|                         |   |                 | Return of Organization Exempt From   | n In    | come Tax                        | OMB No. 1545-0047            |
|-------------------------|---|-----------------|--|---------|---------------------------------|------------------------------|
| For                     | <b>.</b> 99   | 90              | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code                            | (exce   | pt private foundations          | 2022                         |
|                         | Department of the Treasury<br>Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest  |                 |  |         |                                 | Open to Public<br>Inspection |
| -                       |   |                 | lar year, or tax year beginning JUL 1, 2022 and ending   |         |                                 | mapeetion                    |
| -                       | heck if   | -               | of organization  |         | D Employer identifica           | ation number                 |
| a                       | pplicable   | 10              |  |         |                                 |                              |
|                         | Addres  | D.M.            | A.C.C. FOUNDATION  |         |                                 |                              |
|                         | Name<br>change  | Doing b         | usiness as   |         | 23-722948                       | 6                            |
|                         | return  |                 | r and street (or P.O. box if mail is not delivered to street address) Room/                      | suite   | E Telephone number              |                              |
|                         | Final<br>return/<br>termin-   |                 | S. ANKENY BLVD   | _       | 515-964-6                       |                              |
| _                       | ated  | City or         | town, state or province, country, and ZIP or foreign postal code                                 |         | G Gross receipts \$             | 5,218,732.                   |
|                         | return  | ANKE            | ENY, IA 50023  |         | H(a) Is this a group ret        |                              |
|                         | tion  |                 | and address of principal officer: KIM BUTLER-HEGEDUS   |         | for subordinates?               |                              |
| 0.800                   |   | SAME            | AS C ABOVE   | 1       | H(b) Are all sub ordinates incl |                              |
|                         | 1   |                 | X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or  | 527     |                                 | st. See instructions         |
|                         | Vebsit  |                 | DMACC.CC.IA.US/FOUNDATION/   |         | H(c) Group exemption            |                              |
|                         | orm of  | Summary         |  | Yearo   | formation: 1972 M               | State of legal domicile: IA  |
| 14                      | CROWNER   |                 | be the organization's mission or most significant activities: RECEIVE                            | DO      | TATTONE POD                     | DWACC                        |
| 8                       | 1   | Brieny descrit  | The organization simission of most significant activities.                                       | 201     | ATTOND FOR                      | Diffice.                     |
| Governance              | 2   | Check this bo   | x if the organization discontinued its operations or disposed of r                               | morot   | han 05% of its not occo         | **                           |
| /er                     |   | 0               | ting members of the governing body (Part VI, line 1a)  | nore i  | nan 25% of its net asse         | 28                           |
| ĝ                       |   |                 | dependent voting members of the governing body (Part VI, Inte 1a)                                | (AC 200 | 4                               | 28                           |
| 60                      |   |                 | of individuals employed in calendar year 2022 (Part V, line 2a)                                  |         | 5                               | 0                            |
| ties                    |   |                 | af all and a first of a second b   |         | 6                               | 388                          |
| Activities &            |   |                 | or volunteers (estimate if necessary)<br>id business revenue from Part VIII, column (C), line 12 |         | 7a                              | 0.                           |
| Ac                      | 1.  |                 | business taxable income from Form 990-T, Part I, line 11   |         | 76                              | 0.                           |
|                         |   | tor an oraroa   |  | T       | Prior Year                      | Current Year                 |
|                         | 8   | Contributions   | and grants (Part VIII, line 1 h)   |         | 2,782,599.                      | 3,745,055.                   |
| Revenue                 | 1222  |                 | ice revenue (Part VIII, line 2g)   |         | 0.                              | 0.                           |
| Ver                     | 10000   |                 | come (Part VIII, column (A), lines 3, 4, and 7d)   |         | 1,574,579.                      | 1,013,794.                   |
| å                       |   |                 | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                     |         | 0.                              | 0.                           |
|                         | 1 Contract |                 | - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                             |         | 4,357,178.                      | 4,758,849.                   |
|                         |   |                 | milar amounts paid (Part IX, column (A), lines 1-3)  |         | 2,151,371.                      | 3,995,208.                   |
|                         | 1.1.1.1   |                 | to or for members (Part IX, column (A), line 4)  |         | 0.                              | 0.                           |
| 63                      |   |                 | r compensation, employee benefits (Part IX, column (A), lines 5-10)                              |         | 0.                              | 0.                           |
| 156                     | 16a   |                 | undraising fees (Part IX, column (A), line 11e)  |         | 0.                              | 0.                           |
| Expenses                | b   | Total fundrais  | sing expenses (Part IX, column (D), line 25) 0.  |         |                                 |                              |
| ŵ                       | 17 (  | Other expens    | es (Part IX, column (A), lines 11a-11d, 11f-24e)   |         | 144,327.                        | 160,568.                     |
|                         | 18  | Total expense   | es. Add lines 13-17 (must equal Part IX, column (A), line 25)                                    |         | 2,295,698.                      | 4,155,776.                   |
|                         |   | Revenue less    | expenses. Subtract line 18 from line 12  |         | 2,061,480.                      | 603,073.                     |
| Assets or<br>d Ralances |   |                 |  | _       | inning of Current Year          | End of Year                  |
| Sets                    | 20  |                 | Part X, line 16)   |         | 21,577,534.                     | 23,985,027.                  |
| t As                    | 21  |                 | s (Part X, line 26)  |         | 436,360.                        | 1,133,938.                   |
| Net                     |   |                 | fund balances. Subtract line 21 from line 20   | 1 4     | 21,141,174.                     | 22,851,089.                  |
| _                       |   | Signatur        |  |         |                                 |                              |
|                         |   |                 | I declare that I have examined this return, including accompanying schedules and st              |         |                                 | nowledge and belief, it is   |
| true                    | correct   | t, and complete | a. Declaration of preparer (other than officer) is based on all information of which pre         | parer h | ias any knowledge.              |                              |

| Sign<br>Here | Signature of officer<br>KIM BUTLER-HEGEDUS, 7<br>Type or print name and title |                              | Date |   |
|--------------|---|------------------------------|------|---|
| Paid         | Print/Type preparer's name DAVID ELLIS  | Preparer's signature         | Date | Check PTIN<br>if<br>self employed P01306431 |
| Preparer     | Firm's name DENMAN CPA LI   | 5P                           |      | Firm's EIN 42-0794029                       |
| Use Only     | Firm's address 1601 22ND STREET, SUITE 400<br>WEST DES MOINES, IA 50266-1453  |                              |      | Phone no. 515-225-8400                      |
| May the l    | RS discuss this return with the preparer s                                    | hown above? See instructions |      | X Yes No                                    |

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Т

Form 990 (2022)

Т

|     |  | C. FOUNDATION  | 23   | -7229486  | Page |
|-----|--|--|--|-----------|------|
| 'aı | t III Statement of Program Ser   | and a second |  |           | _    |
|     |  | ponse or note to any line in this Part III   |  |           | .) B |
|     | Briefly describe the organization's mission<br>RECEIVE DONATIONS FOR                     |  |  |           |      |
|     | 10<br>10   |  |  |           |      |
|     | Did the organization undertake any signifi   | cant program services during the year wi   | nich were not listed on the                    |           |      |
|     | prior Form 990 or 990-EZ?<br>If "Yes," describe these new services on                    | Pahadula ()  |  | Yes       | XN   |
|     | Did the organization cease conducting, o   |  | lucts, any program services?                   | Yes       | XI   |
|     | If "Yes," describe these changes on Sche   |  |  |           |      |
|     | Describe the organization's program serv<br>Section 501(c)(3) and 501(c)(4) organization | ons are required to report the amount of   |  |           | nd   |
|     | (Code:) (Expenses \$1,8  | 314,485. including grants of \$  | 1.814.485.) (Revenue \$                        |           |      |
|     | PROVIDE GRANTS, SCHOL<br>MOINES AREA COMMUNITY   | ARSHIPS AND OTHER AS   |  | TS OF DES |      |
|     | E  |  |  |           |      |
|     |  |  |  |           |      |
|     |  |  |  |           |      |
|     | R.   |  |  |           |      |
|     |  | 00 700   |  |           |      |
| 6   | (Code:) (Expenses \$2, 2   | 80,723. including grants of \$   | 2,180,723.) (Revenue \$                        |           |      |
| )   | PROVIDE GRANTS AND OT  | HER ASSISTANCE TO DE   | 2,180,723.) (Revenue \$_<br>S MOINES AREA COMM | UNITY     |      |
| )   | (Code:)(Expenses \$,<br>PROVIDE GRANTS AND OT<br>COLLEGE.                                | HER ASSISTANCE TO DE   | 2,180,723.) (Revenue \$_<br>S MOINES AREA COMM | UNITY     |      |
| 2   | PROVIDE GRANTS AND OT  | HER ASSISTANCE TO DE   | 2,180,723.) (Revenue \$_<br>S MOINES AREA COMM | UNITY     |      |
| )   | PROVIDE GRANTS AND OT  | HER ASSISTANCE TO DE   | 2,180,723.) (Revenue \$_<br>S MOINES AREA COMM | UNITY     |      |
|     | PROVIDE GRANTS AND OT  | HER ASSISTANCE TO DE   | 2,180,723.) (Revenue \$_<br>S MOINES AREA COMM | UNITY     |      |
|     | PROVIDE GRANTS AND OT  | HER ASSISTANCE TO DE   | 2,180,723.) (Revenue \$<br>S MOINES AREA COMM  | UNITY     |      |
|     | PROVIDE GRANTS AND OT  | HER ASSISTANCE TO DE   | 2,180,723.) (Revenue \$_<br>S MOINES AREA COMM | UNITY     |      |
|     | PROVIDE GRANTS AND OT  | THER ASSISTANCE TO DE  | 2,180,723.) (Revenue \$<br>S MOINES AREA COMM  | UNITY     |      |
|     | PROVIDE GRANTS AND OT  | HER ASSISTANCE TO DE   | S MOINES AREA COMM                             | UNITY     |      |
|     | PROVIDE GRANTS AND OT<br>COLLEGE.  | HER ASSISTANCE TO DE   | S MOINES AREA COMM                             | UNITY     |      |
|     | PROVIDE GRANTS AND OT<br>COLLEGE.  | HER ASSISTANCE TO DE   | S MOINES AREA COMM                             | UNITY     |      |
|     | PROVIDE GRANTS AND OT<br>COLLEGE.  | HER ASSISTANCE TO DE   | S MOINES AREA COMM                             | UNITY     |      |
|     | PROVIDE GRANTS AND OT<br>COLLEGE.  | HER ASSISTANCE TO DE   | S MOINES AREA COMM                             | UNITY     |      |
|     | PROVIDE GRANTS AND OT<br>COLLEGE.  | THER ASSISTANCE TO DE  | S MOINES AREA COMM                             |           |      |
|     | PROVIDE GRANTS AND OT<br>COLLEGE.  | THER ASSISTANCE TO DE  | S MOINES AREA COMM                             | UNITY<br> |      |

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2022.05050 D.M.A.C.C. FOUNDATION 2661-001

