08	Nonqualified dividend		
			11/30/21	1,872.08	Nonqualified dividend		
			12/30/21	2,643.33	Nonqualified dividend		
					22,372.71	Total Dividends & distributions	
HARTFORD INTERNATIONAL EQUITY FUND CLASS A	41664L385		12/13/21	17,717.81	Long-term capital gain		
			12/30/21	31,396.74	Qualified dividend	03	12/29/2021
			12/30/21	-3,714.16	Foreign tax withheld-Variou	03	12/29/2021
			49,114.55	Total Dividends & distributions			
			-3,714.16	Total Foreign tax withheld			
HARTFORD SCHRODERS US SMALL CAP OPPORTUNITIES FUND CLASS A	41665H342 MFHTIZ		12/13/21	98,501.64	Long-term capital gain		
MFS INTERNATIONAL DIVERSIFICATION FUND CLASS A	55273G330		12/29/21	18,316.72	Qualified dividend	03	12/28/2021
			12/29/21	9,820.37	Long-term capital gain		
			12/29/21	2,347.74	Nonqualified dividend	03	12/28/2021
			12/29/21	94.33	Short-term capital gain		
			12/29/21	-1,132.49	Foreign tax withheld-Variou	03	12/28/2021
			30,579.16	Total Dividends & distributions			
			-1,132.49	Total Foreign tax withheld			
MFS DIVERSIFIED INCOME FUND CLASS A	552982837		01/29/21	2,102.15	Nonqualified dividend	03	
			01/29/21	305.61	Section 199A dividend	03	
			01/29/21	299.11	Qualified dividend	03	
			02/26/21	2,102.10	Nonqualified dividend	03	
			02/26/21	305.60	Section 199A dividend	03	
			02/26/21	299.10	Qualified dividend	03	
			03/31/21	2,102.16	Nonqualified dividend	03	
			03/31/21	305.61	Section 199A dividend	03	
			03/31/21	299.11	Qualified dividend	03	

UBS FINANCIAL SERVICES INC.

Account 8W 28470

Detail for Dividends and Distributions

2021

(continued)

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Security description	CUSIP and/or symbol	State	Date	Amount	Transaction type	Notes	Ex-Date
MFS DIVERSIFIED INCOME FUND CLASS A (cont'd)			04/30/21	2,102.17	Nonqualified dividend	03	
			04/30/21	305.61	Section 199A dividend	03	
			04/30/21	299.11	Qualified dividend	03	
			05/28/21	2,102.15	Nonqualified dividend	03	
			05/28/21	305.61	Section 199A dividend	03	
			05/28/21	299.11	Qualified dividend	03	
			06/30/21	2,102.18	Nonqualified dividend	03	
			06/30/21	305.61	Section 199A dividend	03	
			06/30/21	299.11	Qualified dividend	03	
			07/30/21	2,102.16	Nonqualified dividend	03	
			07/30/21	305.61	Section 199A dividend	03	
			07/30/21	299.11	Qualified dividend	03	
			08/02/21	893.26	Long-term capital gain		
			08/31/21	2,033.55	Nonqualified dividend	03	
			08/31/21	295.63	Section 199A dividend	03	
			08/31/21	289.35	Qualified dividend	03	
			09/30/21	2,033.48	Nonqualified dividend	03	
			09/30/21	295.62	Section 199A dividend	03	
			09/30/21	289.34	Qualified dividend	03	
			10/29/21	2,033.54	Nonqualified dividend	03	
		10/29/21	295.63	Section 199A dividend	03		
		10/29/21	289.35	Qualified dividend	03		
		11/30/21	2,033.49	Nonqualified dividend	03		
		11/30/21	295.62	Section 199A dividend	03		
		11/30/21	289.34	Qualified dividend	03		
		12/17/21	21,102.35	Long-term capital gain			
		12/17/21	2,070.42	Qualified dividend	03	12/16/2021	
		12/31/21	5,848.14	Nonqualified dividend	03		
		12/31/21	850.19	Section 199A dividend	03		
		12/31/21	832.11	Qualified dividend	03		
			61,018.50	Total Dividends & distributions			
MFS VALUE FUND CLASS I	552983694		03/26/21	686.55	Qualified dividend	03	03/25/2021
			06/25/21	738.65	Qualified dividend	03	06/24/2021
			09/24/21	756.65	Qualified dividend	03	09/23/2021
			12/17/21	3,922.36	Long-term capital gain	03	12/16/2021
			12/17/21	894.03	Qualified dividend	03	12/16/2021
			6,998.24	Total Dividends & distributions			