Form 990 (2022) D.M.A.C.C. FOUNDATION
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)?  |           | 100000 |          |
|          | If "Yes," complete Schedule A  | 1         | X      |          |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2         | Х      |          |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  | -         |        | -        |
|          | public office? If "Yes," complete Schedule C, Part I   | 3         | _      | x        |
| 4        | Section 501(c)(3) or ganizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |           |        |          |
|          | during the tax year? If "Yes," complete Schedule C, Part II  | 4         | _      | X        |
| 5        | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   | 1.5       |        | v        |
|          | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5         |        | x        |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  | 1         |        | v        |
|          | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6         | _      | X        |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |           |        | х        |
|          | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7         | -      | ~        |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |           |        | x        |
|          | Schedule D, Part III   | 8         |        | ~        |
| 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?  | 1         |        | х        |
|          | If "Yes," complete Schedule D, Part IV   | 9         |        | •        |
| 10       | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   | 1.2       | v      |          |
| 1.1      | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10        | х      |          |
| 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? If "Yes," complete Schedule D,  |           |        | v        |
|          | Part VI  | 11a       |        | X        |
| D        | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   |           | x      |          |
|          | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b       | ~      | _        |
| c        | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total  |           |        | x        |
| 1        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 110       |        | ~        |
| a        | 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  |           |        | x        |
|          | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d       | х      | <u>^</u> |
| e        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e       | •      |          |
| <u>т</u> | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |           | x      |          |
| 10-      | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f       | •      | <u> </u> |
| 12a      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  | 100       | x      |          |
|          | Schedule D, Parts XI and XII   | 12a       | A      | <u> </u> |
| D        | Was the organization included in consolidated, independent audited financial statements for the tax year?  | 101       |        | v        |
| 10       | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b<br>13 |        | X        |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E<br>Did the organization maintain an office, employees, or agents outside of the United States?       | 14a       |        | X        |
| 14a      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  | 140       |        | -        |
| D        | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |           |        |          |
|          |  | 14b       |        | x        |
| 15       | or more? If "Yes," complete Schedule F, Parts I and IV.<br>Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any                   | 140       |        |          |
| 10       |  | 15        |        | x        |
| 4.8      | foreign organization? If "Yes," complete Schedule F, Parts II and IV<br>Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to       | 15        |        | •        |
| 16       |  | 10        |        | x        |
| 47       | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV<br>Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 16        |        | -        |
| 17       |  | 17        |        | x        |
| 40       | column (A), lines 6 and 11e? if "Yes," complete Schedule G, Part I. See instructions   | 17        |        | •        |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   | 40        |        | x        |
| 10       | 1c and 8a? If "Yes," complete Schedule G, Part II<br>Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."                            | 18        |        | -        |
| 19       |  | 10        |        | x        |
| 00-      | complete Schedule G, Part III<br>Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 19<br>20a |        | X        |
|          | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20a       |        |          |
| 21       | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  | 200       |        | <u> </u> |
| -1       | domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>   | 21        | x      |          |
| _        | 3 12-13-22   |           |        | (2022)   |

Form 990 (2022)

4

|     |  | _          | Yes | No   |
|-----|--|------------|-----|------|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                            | 1.22       |     | v    |
| 1.0 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22         |     | X    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current              |            |     |      |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                           |            | х   |      |
|     | Schedule J   | 23         | •   |      |
| 243 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                  |            |     |      |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete                       | 243        |     | x    |
| h   | Schedule K. If "No," go to line 25a<br>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 248<br>24b |     | -    |
|     | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                     | 240        |     |      |
| C   | any tax-exempt bonds?  | 240        |     |      |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                  | 24d        | _   |      |
|     | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                             | 244        |     |      |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a        |     | x    |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and               |            |     |      |
| -   | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete                    |            |     |      |
|     | Schedule L. Part I   | 25b        |     | x    |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current                          |            |     |      |
|     | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                                  |            |     |      |
|     | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                                       | 26         |     | X    |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,              |            |     |      |
|     | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled              |            |     |      |
|     | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part III                 | 27         |     | X    |
| 28  | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,                   | s          |     |      |
|     | instructions for applicable filing thresholds, conditions, and exceptions):  |            |     |      |
| а   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If                         |            |     |      |
|     | "Yes," complete Schedule L, Part IV  | 28a        |     | X    |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b        |     | X    |
|     | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If                                 | 0          |     |      |
|     | "Yes," complete Schedule L, Part IV  | 28c        |     | X    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                 | 29         | х   |      |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation              | 2          |     |      |
|     | contributions? If "Yes," complete Schedule M   | 30         |     | X    |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                       | 31         |     | X    |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                         | ( ( )      |     |      |
|     | Schedule N. Part II  | 32         |     | X    |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                               | ()         |     |      |
|     | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33         |     | X    |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and                | 1          |     |      |
|     | Part V, line 1   | 34         | х   |      |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a        |     | X    |
|     | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                | 2          |     |      |
| _   | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b        |     |      |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?               |            |     |      |
|     | If "Yes," complete Schedule R, Part V, line 2  | 36         |     | x    |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                         |            |     |      |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                             | 37         |     | X    |
| 38  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?                           |            |     |      |
|     | Note: All Form 990 filers are required to complete Schedule O  | 38         | х   |      |
| Par | t 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   |            | 100 |      |
|     |  |            | Yes | No   |
| 1a  | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1a   | )          |     |      |
|     |  | ז          |     |      |
|     | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                       |            |     |      |
|     | (gambling) winnings to prize winners?  | 1c         | х   |      |
|     | 12-13-22   | Form       | 990 | (202 |

2022.05050 D.M.A.C.C. FOUNDATION

| Form | 990 (2022) D.M.A.C.C. FOUNDATION  | 23-7229                        | 486 | Page 5 |
|------|---|--------------------------------|-----|--------|
| Par  | t V Statements Regarding Other IRS Filings and Tax Compliance fcontinued  | )                              |     |        |
|      |   | 1.1                            |     | Yes No |
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   | 20 0                           |     |        |
| •    | filed for the calendar year ending with or within the year covered by this return<br>If at least one is reported on line 2a, did the organization file all required federal employment tax retu |                                | 2b  |        |
|      | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | ins c                          | 3a  | x      |
|      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedula   | -0                             | 3b  |        |
|      | At any time during the calendar year, did the organization have an interest in, or a signature or other   |                                | 50  |        |
| 40   | financial account in a foreign country (such as a bank account, securities account, or other financial  | 1000                           | 43  | x      |
| b    | If "Yes," enter the name of the foreign country   | doodariy:                      |     |        |
| -    | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial  | Accounts (FBAR)                |     |        |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | uccounte (i en inj.            | 5a  | x      |
|      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-  | action?                        | 5b  | X      |
|      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | and a second second            | 5c  |        |
|      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did t  | he organization solicit        |     |        |
|      | any contributions that were not tax deductible as charitable contributions?   |                                | 6a  | x      |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contribu  | tions or gifts                 |     |        |
|      | were not tax deductible?  |                                | 6b  |        |
| 7    | Organizations that may receive deductible contributions under section 170(c).   |                                |     |        |
| а    | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and si  | ervices provided to the payor? | 7a  | X      |
|      | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | - 20 K                         | 7b  |        |
| c    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w  | vas required                   |     |        |
|      | to file Form 8282?  |                                | 7c  | X      |
| d    | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d                             |     |        |
| e    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of  | contract?                      | 7e  |        |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont   | ract?                          | 7f  |        |
| g    | If the organization received a contribution of qualified intellectual property, did the organization file F   | orm 8899 as required?          | 7g  |        |
| h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz   | ation file a Form 1098-C?      | 7h  | _      |
| 8    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine  | d by the                       |     |        |
|      | sponsoring organization have excess business holdings at any time during the year?  |                                | 8   |        |
| 9    | Sponsoring organizations maintaining donor advised funds.   |                                |     |        |
| а    | Did the sponsoring organization make any taxable distributions under section 4966?  |                                | 9a  |        |
| b    | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   |                                | 9b  | _      |
| 10   | Section 501(c)(7) or ganizations. Enter   | 1 1                            |     |        |
| а    | Initiation fees and capital contributions included on Part VIII, line 12  | 10a                            |     |        |
| b    | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | 10b                            |     |        |
| 11   | Section 501(c)(12) organizations. Enter:  | 1 - I                          |     |        |
| а    | Gross income from members or shareholders   | 11a                            |     |        |
| b    | Gross income from other sources. (Do not net amounts due or paid to other sources against   | 10000                          |     |        |
|      | amounts due or received from them.)   | 11b                            |     |        |
|      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form  |                                | 12a |        |
| b    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 12b                            |     |        |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                                |     |        |
| а    | Is the organization licensed to issue qualified health plans in more than one state?  |                                | 13a |        |
| 655  | Note: See the instructions for additional information the organization must report on Schedule O.   |                                |     |        |
| b    | Enter the amount of reserves the organization is required to maintain by the states in which the  | 1.821                          |     |        |
|      | organization is licensed to issue qualified health plans  |                                |     |        |
| c    | Enter the amount of reserves on hand  | 13c                            |     |        |
|      | Did the organization receive any payments for indoor tanning services during the tax year?  |                                | 14a | x      |
|      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched  |                                | 14b | +      |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun   |                                |     | v      |
|      | excess parachute payment(s) during the year?  |                                | 15  | X      |
|      | If "Yes," see the instructions and file Form 4720, Schedule N.  |                                |     | v      |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment   | nt income?                     | 16  | X      |
|      | If "Yes," complete Form 4720, Schedule O.   |                                |     |        |
| 17   | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any a<br>thetward result in the impedition of an english tay under section 4051, 4050 or 40502   |                                |     |        |
|      | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  |                                | 17  |        |
|      | If "Yes," complete Form 6069.   |                                |     |        |

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|      | · · · · · · · · · · · · · · · · · · · |     |       |
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| Ener | n 000                                 | 100 | 2 - 2 |
| run  | n 990                                 | 120 | てごり   |

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.