UBS FINANCIAL SERVICES INC.

Account 8W 28470

Detail for Dividends and Distributions

2021

(continued)

02/11/2022

Security description	CUSIP and/or symbol	State	Date	Amount	Transaction type	Notes	Ex-Date
MFS VALUE FUND CLASS A	552983801		03/26/21	5,333.55	Qualified dividend	03	03/25/2021
			06/25/21	5,797.24	Qualified dividend	03	06/24/2021
			09/24/21	5,948.09	Qualified dividend	03	09/23/2021
			12/17/21	36,723.38	Long-term capital gain		
			12/17/21	7,173.49	Qualified dividend	03	12/16/2021
			60,975.75	Total Dividends & distributions			
MFS CORE EQUITY FUND CLASS A	552983884		12/08/21	76,617.83	Long-term capital gain		
			12/08/21	39,066.48	Short-term capital gain	03	12/07/2021
			12/08/21	13,860.79	Qualified dividend	03	12/07/2021
			12/08/21	773.29	Section 199A dividend	03	12/07/2021
			130,318.39	Total Dividends & distributions			
AMERICAN FUNDS NEW PERSPECTIVE F-1	648018406		12/17/21	58,532.70	Long-term capital gain		
			12/17/21	2,191.06	Qualified dividend	03	12/17/2021
			60,723.76	Total Dividends & distributions			
AMER FUNDS NEW PERSPECTIVE FUND CLASS F2	648018828		12/17/21	22,698.94	Long-term capital gain		
			12/17/21	1,849.96	Qualified dividend	03	12/17/2021
			24,548.90	Total Dividends & distributions			
PIMCO INVESTMENT GRADE CREDIT BOND FUND A	722008307		01/29/21	2,055.32	Nonqualified dividend	03	
			01/29/21	52.92	Qualified dividend	03	
			02/26/21	2,145.21	Nonqualified dividend	03	
			02/26/21	55.23	Qualified dividend	03	
			03/31/21	2,215.66	Nonqualified dividend	03	
			03/31/21	57.04	Qualified dividend	03	
			04/30/21	2,474.73	Nonqualified dividend	03	
			04/30/21	63.71	Qualified dividend	03	
			05/28/21	2,056.20	Nonqualified dividend	03	
			05/28/21	52.94	Qualified dividend	03	
			06/30/21	2,287.37	Nonqualified dividend	03	
			06/30/21	58.89	Qualified dividend	03	
			07/30/21	2,470.94	Nonqualified dividend	03	
			07/30/21	63.62	Qualified dividend	03	
			08/31/21	2,183.20	Nonqualified dividend	03	
			08/31/21	56.21	Qualified dividend	03	
	09/30/21	2,278.54	Nonqualified dividend	03			
	09/30/21	58.66	Qualified dividend	03			
	10/29/21	2,550.05	Nonqualified dividend	03			

UBS FINANCIAL SERVICES INC.