|    |   | _       | Yes     | No   |
|----|---|---------|---------|------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 28   |         |         |      |
|    | 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.                               |         |         |      |
| b  | Enter the number of voting members included on line 1 a, above, who are independent 1b 28   |         |         |      |
| 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?  | 2       |         | 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?   | 3       |         | X    |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4       |         | X    |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5       |         | X    |
| 6  | Did the executiveties have meeth as as at alkeldered  | 6       |         | X    |
| -  |   | ۲Ť      |         |      |
| 74 | more members of the governing body?   | 7a      |         | x    |
|    | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  | 10      |         |      |
| D  | a second other than the asymptotic back 0   | 75      |         | x    |
|    | persons other than the governing body?  | 7b      |         |      |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |         | v       |      |
| a  | The governing body?   | 8a      | X       | -    |
| b  | Each committee with authority to act on behalf of the governing body?   | 8b      | X       | -    |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                | 12.55   |         | 1    |
|    | organization's mailing address? If "Yes." provide the names and addresses on Schedule O   | 9       |         | X    |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |         |         | _    |
|    |   | _       | Yes     |      |
| 0a | Did the organization have local chapters, branches, or affiliates?  | 10a     |         | X    |
| b  | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          | 1       |         |      |
|    | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 10b     |         |      |
| 1a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a     | X       |      |
| b  | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                       | 1       |         | 1    |
| 2a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a     |         | X    |
|    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b     |         |      |
|    | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |         |         |      |
|    | on Schedule O how this was done   | 120     |         |      |
| 3  | Did the organization have a written whistleblower policy?   | 13      |         | X    |
| 4  | Did the organization have a written document retention and destruction policy?  | 14      |         | X    |
| 5  | Did the process for determining compensation of the following persons include a review and approval by independent                  |         |         |      |
|    | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                   |         |         |      |
|    | The organization's CEO, Executive Director, or top management official  | 15a     | _       | x    |
|    | Other officers or key employees of the organization   | 15b     |         | X    |
|    | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  | 100     |         | -    |
| 80 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |         |         |      |
| 00 | to sold a sold of size the second   | 100     | _       | x    |
| 5  | taxable entity during the year?   | 16a     |         |      |
| D  | 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?  | 16b     |         | _    |
|    | tion C. Disclosure  |         |         |      |
| 7  | List the states with which a copy of this Form 990 is required to be filed NONE   |         | 1.01500 |      |
| 8  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)     | s only) | availa  | ble  |
|    | for public inspection. Indicate how you made these available. Check all that apply.   |         |         |      |
|    | Own website Another's website X Upon request Other (explain on Schedule O)  |         |         |      |
| 9  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and     | d finan | lai     |      |
|    | statements available to the public during the tax year.   |         |         |      |
| 0  | State the name, address, and telephone number of the person who possesses the organization's books and records                      |         |         |      |
|    | JOSEPH SEUNTJENS - (515) 964-6319   |         |         |      |
|    | 2006 S. ANKENY BLVD, ANKENY, IA 50023   |         |         |      |
|    | 5 12-18-22  | Ener    | 990     | 1200 |

| Part VII | Compensation of Officers, Direc | tors, Trustees | , Key Employees, | Highest | Compensated |
|----------|---------------------------------|----------------|------------------|---------|-------------|
|          | Employees, and Independent Co   | ntractors      |                  |         |             |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

| (A)<br>Name and title               | (B)<br>Average<br>hours per<br>week                                  | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 | an     | (D)<br>Reportable<br>compensation<br>from           | (E)<br>Reportable<br>compensation<br>from related | (F)<br>Estimated<br>amount of<br>other                                   |
|-------------------------------------|--|--|-----------------------|---------|--------------|---------------------------------|--------|---|---|--|
|                                     | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director   | institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC/<br>1099-NEC)     | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) SCOTT BENNETT                   | 1.00   |  |                       |         |              |                                 |        |   | 2<br>2  | 6  |
| PRESIDENT                           |  | X  |                       | х       |              |                                 |        | 0.  | 0.  | 0.   |
| (2) JEFF LAMBERTI                   | 1.00   |  | 1                     |         |              |                                 |        | 1.0255  | Check -   | 57245  |
| VICE PRESIDENT                      |  | X  |                       | х       |              |                                 |        | 0.  | 0.  | 0.   |
| (3) NATALIE BACEMAN<br>SECRETARY    | 1.00   | x  |                       | x       |              |                                 |        | 0.  | 0.  | 0.   |
| (4) KIM BUTLER HEGEDUS<br>TREASURER | 1.00   | x  |                       | x       |              |                                 |        | 0.  | 0.  | 0.   |
| (5) RITA PEREA                      | 1.00   |  | 1                     |         |              |                                 |        |   | <u>.</u>  | 6  |
| PAST PRESIDENT                      |  | X  |                       | х       |              |                                 |        | 0.  | 0.  | 0.   |
| (6) KRISTI CHRISTENSEN<br>MEMBER    | 1.00   | x  |                       |         |              |                                 |        | 0.  | 0.  | 0.   |
| (7) MIKE GRANDGEORGE                | 1.00   |  |                       |         |              |                                 |        |   | 2   |  |
| MEMBER                              |  | x  |                       |         |              |                                 |        | 0.  | 0.  | 0.   |
| (8) BECKY BANZHAF                   | 1.00   |  |                       |         |              |                                 |        |   |   |  |
| MEMBER                              |  | x  |                       |         |              |                                 |        | 0.  | 0.  | 0.   |
| (9) BECKY GIBSON                    | 1.00   |  | 1                     |         |              |                                 |        |   |   |  |
| MEMBER                              |  | х  |                       |         |              |                                 |        | 0.  | 0.  | 0.   |
| (10) CARLOS ARGUELLO                | 1.00   |  | 1                     |         |              |                                 |        | 1.0215  | 22<br>(1997)                                      | 5.<br>52940  |
| MEMBER                              |  | X  |                       |         |              |                                 |        | 0.  | 0.  | 0.   |
| (11) CHRIS COSTA                    | 1.00   |  |                       |         |              |                                 |        | 0.00  | -14.04  | C  |
| MEMBER                              |  | x  |                       |         |              |                                 |        | 0.  | 0.  | 0.   |
| (12) CURTIS VAN VELDHUIZEN          | 1.00   |  |                       |         |              |                                 |        |   |   |  |
| MEMBER                              | 1 00   | X  |                       |         | -            | -                               |        | 0.  | 0.  | 0.   |
| (13) DOUG BURNS                     | 1.00   |  |                       |         |              |                                 |        | 0   | 0   | 0  |
| MEMBER<br>(14) JESSICA COLE         | 1.00   | X  | -                     | -       | -            | -                               |        | 0.  | 0.  | 0.   |
| MEMBER                              | 1.00   | x  |                       |         |              |                                 |        | 0.  | 0.  | 0.   |
| (15) JIN SPOONER                    | 1.00   |  |                       | -       | -            | -                               |        | 0.  | 0.  | 0.   |
| MEMBER                              | 1.00   | x  |                       |         |              |                                 |        | 0.  | 0.  | 0.   |
| (16) JOHN IRVING                    | 1.00   | 1  |                       |         |              |                                 |        |   |   |  |
| MEMBER                              |  | x  |                       |         |              |                                 |        | 0.  | 0.  | 0.   |
| (17) KEITH KRELL                    | 1.00   |  |                       |         |              |                                 |        |   | 2   |  |
| MEMBER                              |  | x  |                       |         |              |                                 |        | 0.  | 0.  | 0.   |

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2022.05050 D.M.A.C.C. FOUNDATION

| Form | 990 | (2022) |
|------|-----|--------|
|      |     |        |

| (A)<br>Name and title   | (B)<br>Average<br>hours per<br>week                                  | ge Position<br>(do not check more than one<br>box, unless person is both an |                       |         |                |                                 |        | (D)<br>Reportable<br>compensation<br>from             | (E)<br>Reportable<br>compensation<br>from related |          | (F)<br>Estima<br>amoun<br>othe                 | ted<br>t of                   |
|---|--|---|-----------------------|---------|----------------|---------------------------------|--------|---|---|----------|--|-------------------------------|
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director  | Institutional trustee | Officer | Key e mpl oyee | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC)   | organizations<br>(W-2/1099-MISC<br>1099-NEC)      | ~ •      | from to<br>organize<br>and release<br>organize | sation<br>he<br>ation<br>ated |
| (18) MARK MENADUE<br>MEMBER   | 1.00   | x   |                       |         |                |                                 |        | 0.  | (   |          |  | ο.                            |
| (19) MARK RASMUSSEN<br>MEMBER   | 1.00   | x   |                       |         | T              |                                 |        | 0.  | 9<br>   |          |  | 0.                            |
| (20) MARTHA LEBRON-DYKEMAN<br>MEMBER  | 1.00   | x   |                       |         |                |                                 |        | 0.  | (   | ).       |  | ο.                            |
| (21) KASHAAN MERCHANT<br>MEMBER   | 1.00   | x   |                       |         |                |                                 |        | 0.  | (   | ».       |  | 0.                            |
| (22) PATTY SCALLON<br>MEMBER  | 1.00   | x   |                       |         |                |                                 |        | 0.  | (   | ).       |  | 0.                            |
| (23) ROB TAYLOR<br>MEMBER   | 1.00   | x   |                       |         |                |                                 |        | 0.  | (   | ».       |  | 0.                            |
| (24) ROGER HARGENS<br>MEMBER  | 1.00   | x   |                       |         |                |                                 |        | 0.  | (   | ).       |  | 0.                            |
| (25) TANNER KINZLER<br>MEMBER<br>(26) TAUFEEK SHAH  | 1.00   | x   |                       |         |                |                                 |        | 0.  | (   | <u>,</u> |  | 0.                            |
| MEMBER<br>1b Subtotal   | 1.00   | x   |                       |         |                |                                 |        | 0.  |   | ).       |  | 0.                            |
| c Total from continuation sheets to Pa<br><u>d Total (add lines 1 b and 1 c)</u> Total number of individuals (including to  |  |   |                       |         |                |                                 |        | 0 .<br>0 .<br>ceived more than \$100,0                | 121,554<br>121,554<br>000 of reportable           |          | 30,2<br>30,2                                   | 229.                          |
| compensation from the organization  |  | - 20  | _                     |         |                |                                 | 2243   |   |   | -        | Yes  | No                            |
| <ul> <li>3 Did the organization list any former of<br/>line 1a? If "Yes," complete Schedule J</li> <li>4 For any individual listed on line 1a, is t<br/>and related organizations greater than</li> </ul> | for such individual<br>he sum of reportabl                           | e co  | mpe                   | ensa    | ation          | and                             | oth    | er compensation from th                               | e organization                                    | 2        | 3<br>4 X                                       | x                             |
| <ul> <li>5 Did any person listed on line 1a receiver rendered to the organization? <i>If "Yes</i>."</li> </ul>  | e or accrue comper   | nsati   | on fr                 | om      | any            | unre                            | ate    | d organization or individ                             | ual for services                                  |          | 5  | x                             |
| Section B. Independent Contractors 1 Complete this table for your five higher   |  |   |                       |         |                |                                 |        |   |   | nsatic   | n from   |                               |
| the organization. Report compensation<br>(A<br>Name and busi  | )  |   |                       |         | /ith (         | or wi                           | thin   | the organization's tax ye<br>(B)<br>Description of se |   | Co       | (C)<br>mpensati                                | on                            |
|   |  |   |                       |         |                |                                 |        |   |   |          |  |                               |
| 2 Total number of independent contract<br>\$100,000 of compensation from the or   |  | ot lin  | nitec                 | i to    | thos           | se lis                          | ted    | above) who received mo                                | rethan  |          |  |                               |