Account 8W 28470

Detail for Dividends and Distributions

2021

(continued)

02/11/2022

Security description	CUSIP and/or symbol	State	Date	Amount	Transaction type	Notes	Ex-Date
PIMCO INVESTMENT GRADE CREDIT BOND FUND A (cont'd)			10/29/21	65.65	Qualified dividend	03	
			11/30/21	2,289.62	Nonqualified dividend	03	
			11/30/21	58.95	Qualified dividend	03	
			12/08/21	5,899.85	Long-term capital gain		
			12/08/21	1,636.58	Short-term capital gain		
			12/28/21	1,222.63	Nonqualified dividend	03	12/28/2021
			12/28/21	31.48	Qualified dividend	03	12/28/2021
			12/31/21	2,699.89	Nonqualified dividend	03	
			12/31/21	69.51	Qualified dividend	03	
				37,210.60	Total Dividends & distributions		
PIMCO DIVERSIFIED INCOME FUND CLASS 12	72201M826		03/31/21	118.02	Nonqualified dividend		
			04/30/21	528.57	Nonqualified dividend		
			05/28/21	514.01	Nonqualified dividend		
			06/30/21	556.69	Nonqualified dividend		
			07/30/21	582.86	Nonqualified dividend		
			08/31/21	525.96	Nonqualified dividend		
			09/30/21	542.79	Nonqualified dividend		
			10/29/21	586.09	Nonqualified dividend		
			11/30/21	558.01	Nonqualified dividend		
			12/28/21	149.73	Nonqualified dividend		
			12/31/21	722.83	Nonqualified dividend		
				5,385.56	Total Dividends & distributions		
PGIM GLOBAL TOTAL RETURN CL Z	74439A400		01/29/21	371.30	Nonqualified dividend		
			02/26/21	544.74	Nonqualified dividend		
			03/31/21	585.22	Nonqualified dividend		
			04/30/21	876.51	Nonqualified dividend		
			05/28/21	998.51	Nonqualified dividend		
			06/30/21	978.47	Nonqualified dividend		
			07/30/21	990.93	Nonqualified dividend		
			08/31/21	1,042.32	Nonqualified dividend		
			09/30/21	970.81	Nonqualified dividend		
			10/29/21	982.65	Nonqualified dividend		
			11/30/21	967.35	Nonqualified dividend		
			12/23/21	1,542.29	Short-term capital gain		
			12/31/21	1,070.58	Nonqualified dividend		
				11,921.68	Total Dividends & distributions		

UBS FINANCIAL SERVICES INC.

Account 8W 28470

Detail for Dividends and Distributions

2021

(continued)

02/11/2022

Security description	CUSIP and/or symbol	State	Date	Amount	Transaction type	Notes	Ex-Date
FT TEMPLETON GROWTH A	880199104		12/10/21	11,719.49	Qualified dividend	03	12/10/2021
			12/10/21	927.08	Nonqualified dividend	03	12/10/2021
				12,646.57	Total Dividends & distributions		
TEMPLETON GLOBAL TOTAL RETURN CLASS A	880208889		01/15/21	4,162.37	Nondividend distribution	03	01/15/2021
			01/15/21	2,294.98	Nonqualified dividend	03	01/15/2021
			01/15/21	-2,294.98	Foreign tax withheld-Various	03	01/15/2021
			02/16/21	4,555.04	Nondividend distribution	03	02/16/2021
			03/15/21	4,773.20	Nondividend distribution	03	03/15/2021
			04/15/21	4,450.33	Nondividend distribution	03	04/15/2021
			05/17/21	6,623.14	Nondividend distribution	03	05/17/2021
			06/15/21	5,139.70	Nondividend distribution	03	06/15/2021
			07/15/21	4,555.04	Nondividend distribution	03	07/15/2021
			08/16/21	6,474.80	Nondividend distribution	03	08/16/2021
			09/15/21	5,331.67	Nondividend distribution	03	09/15/2021
			10/15/21	4,214.73	Nondividend distribution	03	10/15/2021
			11/15/21	5,235.68	Nondividend distribution	03	11/15/2021
	12/15/21	5,148.42	Nondividend distribution	03	12/15/2021		
				62,959.10	Total Dividends & distributions		
				-2,294.98	Total Foreign tax withheld		
UBS SELECT GOVERNMENT INSTITUTIONAL FUND	90262Y760 MFIRSJ		01/29/21	11.60	Nonqualified dividend		
			02/26/21	8.96	Nonqualified dividend		
			03/31/21	9.37	Nonqualified dividend		
			04/30/21	6.68	Nonqualified dividend		
			05/28/21	5.89	Nonqualified dividend		
			06/30/21	5.70	Nonqualified dividend		
			07/30/21	5.89	Nonqualified dividend		
			08/31/21	5.77	Nonqualified dividend		
			09/30/21	5.40	Nonqualified dividend		
			10/29/21	5.58	Nonqualified dividend		
			11/30/21	5.36	Nonqualified dividend		
			12/08/21	8.68	Short-term capital gain		
			12/08/21	0.12	Long-term capital gain		
	12/31/21	5.31	Nonqualified dividend				
				90.31	Total Dividends & distributions		