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232008 12-13-22

| Form 990 D.M.A<br>Part VII Section A. Officers, Directo | ors, Trustees, Key E  | mplo                           | yee                  | s, ar   | nd H                | light                        | est (   | Compensate d Employe                           | es (continued)                                    |  |
|---|---|--------------------------------|----------------------|---------|---------------------|------------------------------|---------|--|---|--|
| (A)<br>Name and title                                   | (B)<br>Average<br>hours   | (c                             |                      | Pos     | c)<br>ition<br>that | appi                         | 3       | (D)<br>Reportable<br>compensation              | (E)<br>Reportable<br>compensation<br>from related | (F)<br>Estimated<br>amount of  |
| (27) ABBY HOWER   | per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional tustee | Officer | Key e mpi oyee      | Highest compensated employee | For mer | from<br>the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)                  | other<br>compensatio<br>from the<br>organization<br>and related<br>organizations |
| 27) ABBY HOWIE<br>EMBER                                 | 1.00  | x                              |                      |         |                     |                              |         | 0.   | 0.  | C  |
| 28) STEVE VAN OORT<br>EMBER                             | 1.00  | x                              |                      |         |                     |                              |         | 0.   | 0.  | (  |
| 29) TARA CONNOLLY<br>XECUTIVE DIRECTOR                  | 40.00   | X                              |                      | x       |                     |                              |         | 0.   | 121,554.  | 30,229   |
|   |   | 1                              |                      |         |                     | _                            |         |  |   | 0  |
|   |   |                                |                      |         |                     |                              |         |  |   |  |
|   |   |                                |                      |         |                     |                              |         |  |   |  |
|   |   | 1                              |                      | _       |                     |                              |         |  |   | c  |
|   |   | $\vdash$                       |                      |         |                     |                              |         |  |   | -  |
|   |   |                                |                      |         |                     |                              |         |  |   |  |
|   |   |                                |                      |         |                     |                              |         |  |   | 6  |
|   |   | 1                              |                      |         |                     |                              |         |  |   | -  |
|   |   | ╞                              |                      |         |                     |                              |         |  |   |  |
|   |   |                                |                      |         |                     |                              |         |  |   |  |
|   |   |                                |                      |         |                     |                              |         |  |   |  |
|   |   | 1                              |                      |         |                     |                              |         |  |   |  |
|   |   | $\vdash$                       |                      |         |                     |                              |         |  | 0   | a -  |
| otal to Part VII, Section A, line 1c                    |   |                                |                      |         |                     |                              |         |  | 121,554.  | 30,229   |

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| m                         | 1 990 ( |  |                | . FO       | UNDATION            |   |  | 23-7229                              | 486 Page   |
|---------------------------|---------|--|----------------|------------|---------------------|---|--|--------------------------------------|--|
| 'a                        | rt VIII | -  |                |            |                     |   |  |                                      | _  |
|                           |         | Check if Schedule O c  | contains a n   | esponse    | or note to any line | e in this Part VIII<br>(A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excludi<br>from tax under<br>sections 512 - 5 |
| 6                         | 1 a     | Federated campaigns  |                | 1a         |                     |   | ·  | -                                    |  |
| and Other Similar Amounts | b       | (11) 2 521 27 17 F   |                | 1b         |                     |   |  |                                      |  |
| NH N                      | c       | Fundraising events   |                | 1c         |                     |   |  |                                      |  |
| ar                        | d       | Related organizations  |                | 1d         |                     |   |  |                                      |  |
| imi                       | e       | Government grants (contri  |                | 1e         |                     |   |  |                                      |  |
| S S                       | f       | All other contributions, gifts,  |                | - 22       | 12 12/22-12/22      |   |  |                                      |  |
| th                        |         | similar amounts not included   |                | 1f         | 3,745,055.          |   |  |                                      |  |
| pu                        | g       | Noncash contributions included in I  | lines 1a-1f    | 1g \$      | 136,135.            | 2 745 055                                   |  |                                      |  |
| ie.                       | h       | Total. Add lines 1a-1f   |                |            | Business Code       | 3,745,055.                                  |  |                                      | 2  |
|                           |         |  |                |            | business Code       |   |  |                                      |  |
| Revenue                   | 2 a     |  |                |            |                     |   |  |                                      | -  |
| and                       |         | -  |                |            |                     |   |  |                                      | (  |
| Ner                       | d       |  |                |            |                     |   |  |                                      | -  |
| ä                         | e       |  |                |            |                     |   |  | 1                                    | C  |
|                           | f       | All other program service  | revenue        |            |                     |   |  |                                      |  |
|                           |         | Total. Add lines 2a-2f   |                |            |                     |   |  |                                      | 2  |
|                           | 3       | Investment income (includ  | ling dividen   | ds, intere | est, and            |   | · · · · · · · · · · · · · · · · · · ·        |                                      | 0<br>11170-1100  |
|                           |         |  |                |            |                     | 1,003,710.                                  |  |                                      | 10037  |
|                           | 4       | Income from investment o   | of tax-exemp   | t bond p   | roceeds             |   |  |                                      |  |
|                           | 5       | Royalties  |                |            |                     |   |  |                                      |  |
|                           |         | č  | 52             | Real       | (ii) Personal       |   |  |                                      |  |
|                           | 10.0    | Gross rents  | 6a             |            |                     |   |  |                                      |  |
|                           |         | Less: rental expenses  | 6b             |            |                     |   |  |                                      |  |
|                           |         | Rental income or (loss)  | 6c             |            |                     |   |  | 2                                    |  |
|                           |         | Net rental income or (loss)<br>Gross amount from sales of  |                | curities   | (ii) Other          |   |  |                                      | N  |
|                           | 1 4     | assets other than inventory  |                | 69,967.    |                     |   |  |                                      |  |
|                           | b       | Less: cost or other basis  |                |            |                     |   |  |                                      |  |
| 9                         |         | and sales expenses   | 7b 4           | 59,883.    |                     |   |  |                                      |  |
| evenue                    | с       | Gain or (loss)   |                | 10,084.    |                     |   |  |                                      |  |
| é                         | d       | Net gain or (loss)   |                |            |                     | 10,084.                                     |  |                                      | 10,0   |
| Omer H                    | 8 a     | Gross income from fundraisin<br>including \$   | <u>e e</u>     | of         |                     |   |  |                                      |  |
|                           |         | contributions reported on  |                |            |                     |   |  |                                      |  |
|                           | 12      | Part IV, line 18   |                |            |                     |   |  |                                      |  |
|                           |         | Less: direct expenses  |                |            |                     |   |  |                                      |  |
|                           |         | Net income or (loss) from I  |                |            |                     |   |  | 6                                    | C.   |
|                           | a a     | Gross income from gamin  |                |            |                     |   |  |                                      |  |
|                           | h       | Part IV, line 19<br>Less: direct expenses  | Constantis des | 95         |                     |   |  |                                      |  |
|                           |         | Net income or (loss) from  |                |            |                     |   |  |                                      | -  |
|                           |         | Gross sales of inventory, le   | -              | Г          |                     |   | 1  |                                      |  |
|                           |         | and allowances   |                | 10         |                     |   |  |                                      |  |
|                           | b       | Less: cost of goods sold   |                |            | >                   |   |  |                                      |  |
|                           |         | Net income or (loss) from :  |                |            |                     |   |  |                                      | -  |
|                           |         |  |                |            | Business Code       |   | 2<br>  | 5                                    |  |
| Revenue                   | 11 a    |  |                |            |                     |   |  |                                      |  |
| ILLI                      | b       | -  |                |            |                     |   |  |                                      |  |
| Sev                       | c       | A CONTRACTOR OF A CONTRACTOR OFTA CONTRACTOR O |                |            | <b>⊢</b> →          |   |  |                                      |  |
| 1                         | d       | All other revenue  |                |            | L                   |   |  |                                      |  |
| _                         | e       | Total. Add lines 11a-11d   |                |            |                     | 1 750 040                                   |  |                                      | 4.04.0.0   |
|                           | 12      | Total revenue. See instructio  | ins            |            |                     | 4,758,849.                                  | 0.   | 0.                                   | 10137<br>Form <b>990</b> (2                                  |

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09230126 758194 2661-001

2022.05050 D.M.A.C.C. FOUNDATION

<sup>11</sup> 

|    | Check if Schedule O contains a respons   | e or note to any line in t | this Part IX                       |   |                                |
|----|--|----------------------------|------------------------------------|---|--------------------------------|
|    | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses      | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
| 1  | Grants and other assistance to domestic organizations<br>and domestic governments. See Part IV, line 21  | 3,995,208.                 | 3,995,208.                         |   |                                |
| 2  | Grants and other assistance to domestic<br>individuals. See Part IV, line 22   |                            |                                    |   |                                |
| 3  | Grants and other assistance to foreign   |                            |                                    |   |                                |
|    | organizations, foreign governments, and foreign<br>individuals. See Part IV, lines 15 and 16   |                            |                                    |   |                                |
| 4  | Benefits paid to or for members  | 10                         |                                    |   |                                |
| 5  | Compensation of current officers, directors,   |                            |                                    |   |                                |
|    |  |                            |                                    |   |                                |
| 6  | Compensation not included above to disqualified<br>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   |                            |                                    | 0   |                                |
|    | section 401(k) and 403(b) employer contributions)  |                            |                                    |   |                                |
| 9  | Other employee benefits  |                            |                                    |   |                                |
| 10 | Payroll taxes  |                            |                                    |   |                                |
| 11 | Fees for services (nonemployees):  |                            |                                    |   |                                |
| а  | Management   |                            |                                    |   |                                |
| b  | Legal  |                            |                                    |   |                                |
| c  | Accounting   | 4,000.                     |                                    | 4,000.                                    |                                |
| d  |  |                            |                                    |   |                                |
| 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 0.)   |                            |                                    |   |                                |
| 12 | Advertising and promotion  |                            |                                    |   |                                |
| 13 | Office expenses  | 6,626.                     |                                    | 6,626.                                    |                                |
| 14 | Information technology   | 0,0200                     |                                    | .,  |                                |
| 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   | 149,942.                   |                                    | 149,942.                                  |                                |
| 20 | Interest   |                            |                                    |   |                                |
| 21 | Payments to affiliates   |                            |                                    |   |                                |
| 22 | Depreciation, depletion, and amortization  |                            |                                    |   |                                |
| 23 | Insurance  |                            |                                    |   |                                |
| 24 | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>amount, list line 24e expenses on Schedule 0.) |                            |                                    |   |                                |
| а  |  |                            |                                    |   |                                |
| b  | 18 19 19 19 19 19 19 19 19 19 19 19 19 19  |                            |                                    |   |                                |
| c  |  |                            |                                    |   |                                |
| d  |  |                            |                                    |   |                                |
|    | All other expenses   | 1 100 000                  | 0.005.000                          | 100 500                                   |                                |
|    | Total functional expenses. Add lines 1 through 24e   | 4,155,776.                 | 3,995,208.                         | 160,568.                                  | 0.                             |
| 26 | Joint costs. Complete this line only if the organization<br>reported in column (B) joint costs from a combined<br>educational campaign and fundraising solicitation.   |                            |                                    |   |                                |
| _  | Check here it following SOP 98-2 (ASC 958-720)   |                            |                                    |   |                                |

232010 12-13-22

### 09230126 758194 2661-001

Form 990 (2022)

2661-001

D.M.A.C.C. FOUNDATION Part IX Statement of Functional Expenses

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

09230126 758194 2661-001

33

Total liabilities and net assets/fund balances

21,577,534.

33

Form 990 (2022) Part X | Balance Sheet

| _                           | _   | Check if Schedule O contains a response or note to any line in this Part X   | (A)               | 1   | (B)             |
|-----------------------------|-----|--|-------------------|-----|-----------------|
|                             |     |  | Beginning of year |     | End of year     |
|                             | 1   | Cash - non-interest-bearing  | 3,103,187.        | 1   | 2,624,158.      |
|                             | 2   | Savings and temporary cash investments                                       |                   | 2   |                 |
|                             | 3   | Pledges and grants receivable, net   | 477,453.          | 3   | 990,145.        |
|                             | 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   |                 |
| 50                          | 7   | Notes and loans receivable, net  |                   | 7   |                 |
| Assets                      | 8   | Inventories for sale or use  |                   | 8   |                 |
| As                          | 9   | Prepaid expenses and deferred charges  | 57,364.           | 9   | 250.            |
|                             | 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                                     | 17,295,801.       | 11  | 19,052,508.     |
|                             | 12  | Investments - other securities. See Part IV, line 11                         | 631,076.          | 12  | 1,259,865.      |
|                             | 13  | Investments - program-related. See Part IV, line 11                          |                   | 13  |                 |
|                             | 14  | Intangible assets  |                   | 14  |                 |
|                             | 15  | Other assets. See Part IV, line 11   | 12,653.           | 15  | 58,101.         |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 33)                    | 21,577,534.       | 16  | 23,985,027.     |
|                             | 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  |                 |
| 50                          | 22  | Loans and other payables to any current or former officer, director,         |                   |     |                 |
| Liabilities                 |     | trustee, key employee, creator or founder, substantial contributor, or 35%   |                   |     |                 |
| ab                          |     | 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 | 105.050           |     | 4 4 4 4 4 4 4 4 |
|                             |     | of Schedule D  | 436,360.          |     | 1,133,938.      |
| _                           | 26  | Total liabilities. Add lines 17 through 25                                   | 436,360.          | 26  | 1,133,938.      |
|                             |     | Organizations that follow FASB ASC 958, check here                           |                   |     |                 |
| ë                           |     | and complete lines 27, 28, 32, and 33.                                       | 1 200 245         |     | 1 600 000       |
| Page 1                      | 27  | Net assets without donor restrictions  | 1,398,347.        |     | 1,622,889.      |
| ě l                         | 28  | Net assets with donor restrictions   | 19,742,827.       | 28  | 21,228,200.     |
| š                           |     | Organizations that do not follow FASB ASC 958, check here                    |                   |     |                 |
| E                           |     | and complete lines 29 through 33.  |                   |     |                 |
| tso                         | 29  | Capital stock or trust principal, or current funds                           |                   | 29  |                 |
| 8                           | 30  | Paid-in or capital surplus, or land, building, or equipment fund             |                   | 30  |                 |
| Net Assets or Fund Balances | 31  | Retained earnings, endowment, accumulated income, or other funds             | 01 141 171        | 31  | 00 051 000      |
| ž                           | 32  | Total net assets or fund balances  | 21,141,174.       | 32  | 22,851,089.     |
|                             | 00  | Total lightlitice and not assate/fund halances                               | 1 21 577 534      | 33  | 14 485 027      |

D.M.A.C.C. FOUNDATION

Form 990 (2022)

23,985,027.

|    | 990 (2022) D.M.A.C.C. FOUNDATION  | 23-7    | 229486 | Pad  | je 12     |
|----|---|---------|--------|------|-----------|
| Pa | rt XI Reconciliation of Net Assets  |         |        |      | · · · · · |
|    | Check if Schedule O contains a response or note to any line in this Part XI   |         |        | 111  |           |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1       | 4,758  | 8,8  | 49.       |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2       | 4,155  | 5,7  | 76.       |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3       | 603    |      |           |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))   | 4       | 21,141 |      |           |
| 5  | Net unrealized gains (losses) on investments  | 5       | 1,100  | 5,8  | 42.       |
| 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)) rt XII Financial Statements and Reporting   | 10      | 22,851 | .,0  | 89.       |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other  |         |        | Yes  | No        |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other  |         | 1.00   |      | -         |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule C  | ).      |        |      |           |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   |         | 2a     |      | х         |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both:<br>Separate basis Consolidated basis Both consolidated and separate basis | na      |        |      |           |
| b  | Were the organization's financial statements audited by an independent accountant?  |         | 2b     | х    |           |
|    | If "Yes," check abox below to indicate whether the financial statements for the year were audited on a separate t   |         |        |      |           |
|    | consolidated basis, or both:<br>X 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,  |        | 1224 |           |
|    | review, or compilation of its financial statements and selection of an independent accountant?  |         | 2c     | х    |           |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Scher   | dule O. |        |      |           |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the   |         |        |      |           |
|    | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |         | 3a     |      | Х         |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require  | d audit |        |      |           |
|    | or sudite, explain why on Schedule O and describe any state taken to undergo such audite  |         | 2h     |      |           |

Form 990 (2022)

232012 12-13-22

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 494

| 1947 (a)( | 1) none | xempt   | cnarita | Die ti | ust |
|-----------|---------|---------|---------|--------|-----|
| Attach    | to Forn | n 990 o | r Form  | 990-   | EZ. |

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

| L | OMB No. 1545-0047 |
|---|-------------------|
| I | 2022              |
| ł | Open to Public    |
| l | Inspection        |

1

e .... ī

| D.N   | A.C.C. FOU   | NDATION  |                 |                | Empic                                       | 23-7229486                           |
|---|--|--|-----------------|----------------|---|--------------------------------------|
|   |  | (All organizations must of                       | complete th     | nis part.) S   | See instructions.                           | 20 /22/100                           |
| The organization is not a private fou                     | 201 TO 1 51 1 1 10 10 1  |  | 10 - C - C -    |                |   |                                      |
| 1 A church, convention of                                 |  |  |                 |                | 1)(A)(i).                                   |                                      |
| 2 A school described in se                                |  |  |                 |                |   |                                      |
| 3 A hospital or a cooperati                               |  |  |                 | (b)(1)(A)(i    | in.   |                                      |
| 4 A medical research orga                                 |  |  |                 |                |   | nter the hospital's name.            |
| city, and state   |  |  |                 |                |   | and the construction of construction |
| 5 An organization operated                                | d for the benefit of a co  | lleae or university owne                         | d or operate    | ed by a co     | vernmental unit desc                        | ribed in                             |
| section 170(b)(1)(A)(iv).                                 |  |  |                 |                |   |                                      |
| 6 A federal, state, or local                              |  | nental unit described in                         | section 17      | O(b)(1)(A)     | (v).  |                                      |
| 7 An organization that nor                                |  |  |                 |                | 1993 D. | ral public described in              |
| section 170(b)(1)(A)(vi).                                 |  |  |                 |                |   |                                      |
| 8 A community trust descr                                 |  | (1)(A)(vi). (Complete Pa                         | rt II.)         |                |   |                                      |
| 9 An agricultural research                                |  |  |                 | ed in conju    | unction with a land-gr                      | ant college                          |
| or university or a non-lan                                | 1. S. 10 S.  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1            |                 |                | 1 2. 22.0 61                                |                                      |
| university.   | S S S  | 2 E  |                 | 1.10           |   | (C)                                  |
| 10 An organization that nor                               | mally receives (1) more  | than 33 1/3% of its supp                         | port from co    | ontribution    | ns, membership fees,                        | and gross receipts from              |
|   |  |  |                 |                |   | ort from gross investment            |
| income and unrelated bu                                   | usiness taxable income   | (less section 511 tax) fro                       | om busines      | ses acqui      | red by the organizatio                      | on after June 30, 1975.              |
| See section 509(a)(2). (                                  | Complete Part III.)  |  |                 |                |   |                                      |
| 11 An organization organize                               | d and operated exclus  | ively to test for public sa                      | afety. See      | section 5      | 09(a)(4).                                   |                                      |
| 12 X An organization organize                             | d and operated exclus  | ively for the benefit of, to                     | perform th      | he functio     | ns of, or to carry out                      | the purposes of one or               |
| more publicly supported                                   | organizations describe   | d in section 509(a)(1)                           | or section d    | 509 (a)(2)     | See section 509(a)(3                        | <ol><li>Check the box on</li></ol>   |
| lines 12a through 12d th                                  | at describes the type o  | f supporting organizatio                         | n and comp      | olete lines    | 12e, 12f, and 12g.                          |                                      |
| a X Type I. A supporting o                                | rganization operated, s  | upervised, or controlled                         | by its supp     | ported org     | anization(s), typically                     | by giving                            |
| the supported organization                                | ation(s) the power to re   | gularly appoint or elect a                       | a majority o    | f the direc    | ctors or trustees of th                     | e supporting                         |
| organization. You mus                                     | st complete Part IV, Se  | ections A and B.                                 |                 |                |   |                                      |
| b Type II. A supporting of                                | organization supervised  | or controlled in connect                         | tion with its   | s supporte     | ad organization(s), by                      | having                               |
| control or managemen                                      | t of the supporting org  | anization vested in the s                        | ame persor      | ns that co     | ntrol or manage the s                       | supported                            |
| organization(s). You m                                    | ust complete Part IV,  | Sections A and C.                                |                 |                |   |                                      |
| (J. 2007) (J. 2007)                                       |  | g organization operated                          |                 |                | Si 662 (Si 67                               | rated with,                          |
|   |  | ) You must complete                              |                 |                |   |                                      |
|   |  | orting organization ope                          |                 |                |   |                                      |
|   |  | ation generally must sa                          |                 |                |   | entiveness                           |
|   | and the second sec | nplete Part IV, Section                          |                 |                |   |                                      |
|   |  | written determination fro                        |                 |                | Typel, Typell, Type                         | -111                                 |
|   |  | nally integrated support                         | ing organizi    | ation.         |   | 1                                    |
| f Enter the number of supporte                            |  |  |                 |                |   | L 1                                  |
| g Provide the following informat<br>(i) Name of supported | (ii) EIN   | d organization(s).<br>(iii) Type of organization | (v) is the orga | inzationlisted | (v) Amount of moneta                        | ry (vi) Amount of other              |
| organization  | (ii) Live  | (described on lines 1-10                         | in your govern  | ng document?   | support (see instruction                    | COL                                  |
| DES MOINES AREA   | -  | above (see instructions))                        | Yes             | No             |   |                                      |
| COMMUNITY COLLEGE   | 42-0926354   | 2  | x               |                | 3,995,20                                    | •                                    |
| COMMONITI COLLEGE   | 42-0920334   |  | •               | -              | 5,555,200                                   | ••                                   |
|   |  |  |                 |                |   |                                      |
| -   | -  |  |                 | <u> </u>       | 2   |                                      |
|   |  |  |                 |                |   |                                      |
|   | -  |  |                 | -              | 5   |                                      |
|   |  |  |                 |                |   |                                      |
|   | 1  |  |                 | 0              |   | -                                    |
|   |  |  |                 |                |   |                                      |
| Total   |  |  |                 |                | 3,995,20                                    | 8. 0.                                |
|   |  |  |                 |                |   |                                      |

| Schedule A ( | Form | 990 | 2022 |
|--------------|------|-----|------|
|              |      |     |      |

| 2 | 3 | -7 | 2 | 2 | 9 | 4 | 8 | 6 | Page 2 |
|---|---|----|---|---|---|---|---|---|--------|
|---|---|----|---|---|---|---|---|---|--------|