UBS FINANCIAL SERVICES INC.

Account 8W 28470

Detail for Dividends and Distributions

2021

(continued)

02/11/2022

Security description	CUSIP and/or symbol	State	Date	Amount	Transaction type	Notes	Ex-Date		
VIRTUS ALLIANZGI CONVERTIBLE FUND P CLASS I	92838V106		03/18/21	140.05	Nonqualified dividend	03	03/18/2021		
			03/18/21	9.19	Qualified dividend	03	03/18/2021		
			06/17/21	133.92	Nonqualified dividend	03	06/17/2021		
			06/17/21	8.79	Qualified dividend	03	06/17/2021		
			09/16/21	437.02	Nonqualified dividend	03	09/16/2021		
			09/16/21	28.69	Qualified dividend	03	09/16/2021		
			12/16/21	34,530.32	Short-term capital gain	03	12/16/2021		
			12/16/21	31,694.97	Long-term capital gain				
			12/16/21	2,315.70	Qualified dividend	03	12/16/2021		
			12/16/21	746.53	Nonqualified dividend	03	12/16/2021		
				70,045.18	Total Dividends & distributions				
		WESTERN ASSET CORE PLUS BOND FUND CLASS I	957663503		03/31/21	93.25	Nonqualified dividend		
					04/30/21	223.34	Nonqualified dividend		
	05/28/21			203.16	Nonqualified dividend				
	06/17/21			334.82	Long-term capital gain				
	06/17/21			323.21	Short-term capital gain				
	06/30/21			202.52	Nonqualified dividend				
	07/30/21			214.80	Nonqualified dividend				
	08/31/21			194.61	Nonqualified dividend				
	09/30/21			192.63	Nonqualified dividend				
	10/29/21			216.83	Nonqualified dividend				
	11/30/21			446.25	Nonqualified dividend				
	12/31/21	227.12	Nonqualified dividend						
		2,872.54	Total Dividends & distributions						
		1,512,941.65	Total Dividends & distributions						
		-7,141.63	Total Foreign tax withheld						

UBS FINANCIAL SERVICES INC.

Account 8W 28470

Detail for Interest Income

2021

02/11/2022

This section of your tax information statement contains the payment level detail of all taxable interest and associated bond premium. Market discount will be shown here only if you have elected to recognize it currently rather than at the time of sale or maturity. Bond premium and market discount for all tax lots are totaled in Interest Income with covered and noncovered in distinct sections and neither amount is reported to the IRS.

To provide a complete picture of activity for each investment, we also include here transactions such as accrued interest paid on purchases and payment or receipt of nonqualified interest. Other amounts, such as federal, state and foreign tax withheld and investment expenses are shown as negative amounts but do not net against the reportable income totals. Additionally, tax withheld (and associated payments) will also appear on a separately provided Form 1099-INT.

Security description	CUSIP and/or symbol	Date	Amount	Transaction type	Notes
UBS BANK USA BUSINESS ACCOUNT	90499A916	01/07/21	0.03	Interest	
		02/04/21	0.28	Interest	
		03/04/21	0.28	Interest	
		04/07/21	0.16	Interest	
		05/06/21	0.03	Interest	
		06/04/21	0.31	Interest	
		07/07/21	0.31	Interest	
		08/05/21	0.47	Interest	
		09/07/21	0.34	Interest	
		10/06/21	0.03	Interest	
		11/04/21	0.29	Interest	
		11/22/21	0.27	Interest	
			2.80	Total Interest	
UBS INSURED SWEEP PROGRAM	90499A981	12/06/21	0.17	Interest	
			2.97	Total Interest	

UBS FINANCIAL SERVICES INC.

Account 8W 28470

Other Receipts and Reconciliations

2021

02/11/2022

This section of your tax information statement contains the detail of the year-to-year adjustments between cash distributions and reportable income for Unit Investment Trusts, reflecting the fact that income is recognized at the time it is received by the trust, rather than when a distribution is made.

Also shown are distributions whose tax impact will be defined by other documentation. In the case of partnership distributions, you will receive Schedule K-1 (Form 1065) directly from the partnership(s). For deferred income, the Dividends and Distributions issued in the following year will characterize the amounts received.

These amounts are provided here to facilitate an accounting of all amounts received during the year and are totaled in the Reconciliations, Fees, Expenses and Expenditures found in the Summary Information at the beginning of the statement.

Security description	CUSIP and/or symbol	Date	Amount	Transaction type	Notes
FT TEMPLETON GROWTH A	880199104	12/10/21	-224.50	Increase to cost basis	03
			-224.50	Total Increase to cost basis	

UBS FINANCIAL SERVICES INC.

Account 8W 28470

Fees and Expenses

2021

02/11/2022

This section of your tax information statement may contain the detail of fees, investment expenses, and interest that are not reported with the associated items of income in other sections of the statement. You may wish to consult with your tax advisor, the IRS or your state tax authority regarding the proper treatment.

These amounts are provided here to facilitate an accounting of all amounts received during the year and are totaled in the Reconciliations, Fees, Expenses and Expenditures found in the Summary Information at the beginning of the statement.

Description	CUSIP and/or symbol	Date	Amount	Transaction type	Notes
ANNUAL FEE-8W 28470		12/06/21	-175.00	Management fee	
			-175.00	Total Management fee	

UBS FINANCIAL SERVICES INC.

Account 8W 28470

Mutual Fund and UIT Supplemental Information

2021

02/11/2022

The following information may be useful in the preparation of your federal and state income tax return(s). This information represents what was available at the time your tax statement was prepared. It may not be all inclusive and is subject to change. Please contact your mutual fund or UIT directly if you need to verify or supplement this information. Note that depending on your state of residence not all Federal Source income is exempt from state taxation. You may wish to consult with your tax advisor, the IRS or your state tax authority regarding the proper treatment.

BLACKROCK STRATEGIC INCOME OPPORTUNITIES PORTFOLIOA / 09260B416**PERCENTAGE OF INCOME FROM US GOVERNMENT SECURITIES**

Fed Source Total 8.53% (A detailed breakdown is shown below when available)

<u>Agency</u>	<u>%</u>	<u>Agency</u>	<u>%</u>	<u>Agency</u>	<u>%</u>
U.S. Treasury	0.00	Fed Farm Credit	0.00	TN Valley Auth	0.00
Fed Home Loan	0.00	Student Loan	0.00	Other Dir. Fed	8.53

FT-FRANKLIN STRATEGIC INCOME A / 354713505**PERCENTAGE OF INCOME FROM US GOVERNMENT SECURITIES**

Fed Source Total 1.71% (A detailed breakdown is shown below when available)

<u>Agency</u>	<u>%</u>	<u>Agency</u>	<u>%</u>	<u>Agency</u>	<u>%</u>
U.S. Treasury	1.71	Fed Farm Credit	0.00	TN Valley Auth	0.00
Fed Home Loan	0.00	Student Loan	0.00	Other Dir. Fed	0.00