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.)

| Se   | ction A. Public Support   |                    |                                       |   |                    |                     |   |
|------|---|--------------------|---------------------------------------|---|--------------------|---------------------|---|
| Cale | ndar year (or fiscal year beginning in)   | (a) 2018           | (b) 2019                              | (c) 2020  | (d) 2021           | (e) 2022            | (f) Total   |
|      | Gifts, grants, contributions, and<br>membership fees received. (Do not  |                    |                                       |   |                    |                     |   |
| 2    | include any "unusual grants.")<br>Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf |                    |                                       |   |                    |                     |   |
| 3    | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge                             |                    | 9                                     |   |                    |                     |   |
| 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)  |                    |                                       |   |                    | -                   | <u> </u>  |
|      | Public support. Subtract line 5 from line 4.<br>ction B. Total Support  |                    |                                       |   |                    |                     |   |
|      |   | 101 001 8          | (b) 0010                              | (0) 0000  | 40.0001            | (0) 0000            | /0 Total  |
|      | ndar year (or fiscal year beginning in)<br>Amounts from line 4  | (a) 2018           | (b) 2019                              | (c) 2020  | (d) 2021           | (e) 2022            | (f) Total   |
|      | Gross income from interest,   |                    | 1                                     |   |                    |                     | -   |
| •    | dividends, payments received on   |                    |                                       |   |                    |                     |   |
|      | securities loans, rents, royalties,   |                    |                                       |   |                    |                     |   |
|      | and income from similar sources   |                    |                                       |   |                    |                     |   |
| 0    | 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   |                    | 14                                    |   |                    | 1                   |   |
| 12   | Gross receipts from related activities, e   | tc. (see instructi | ons)                                  |   | -                  | 12                  |   |
| 13   | First 5 years. If the Form 990 is for the   | organization's f   | irst, second, third,                  | fourth, or fifth tax  | year as a section  | 501(c)(3)           |   |
|      | organization, check this box and stop   | here               |                                       |   |                    |                     |   |
| _    | ction C. Computation of Public  |                    |                                       |   |                    | 1 1                 |   |
|      | Public support percentage for 2022 (lin   |                    |                                       |   |                    | - CC                | %   |
|      | Public support percentage from 2021 \$  |                    |                                       |   |                    | 15                  | %   |
| 16:  | 33 1/3% support test - 2022. If the or  |                    |                                       |   | 14 is 33 1/3% or r | nore, check this bo | x and   |
| 03   | stop here. The organization qualifies a   | 5                  |                                       | Non-Some second second  |                    |                     |   |
| ः    | 33 1/3% support test - 2021. If the or  | -                  |                                       |   |                    |                     | and the second se |
|      | and stop here. The organization qualif  |                    |                                       |   |                    |                     |   |
| 178  | 10% -facts-and-circumstances test -   |                    |                                       |   |                    |                     |   |
|      | and if the organization meets the facts   |                    |                                       | Contract of the second s |                    | 5                   |   |
| 1    | meets the facts-and-circumstances tes   |                    | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | - A. COM  |                    | 17a and line 15 in  |   |
| 1    | 10% -facts-and-circumstances test -   |                    |                                       |   |                    |                     | 10% OF  |
|      | more, and if the organization meets the   |                    |                                       |   | 19                 |                     |   |
| 10   | organization meets the facts and circur<br>Private foundation. If the organization  |                    |                                       | and the second  |                    |                     |   |
| 10   | rivate loundation, in the organization  | GIG HOT CHECK &    | 50x 011 Inte 13, 10                   | a, 100, 17a, 01 17i   | , check and box    |                     | (Form 990) 2022   |

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| Schedule A ( | Form | 990) | 2022 |
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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.)

|                      | tion A. Public Support   | 1-1-0-0-0   | B-1  | 1-1  | (  | 6.1                           | (0 T      |
|----------------------|--|---|--|--|--|-------------------------------|-----------|
|                      | ndar year (or fiscal year beginning in)  | (a) 2018  | (b) 2019   | (c) 2020                                       | (d) 2021                                 | (e) 2022                      | (f) Total |
|                      | Gifts, grants, contributions, and  |   |  |  |  |                               |           |
|                      | membership fees received. (Do not  |   |  |  |  |                               |           |
|                      | include any "unusual grants.")<br>Gross receipts from admissions,  |   |  |  |  |                               |           |
|                      | merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose  |   |  |  |  |                               |           |
|                      | Gross receipts from activities that<br>are not an unrelated trade or bus-  |   | 5 S  |  |  |                               |           |
|                      | iness under section 513  |   |  |  |  |                               |           |
|                      | Tax revenues levied for the organ-<br>ization's benefit and either paid to   |   |  |  |  |                               |           |
|                      | or expended on its behalf  |   |  |  |  |                               |           |
|                      | The value of services or facilities<br>furnished by a governmental unit to   |   |  |  |  |                               |           |
|                      | the organization without charge  |   | 2 A  |  |  |                               | 5         |
|                      | Total. Add lines 1 through 5<br>Amounts included on lines 1, 2, and  |   |  |  |  |                               |           |
|                      | 3 received from disqualified persons   |   |  |  |  |                               |           |
|                      | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year  |   |  |  |  |                               |           |
|                      | Add lines 7a and 7b  |   | S 6  |  |  |                               | ¢.        |
| 8<br>Sec             | Public support. Subtractive 7c from live 6.)   |   | 8  |  |  |                               |           |
|                      | ndar year (or fiscal year beginning in)  | (a) 2018  | (b) 2019   | (c) 2020                                       | (d) 2021                                 | (e) 2022                      | (f) Total |
|                      | Amounts from line 6  | (a) 2018  | (b) 2019   | (0) 2020                                       | (0) 2021                                 | (0) 2022                      | (n) rotas |
|                      | Gross income from interest.  |   | 2  |  |  |                               | -         |
|                      | dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources  |   |  |  |  |                               |           |
| b                    | Unrelated business taxable income  |   |  |  |  |                               | C         |
|                      | (less section 511 taxes) from businesses   |   |  |  |  |                               |           |
|                      | acquired after June 30, 1975   |   |  |  |  |                               |           |
|                      | Add lines 10a and 10b  |   |  |  |  |                               | -         |
|                      | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on   |   |  |  |  |                               |           |
|                      | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |   |  |  |  |                               |           |
|                      | Total support. (Add lines 9, 10c, 11, and 12.)   |   |  |  | 1  |                               |           |
|                      | First 5 years. If the Form 990 is for the  | e organization's fir  | rst, second, third,                                | fourth, or fifth tax                           | year as a section                        | 501(c)(3) organizatio         | on,       |
|                      | check this box and stop here<br>tion C. Computation of Public  | Support Per   | contago  |  |  |                               |           |
|                      |  |   |  | achuma (M)                                     |  | 4.5                           | ~         |
|                      | Public support percentage for 2022 (lin<br>Public support percentage from 2021   |   |  | column ())                                     |  | 15                            | %         |
|                      | tion D. Computation of Invest  |   |  |  |  | 10                            | 70        |
|                      | Investment income percentage for 20  | 7-  |  | ine 13, column (f))                            |  | 17                            | 96        |
|                      | in the second seco |   | CONTRACTOR AND |  |  | 18                            | 96        |
| 17                   | Investment income percentage from 2  |   |  |  |  |                               |           |
| 17<br>18             | Investment income percentage from 2<br>33 1/3% support tests - 2022. If the  |   | ot check the box                                   | on line 14, and line                           | e 15 is more than                        | 33 1/3%, and line 17          | 7 is not  |
| 17<br>18<br>19a      |  | organization did n  |  |  |  |                               | 7 is not  |
| 17<br>18<br>19a      | 33 1/3% support tests - 2022. If the   | organization did n<br>d <b>stop here.</b> The                       | organization qual                                  | ifies as a publicly s                          | supported organiz                        | ation                         |           |
| 17<br>18<br>19a<br>b | 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box an  | organization did n<br>d <b>stop here.</b> The<br>organization did n | organization qual<br>ot check a box or             | ifies as a publicly s<br>1 line 14 or line 19s | supported organiz<br>a, and line 16 is m | ation<br>hore than 33 1/3%, a |           |

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Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022

| ule A (Form 990) 2022       | D.M.A.C.C. FOUND                          | ATION                | 23- |
|-----------------------------|---|----------------------|-----|
| IV Supporting Orga          | anizations (continued)                    |                      |     |
|                             |   |                      |     |
| Has the organization accept | ed a gift or contribution from any of the | e following persons? |     |
|                             |   |                      |     |

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

b A family member of a person described on line 11 a above?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

### Section B. Type I Supporting Organizations

Par

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Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the х 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, х 2 milled the supporting organization

### Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed

#### the supported organization(s) 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<br>organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax<br>year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the |   |     |    |
|   | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1 |     |    |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported<br>organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how  |   |     |    |
|   | the organization maintained a close and continuous working relationship with the supported organization(s).   | 2 |     |    |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a<br>significant voice in the organization's investment policies and in directing the use of the organization's<br>income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's              |   |     |    |
|   | supported organizations played in this regard.  | 3 |     |    |

#### 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 The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

| с |  | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity (see instructions) | - |
|---|--|---|--|---|
|---|--|---|--|---|

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 2a 2b 3a 3b

Yes No

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11a

11b

11c

Yes No

х

х

х

Yes No

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| ect  | ion A - Adjusted Net Income  |    | (A) Prior Year | (B) Current Year<br>(optional) |
|------|--|----|----------------|--------------------------------|
| 1    | Net short-term capital gain  | 1  |                |                                |
| 2    | Recoveries of prior-year distributions   | 2  |                |                                |
| 3    | Other gross income (see instructions)  | 3  |                |                                |
| 4    | Add lines 1 through 3.   | 4  |                |                                |
| 5    | Depreciation and depletion   | 5  |                |                                |
| 6    | Portion of operating expenses paid or incurred for production or                               |    |                |                                |
|      | collection of gross income or for management, conservation, or                                 |    |                |                                |
|      | maintenance of property held for production of income (see instructions)                       | 6  |                |                                |
| 7    | Other expenses (see instructions)  | 7  |                |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                                   | 8  |                |                                |
| Sect | ion B - Minimum Asset Amount   |    | (A) Prior Year | (B) Current Yea<br>(optional)  |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                                  |    |                | M                              |
|      | 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   | 10 |                |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d |                | а<br>С                         |
| e    | Discount claimed for blockage or other factors   |    |                |                                |
|      | (explain in detail in Part VI)   |    |                |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                                   | 2  |                |                                |
| 3    | Subtract line 2 from line 1d.  | 3  |                |                                |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4  |                |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)                               | 5  |                |                                |
| 6    | Multiply line 5 by 0.035.  | 6  |                |                                |
| 7    | Recoveries of prior-year distributions   | 7  |                |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)  | 8  |                |                                |
| Sect | ion C - Distributable Amount   |    |                | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)                          | 1  |                |                                |
| 2    | Enter 0.85 of line 1.  | 2  |                |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)                         | 3  |                |                                |
| 4    | Enter greater of line 2 or line 3.   | 4  |                |                                |
| 5    | Income tax imposed in prior year   | 5  |                |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to                           |    |                |                                |
|      | emergency temporary reduction (see instructions).  |    |                |                                |

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

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c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Section D - Distributions

#### D.M.A.C.C. FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 з 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Excess Distributions Section E - Distribution Allocations (see instructions) Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 3 a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount I Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D. line7: a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019

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Current Year

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|---------------------------|--------------|-----------|------|
|---------------------------|--------------|-----------|------|

| 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.) |
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|                |  |
|                |  |
| 232028 12-09-2 | 2 Schedule A (Form 990) 2022   |
|                | 22<br>758194 2661-001 2022.05050 D.M.A.C.C. FOUNDATION 2661-   |
|                |  |

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

23-7229486

| Filers of:         | Section:  |
|--------------------|---|
| Form 990 or 990-EZ | X 501(c)( 3) (enter number) organization                                  |
|                    | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
|                    | 527 political organization  |
| Form 990-PF        | 501(c)(3) exempt private foundation                                       |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation     |
|                    | 501(c)(3) taxable private foundation                                      |
|                    |   |

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

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

#### General Rule

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

#### Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity 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., eligious, charitable, etc., contributions totaling \$5,000 or more during the year.

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

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

Schedule B (Form 990) (2022)

#### Schedule B (Form 990) (2022)

D.M.A.C.C. FOUNDATION

Name of organization

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Employer identification number

23-7229486

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 1 SHERI AVIS HORNER X Person Payroll 1104 TULIP TREE LN 100,000. Noncash (Complete Part II for WEST DES MOINES, IA 50266 noncash contributions.) (a) (c) (d) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 DENNIS ALBAUGH X Person Payroll 1525 NE 36TH STREET 100,000. Noncash (Complete Part II for ANKENY, IA 50021 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 FAREWAY STORES, INC. X Person Payroll 2600 8TH ST 83,333. Noncash (Complete Part II for BOONE, IA 50036 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 4 RUAN FOUNDATION X Person Payroll 666 GRAND AVE 1700 RUAN CTR 125,000. Noncash (Complete Part II for DES MOINES, IA 50309 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution GREATER DES MOINES COMMUNITY 5 FOUNDATION X Person Payroll 1915 GRAND AVE 100,000. Noncash (Complete Part II for DES MOINES, IA 50309 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 CITY OF PLEASENT HILL Person Payroll 100,000. 5151 MAPLE DR Noncash X (Complete Part II for PLEASENT HILL, IA 50327 noncash contributions.)

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Schedule B (Form 990) (2022)

| Schedule | B (Form | 990) ( | (2022) |
|----------|---------|--------|--------|
|----------|---------|--------|--------|

Name of organization

Employer identification number

23-7229486

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 7 WELLS FARGO FOUNDATION X Person Payroll PO BOX 2157 400,000. Noncash (Complete Part II for PRINCETON, NJ 80543 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 ALBAUGH LLC X Person Payroll 1525 NE 36TH ST 100,000. Noncash (Complete Part II for ANKENY, IA 50021 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No. 9 VERNON COMPANY X Person Payroll PO BOX 600 100,000. Noncash (Complete Part II for NEWTON, IA 50208 noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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| Part II                      | Noncash Property (see instructions). Use duplicate copies of P | art II if additional space is needed.           |                      |
|------------------------------|--|---|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| 6                            | FIRE TRUCK   | ss  | 07/08/22             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | s   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | s   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| _                            |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | s   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | s   |                      |

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Employer identification number

223453 11-15-22

Schedule B (Form 990) (2022)

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2022.05050 D.M.A.C.C. FOUNDATION

| orm 990) (2022)<br>vization  |   | Pag<br>Employer identification numbe  |
|--|---|---|
| icatori  |   |   |
| .C. FOUNDATION   |   | 23-7229486  |
| om any one contributor. Complete columns (a)<br>mpleting Part III, enter the total of exclusively religious, o | through (e) and the following line entri-<br>haritable, etc., contributions of \$1,000 or k   | y. For organizations  |
| (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held   |
|  |   | _   |
|  | (e) Transfer of gift  |   |
| Transferee's name, address, a  | nd ZIP + 4  | Relationship of transferor to transferee  |
| (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held   |
|  |   |   |
|  | (e) Transfer of gift  |   |
| Transferee's name, address, a  | nd ZIP + 4  | Relationship of transferor to transferee  |
| (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held   |
|  | (e) Transfer of gift  | Relationship of transferor to transferee  |
| inansieree s name, address, a  |   | Relationship of transferor to transferee  |
| (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held   |
|  |   |   |
| Transferee's name, address, a  | (e) Transfer of gift  | Relationship of transferor to transferee  |
|  | 7.  |   |
|  | C. FOUNDATION  clusively religious, charitable, etc., contribution many one contributor. Complete columns (a) mpleting Part III, enter the total of exclusively religious, c se duplicate copies of Part III if additional e  (b) Purpose of gift  (c) Purpose Purpose of gift  (c) Purpose Purpose (c) Purpose Purpose (c) Purp | 22.2 FOUNDATION         adustively religious, charitable, etc., contributions to or ganizations described in seem any one contributor. Complete columns (a) through (a) and the following line entimation of the following line entimation of the following line entimates and the following line entimates of the following line ent |

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Schedule B (Form 990) (2022)

09230126 758194 2661-001

2022.05050 D.M.A.C.C. FOUNDATION

| SCHEDULE D<br>(Form 990)<br>Department of the Treasury<br>Internal Revenue Service   | Complete if the organ<br>Part IV, line 6, 7, 8, 9, 10,  | nization answered '<br>, 11a, 11b, 11c, 11d<br>ttach to Form 990. | "Yes" on Form 990,<br>, 11e, 11f, 12a, or 12b. |   | OMB No. 1545-0047       |
|--|---|---|--|---|-------------------------|
| Name of the organiza   | ation   | COM, NO.  |  | Employer id   | dentification number    |
| Part I Organi  | D.M.A.C.C. FOUNDAT:<br>izations Maintaining Donor Advised                                       |   | Similar Funds or                               |   | -7229486                |
|  | tion answered "Yes" on Form 990, Part IV, line  |   | Similar Funds or /                             | Accounts. Q   | omplete if the          |
| organza  |   | (a) Donor ad  | lvised funds                                   | (b) Funds and   | other accounts          |
| 1 Total number at  | end of year   | (-)   |  |   |                         |
|  | e of contributions to (during year)   |   |  |   |                         |
|  | e of grants from (during year)  |   |  |   |                         |
|  | e at end of year  |   |  |   |                         |
|  | ation inform all donors and donor advisors in v   | writing that the asset  | s held in donor advised fi                     | unds  |                         |
| are the organiza   | ation's property, subject to the organization's e   | exclusive legal contri  | ol?  | [   | Yes No                  |
| 6 Did the organiza   | ation inform all grantees, donors, and donor a  | dvisors in writing the  | t grant funds can be used                      | yino t  |                         |
| for charitable pu  | urposes and not for the benefit of the donor or   | r donor advisor, or fo  | r any other purpose conf                       | erring  | _                       |
| impermissible p  |   |   |  |   | Yes No                  |
|  | rvation Easements. Complete if the org  |   |  | IV, line7.  |                         |
| protocology .  | onservation easements held by the organization  |   | (many)   |   | 15 - 15 - T             |
| promotion of the local data and the  | ion of land for public use (for example, recreat  | tion or education)  | Preservation of a hi                           |   |                         |
|  | n of natural habitat  |   | Preservation of a ce                           | artified historic sti   | ructure                 |
|  | ion of open space<br>So through 3d if the graduitation hold a qualifi                           | ind conservation and  | tribution in the form of a                     | conceptor con   | ement on the last       |
| 2 Complete lines :<br>day of the tax ye  | 2a through 2d if the organization held a qualifi  | ted conservation con  | itinbution in the form of a                    |   | the End of the Tax Year |
|  |   |   |  |   | the che of the rax rea  |
|  |   |   |  |   |                         |
|  | ervation easements on a certified historic stru   |   |  | -   |                         |
|  | ervation easements included in (c) acquired a   |   |  |   |                         |
|  |   | 80 J. J. S.                   |  | 2d  |                         |
|  | ervation easements modified, transferred, rele  |   |  |   | hetax                   |
| year   |   |   | â 58   |   |                         |
| and the second sec | as where property subject to conservation eas   | ement is located  |  |   |                         |
| 5 Does the organi  | zation have a written policy regarding the peri   | iodic monitoring, ins   | pection, handling of                           |   |                         |
| violations, and e  | enforcement of the conservation easements it  | holds?  |  |   | Yes No                  |
| 6 Staff and volunt   | teer hours devoted to monitoring, inspecting, I   | handling of violation   | s, and enforcing conserva                      | ation easements o   | furing the year         |
| 7 Amount of expe   | nses incurred in monitoring, inspecting, hand   | ling of violations, an  | d enforcing conservation                       | osesmente durin   | a the year              |
| <ul> <li>Amount of expension</li> </ul>  | naes incurred in monitoring, inspecting, nard   | ing or violaboris, and  | 1 enoicing conservation                        | easements during  | y uro yota              |
| 8 Does each cons   | servation easement reported on line 2(d) above  | e satisfy the requirer  | nents of section 170(h)(4)                     | (B)()   |                         |
|  | 0(h)(4)(B)(i)?  |   |  |   | Yes No                  |
| 9 In Part XIII, desc   | cribe how the organization reports conservatio  | on easements in its r   | evenue and expense stat                        | ement and   |                         |
|  | and include, if applicable, the text of the footn   |   | 1000 C   |   | e                       |
|  | ecounting for conservation easements.   |   |  |   |                         |
|  | zations Maintaining Collections of  | 지방 안전 집중을 걸려야 했다. 감독하는 것 같은 것                                     | Freasures, or Other                            | Similar Asse  | its.                    |
|  | e if the organization answered "Yes" on Form  |   |  | alara de la composición de la |                         |
| in rail in the re-   | on elected, as permitted under FASB ASC 956   |   |  |   | KS                      |
|  | treasures, or other similar assets held for pub   |   |  | ranceorpublic   |                         |
|  | in Part XIII the text of the footnote to its finan  |   |  | and about work of   | 2                       |
| b If the economization   |   |   |  |   |                         |
|  | on elected, as permitted under FASB ASC 958<br>easures, or other similar assets held for public |   |  |   |                         |

| 232051 | 09-01-22   |                            |
|--------|--|----------------------------|
| LHA    | For Paperwork Reduction Act Notice, see the Instructions for Form 990.   | Schedule D (Form 990) 2022 |
| b      | Assets included in Form 990, Part X  | \$                         |
| а      | Revenue included on Form 990, Part VIII, line 1  | \$                         |
|        | the following amounts required to be reported under FASB ASC 958 relating to these items:                                    |                            |
| 2      | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide | 9                          |
|        | (ii) Assets included in Form 990, Part X   | \$                         |
|        | (i) Revenue included on Form 990, Part VIII, line 1  | \$                         |