HARTFORD INTERNATIONAL EQUITY FUND CLASS A / 41664L385**FOREIGN SOURCE INCOME PERCENTAGES**

Fgn Source Inc Tot	99.89%	Fgn Source Inc Qual	0.00%	Fgn Source Inc Adj	0.00%
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MFS INTERNATIONAL DIVERSIFICATION FUND CLASS A / 55273G330**FOREIGN SOURCE INCOME PERCENTAGES**

Fgn Source Inc Tot	89.66%	Fgn Source Inc Qual	0.00%	Fgn Source Inc Adj	0.00%
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MFS DIVERSIFIED INCOME FUND CLASS A / 552982837**PERCENTAGE OF INCOME FROM US GOVERNMENT SECURITIES**

Fed Source Total 1.85% (A detailed breakdown is shown below when available)

<u>Agency</u>	<u>%</u>	<u>Agency</u>	<u>%</u>	<u>Agency</u>	<u>%</u>
U.S. Treasury	1.84	Fed Farm Credit	0.00	TN Valley Auth	0.01
Fed Home Loan	0.00	Student Loan	0.00	Other Dir. Fed	0.00

UBS FINANCIAL SERVICES INC.

Account 8W 28470

Mutual Fund and UIT Supplemental Information

2021

(continued)

02/11/2022

AMERICAN FUNDS NEW PERSPECTIVE F-1 / 648018406

PERCENTAGE OF INCOME FROM US GOVERNMENT SECURITIES

Fed Source Total 0.07% (A detailed breakdown is shown below when available)

<u>Agency</u>	<u>%</u>	<u>Agency</u>	<u>%</u>	<u>Agency</u>	<u>%</u>
U.S. Treasury	0.00	Fed Farm Credit	0.00	TN Valley Auth	0.00
Fed Home Loan	0.00	Student Loan	0.00	Other Dir. Fed	0.07

AMER FUNDS NEW PERSPECTIVE FUND CLASS F2 / 648018828

PERCENTAGE OF INCOME FROM US GOVERNMENT SECURITIES

Fed Source Total 0.07% (A detailed breakdown is shown below when available)

<u>Agency</u>	<u>%</u>	<u>Agency</u>	<u>%</u>	<u>Agency</u>	<u>%</u>
U.S. Treasury	0.00	Fed Farm Credit	0.00	TN Valley Auth	0.00
Fed Home Loan	0.00	Student Loan	0.00	Other Dir. Fed	0.07

PIMCO INVESTMENT GRADE CREDIT BOND FUND A / 722008307

PERCENTAGE OF INCOME FROM US GOVERNMENT SECURITIES

Fed Source Total 10.62% (A detailed breakdown is shown below when available)

<u>Agency</u>	<u>%</u>	<u>Agency</u>	<u>%</u>	<u>Agency</u>	<u>%</u>
U.S. Treasury	10.62	Fed Farm Credit	0.00	TN Valley Auth	0.00
Fed Home Loan	0.00	Student Loan	0.00	Other Dir. Fed	0.00

PIMCO DIVERSIFIED INCOME FUND CLASS I2 / 72201M826

PERCENTAGE OF INCOME FROM US GOVERNMENT SECURITIES

Fed Source Total 6.03% (A detailed breakdown is shown below when available)

<u>Agency</u>	<u>%</u>	<u>Agency</u>	<u>%</u>	<u>Agency</u>	<u>%</u>
U.S. Treasury	6.03	Fed Farm Credit	0.00	TN Valley Auth	0.00
Fed Home Loan	0.00	Student Loan	0.00	Other Dir. Fed	0.00

UBS FINANCIAL SERVICES INC.

Account 8W 28470

Mutual Fund and UIT Supplemental Information
(continued)

2021

02/11/2022

TEMPLETON GLOBAL TOTAL RETURN CLASS A / 880208889**FOREIGN SOURCE INCOME PERCENTAGES**

Fgn Source Inc Tot	100.00%	Fgn Source Inc Qual	0.00%	Fgn Source Inc Adj	0.00%
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UBS SELECT GOVERNMENT INSTITUTIONAL FUND / 90262Y760 / MFIRSJ**PERCENTAGE OF INCOME FROM US GOVERNMENT SECURITIES**

Fed Source Total	32.56%	<i>(A detailed breakdown is shown below when available)</i>			
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<u>Agency</u>	<u>%</u>	<u>Agency</u>	<u>%</u>	<u>Agency</u>	<u>%</u>
U.S. Treasury	28.23	Fed Farm Credit	4.33	TN Valley Auth	0.00
Fed Home Loan	0.00	Student Loan	0.00	Other Dir. Fed	0.00

WESTERN ASSET CORE PLUS BOND FUND CLASS I / 957663503**PERCENTAGE OF INCOME FROM US GOVERNMENT SECURITIES**

Fed Source Total	10.70%	<i>(A detailed breakdown is shown below when available)</i>			
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<u>Agency</u>	<u>%</u>	<u>Agency</u>	<u>%</u>	<u>Agency</u>	<u>%</u>
U.S. Treasury	10.70	Fed Farm Credit	0.00	TN Valley Auth	0.00
Fed Home Loan	0.00	Student Loan	0.00	Other Dir. Fed	0.00

UBS FINANCIAL SERVICES INC.

Account 8W 28470

Foreign Income and Taxes Summary

2021

02/11/2022

This schedule lists all income and foreign tax by country. Mutual Funds and Unit Investment Trusts (UITs) structured as Regulated Investment Companies (RICs) are listed separately with a country designation of "RIC."

Country	Security Description	CUSIP	Dividends		Interest	Total Income	Tax
			Nonqualified	Qualified			
	HARTFORD INTERNATIONAL EQUITY FUND CLASS A	41664L385	0.00	31,396.74	0.00	31,396.74	-3,714.16
	MFS INTERNATIONAL DIVERSIFICATION FUND CLASS A	55273G330	2,442.07	18,316.72	0.00	20,758.79	-1,132.49
	TEMPLETON GLOBAL TOTAL RETURN CLASS A	880208889	2,294.98	0.00	0.00	2,294.98	-2,294.98
Total			4,737.05	49,713.46	0.00	54,450.51	-7,141.63
Grand Total	Total Foreign Source Income*			54,450.51			
	Qualified Foreign Source Income**			49,713.46			
	Foreign Tax			-7,141.63			

* Total Foreign Source Income utilizes the "Total" column for RICs which may not always be supplied.

** Qualified Foreign Source Income utilizes the "Qualified" column for RICs which may not always be supplied.

UBS FINANCIAL SERVICES INC. 2021 End Notes for Account 8W 28470

03 The tax character of the distribution has been allocated based on information provided by the security issuer.

Instructions for Recipient

Common Instructions for Recipient

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Backup Withholding. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9 and Pub. 505 for more information. Include this amount on your income tax return as tax withheld.

Nominees. If this 1099 form includes amounts belonging to another person, you are considered a nominee recipient. You must file as the "payer" the respective Form 1099 (DIV, INT, or OID) Copy A (with a Form 1096) to the IRS for each of the other owners as recipient(s) to show their allocable share of the income and you must furnish the respective Copy B Form(s) and amounts to each owner. A spouse is not required to file a nominee return to show amounts owned by the other spouse. See the 2020 General Instructions for Certain Information Returns.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

Keep tax documents for your records.

1099-DIV Instructions for Recipient

Line 1a. Shows total ordinary dividends that are taxable. Include this amount on the "Ordinary dividends" line of Form 1040 or 1040-SR. Also, report it on Schedule B (1040 or 1040-SR), if required.

Line 1b. Shows the portion of the amount on line 1a that may be eligible for reduced capital gains rates. See the Instructions for Forms 1040 and 1040-SR for how to determine this amount and where to report.

The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040 or 1040-SR but treat it as a plan distribution, not as investment income, for any other purpose.

Line 2a. Shows total capital gain distributions from a regulated investment company (RIC) or real estate investment trust (REIT). See *How To Report* in the Instructions for Schedule D (Form 1040 or 1040-SR). But, if no amount is shown on lines 2c and 2d and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown on line 2a on your Form 1040 or 1040-SR rather than Schedule D. See the Instructions for Forms 1040 and 1040-SR.

Line 2b. Shows the portion of the amount on line 2a that is unrecaptured section 1250 gain from certain depreciable real property. See the Unrecaptured Section 1250 Gain Worksheet in the Instructions for Schedule D (Form 1040 or 1040-SR).

Line 2c. Shows the portion of the amount on line 2a that is section 1202 gain from certain small business stock that may be subject to an exclusion. See the Schedule D (Form 1040 or 1040-SR) instructions.

Line 2d. Shows 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet in the Instructions for Schedule D (Form 1040 or 1040-SR).

Line 3. Shows a return of capital. To the extent of your cost (or other basis) in the stock, the distribution reduces your basis and is not taxable. Any amount received in excess of your basis is taxable to you as capital gain. See Pub. 550.

Line 4. See "Backup Withholding" section.

Line 5. Shows the portion of the amount on line 1a that may be eligible for the 20% qualified business income deduction under section 199A. See the Instructions for Form 8995 and Form 8995-A.

Line 6. Shows your share of expenses of a nonpublicly offered RIC, generally a nonpublicly offered mutual fund. This amount is included on line 1a.

Line 7. Shows the foreign tax that you may be able to claim as a deduction or a credit on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

Line 8. This line should be left blank if a RIC reported the foreign tax shown on line 7.

Lines 9 and 10. Shows cash and noncash liquidation distributions.

Line 11. Shows exempt-interest dividends from a mutual fund or other RIC paid to you during the calendar year. See the Instructions for Form 1040 and 1040-SR for where to report. This amount may be subject to backup withholding. See *Line 4* above.

Line 12. Shows exempt-interest dividends subject to the alternative minimum tax. This amount is included on line 11. See the Instructions for Form 6251.

Lines 13-15. State income tax withheld reporting lines.

1099-INT Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer generally must report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Line 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown on line 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during 2020 on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912. See the instructions above for a taxable covered security acquired at a premium.

Line 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the Instructions for Form 1040 and 1040-SR to see where to take the deduction.

Line 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included on line 1. See the instructions above for a taxable covered security acquired at a premium.

Line 4. See "Backup Withholding" section.

Line 5. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included on line 1. **Note:** This amount is not deductible.

Line 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040 or 1040-SR. See your tax return instructions.

Line 7. Shows the country or U.S. possession to which the foreign tax was paid.

Line 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the Instructions for Form 1040 and 1040-SR. This amount may be subject to backup withholding. See line 4 above. See the instructions above for a tax-exempt covered security acquired at a premium.

Line 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included on line 8. See the Instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Line 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(n)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-OID. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election for market discount under section 1276(b). Report the accrued market discount on your income tax return as directed in the Instructions for Forms 1040 and 1040-SR. Market discount on a tax-exempt security is includible in taxable income as interest income.

Line 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported on this line, see the Instructions for Schedule B (Form 1040 or 1040-SR) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the security. If an amount is not reported on this line for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest on line 1. If the amount on line 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

Line 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported on this line, see the Instructions for Schedule B (Form 1040 or 1040-SR) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the U.S.

Treasury obligation. If an amount is not reported on this line for a U.S. Treasury

obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest on line 3. If the amount on line 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

Line 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported on this line, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040 or 1040-SR. If an amount is not reported on this line for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest on line 8 or 9, whichever is applicable. If the amount on line 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii).

Line 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Line 15-17. State tax withheld reporting lines.

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