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|  | dule D (Form 990) 2022 D.M.A.C.  | C. FOUNDATI   | LON   |  |              | 23-72  | 29486                        | Page                     |
|--|--|---|---|--|--------------|--|------------------------------|--------------------------|
|  | rt III   Organizations Maintaining Co  | ollections of Art,  | Historical Tre  | asures, or Othe                        | r Simila     | r Asset  | s (contin                    | ued)                     |
| 3  | Using the organization's acquisition, accessio   | n, and other records,   | check any of the f  | ollowing that make s                   | ignificant u | use of its   |                              |                          |
|  | collection items (check all that apply):   |   |   |  |              |  |                              |                          |
| а  | Public exhibition  | d   |   | hange program                          |              |  |                              |                          |
| b  | Scholarly research   | e   | Other   | 0845 11.15                             |              |  |                              |                          |
| с  | Preservation for future generations  |   |   |  |              |  |                              |                          |
| 4  | Provide a description of the organization's col  | lections and explain h  | ow they further th  | e organization's exer                  | npt purpo    | se in Part   | XIII.                        |                          |
| 5  | During the year, did the organization solicit or   | receive donations of  | art, historical treas   | ures, or other similar                 | assets       |  |                              |                          |
|  | to be sold to raise funds rather than to be main   | ntained as part of the  | organization's col  | lection?                               |              |  | Yes                          |                          |
| Pa   | reported an amount on Form 990, Part   |   | e if the organizatio  | n answered "Yes" or                    | Form 990     | ), Part IV,  | line 9, or                   |                          |
| 1a   | Is the organization an agent, trustee, custodia  | n or other intermediar  | y for contributions   | or other assets not                    | included     |  |                              |                          |
|  | on Form 990, Part X?   |   |   |  |              |  | Yes                          |                          |
| b  | If "Yes," explain the arrangement in Part XIII a   | nd complete the follow  | wing table:   |  |              |  |                              |                          |
|  |  | 55  |   |  |              | <u></u>  | Amount                       | 5                        |
| с  | Beginning balance  |   |   |  | 1c           |  |                              |                          |
|  | Additions during the year  |   |   |  | 1d           | 1  |                              |                          |
|  | Distributions during the year  |   |   |  |              |  |                              |                          |
|  | Ending balance   |   |   |  | 1f           |  |                              |                          |
| 20   | Did the organization include an amount on Fo   | rm 990 Part V line 21   | for escrow or cu  | stadial account liabil                 |              | - E  | Yes                          |                          |
|  | If "Yes," explain the arrangement in Part XIII.  |   |   |  |              | (00000 C   | _ 100                        | Ξ.                       |
| -  | rt V Endowment Funds. Complete if  |   |   |  | 10           |  |                              |                          |
|  |  | (a) Current year  | (b) Prior year  |  | (d) Three y  | lears hack   | (e) Four                     | years bac                |
| 4.0  | Reginning of user holenoo  | 9,238,334.  | 11,075,374.   |  |              | 18,235.  | -                            | 109,53                   |
|  | Beginning of year balance  | 215,209.  | 120,612.  |  |              | 97,291.  | -                            | 67,05                    |
|  | Contributions  | 959,021.  | -1,631,721.   |  |              | 02,695.  |                              | 387,89                   |
|  | Net investment earnings, gains, and losses   | and the second se | and the second se |  |              | Contract of the Party of the Pa | -                            | CONTRACTOR OF THE OWNER. |
|  | Grants or scholarships   | 369,599.  | 325,910.  | 222,968.                               | -            | 91,839.  |                              | 246,24                   |
| e  | Other expenditures for facilities  |   |   |  |              |  |                              |                          |
|  | and programs   |   |   |  | ~            |  | <u> </u>                     |                          |
|  | Administrative expenses  |   |   |  |              |  | -                            |                          |
| g  | End of year balance  | 10,042,965.   | 9,238,334.  |  | 8,8          | 26,382.  | 1,                           | 318,235                  |
| 2  | Provide the estimated percentage of the curre  | ent year end balance (  | line 1g, column (a)   | ) held as:                             |              |  |                              |                          |
|  | Board designated or quasi-endowment  |   | 26  |  |              |  |                              |                          |
|  |  |   | 20  |  |              |  |                              |                          |
| b  | Permanent endowment 68.4680  | _%  | 20  |  |              |  |                              |                          |
| b  | Permanent endowment 68.4680<br>Term endowment 31.5320 9  | 6   | 70  |  |              |  |                              |                          |
| b  | Permanent endowment 68.4680  | 6   | 20  |  |              |  |                              |                          |
| b<br>c   | Permanent endowment 68.4680<br>Term endowment 31.5320 9  | 6<br>Id equal 100%.   | n that are held ar  | d administered for th                  | 10           |  |                              |                          |
| b<br>c   | Permanent endowment 68.4680<br>Term endowment 31.5320 9<br>The percentages on lines 2a, 2b, and 2c should  | 6<br>Id equal 100%.   | on that are held ar   | d administered for th                  | 10           |  |                              | Yes No                   |
| b<br>c   | Permanent endowment 68.4680<br>Term endowment 31.5320 9<br>The percentages on lines 2a, 2b, and 2c shoul<br>Are there endowment funds not in the posses  | 6<br>Id equal 100%.<br>sion of the organizatio  |   |  |              |  |                              | X                        |
| b<br>c<br>3a                                       | Permanent endowment 68.4680<br>Term endowment 31.5320 9<br>The percentages on lines 2a, 2b, and 2c shou<br>Are there endowment funds not in the posses<br>organization by:<br>(i) Unrelated organizations<br>(ii) Related organizations  | 6<br>Id equal 100%.<br>sion of the organizatio  |   |  |              |  | 3a(i)<br>3a(ii)              |                          |
| b<br>c<br>3a                                       | Permanent endowment 68.4680<br>Term endowment 31.5320 9<br>The percentages on lines 2a, 2b, and 2c shou<br>Are there endowment funds not in the posses<br>organization by:   | 6<br>Id equal 100%.<br>sion of the organizatio  |   |  |              |  | 3a(i)<br>3a(ii)              | X                        |
| b<br>c<br>3a<br>b<br>4                             | Permanent endowment 68.4680<br>Term endowment 31.5320 9<br>The percentages on lines 2a, 2b, and 2c shou<br>Are there endowment funds not in the posses<br>organization by:<br>(i) Unrelated organizations<br>(ii) Related organizations<br>If "Yes" on line 3a(ii), are the related organizat<br>Describe in Part XIII the intended uses of the organizat  | d equal 100%.<br>sion of the organization<br>ions listed as required<br>organization's endowr   | on Schedule R?  |  |              |  | 3a(i)<br>3a(ii)              | X                        |
| b<br>c<br>3a<br>b<br>4                             | Permanent endowment 68.4680<br>Term endowment 31.5320 9<br>The percentages on lines 2a, 2b, and 2c shou<br>Are there endowment funds not in the posses<br>organization by:<br>(i) Unrelated organizations<br>(ii) Related organizations<br>If "Yes" on line 3a(ii), are the related organizat<br>Describe in Part XIII the intended uses of the<br>t VI Land, Buildings, and Equipment   | d equal 100%.<br>sion of the organization<br>ions listed as required<br>organization's endowr   | i on Schedule R?<br>nent funds.   |  |              |  | 3a(i)<br>3a(ii)              | X                        |
| b<br>c<br>3a<br>b<br>4                             | Permanent endowment 68.4680<br>Term endowment 31.5320 9<br>The percentages on lines 2a, 2b, and 2c shou<br>Are there endowment funds not in the posses<br>organization by:<br>(i) Unrelated organizations<br>(ii) Related organizations<br>If "Yes" on line 3a(ii), are the related organizat<br>Describe in Part XIII the intended uses of the organizat  | d equal 100%.<br>sion of the organization<br>ions listed as required<br>organization's endowr   | i on Schedule R?<br>nent funds.   |  |              |  | 3a(i)<br>3a(ii)              | X                        |
| b<br>c<br>3a<br>b<br>4                             | Permanent endowment 68.4680<br>Term endowment 31.5320 9<br>The percentages on lines 2a, 2b, and 2c shou<br>Are there endowment funds not in the posses<br>organization by:<br>(i) Unrelated organizations<br>(ii) Related organizations<br>If "Yes" on line 3a(ii), are the related organizat<br>Describe in Part XIII the intended uses of the<br>t VI Land, Buildings, and Equipment   | d equal 100%.<br>sion of the organization<br>ions listed as required<br>organization's endowr   | I on Schedule R?<br>nent funds<br>Part IV, line 11a, S  | ee Form 390, Part X,                   |              |  | 3a(i)<br>3a(ii)              | X                        |
| b<br>c<br>3a<br>b<br>4                             | Permanent endowment       68.4680         Term endowment       31.5320         The percentages on lines 2a, 2b, and 2c shou         Are there endowment funds not in the posses         organization by:         (i)         Unrelated organizations         (ii)         Related organizations         If "Yes" on line 3a(ii), are the related organizat         Describe in Part XIII the intended uses of the organization answered         Complete if the organization answered  | 6<br>Id equal 100%.<br>sion of the organizatio<br>ions listed as required<br>organization's endowr<br>ent.<br>"Yes" on Form 990, F  | I on Schedule R?<br>nent funds<br>Part IV, line 11 a. S<br>er (b) Cost  | ee Form 390, Part X,<br>or other (c) A | line 10.     | ad   | <u>3a(i)</u><br>3a(ii)<br>3b | X                        |
| b<br>c<br>3a<br>b<br>4<br>Par                      | Permanent endowment 68.4680<br>Term endowment 31.5320 9<br>The percentages on lines 2a, 2b, and 2c shou<br>Are there endowment funds not in the posses<br>organization by:<br>(i) Unrelated organizations<br>(ii) Related organizations<br>If "Yes" on line 3a(ii), are the related organizat<br>Describe in Part XIII the intended uses of the<br>Complete if the organization answered<br>Description of property  | 6<br>Id equal 100%.<br>sion of the organizatio<br>ions listed as required<br>organization's endowr<br>ent.<br>"Yes" on Form 990, F<br>(a) Cost or oth<br>basis (investme  | I on Schedule R?<br>nent funds<br>Part IV, line 11 a. S<br>er (b) Cost  | ee Form 390, Part X,<br>or other (c) A | line 10.     | ad   | <u>3a(i)</u><br>3a(ii)<br>3b | X                        |
| b<br>c<br>3a<br>b<br>4<br>Par<br>1a                | Permanent endowment       68.4680         Term endowment       31.5320         The percentages on lines 2a, 2b, and 2c should are there endowment funds not in the posses organization by:       (i)         (ii)       Unrelated organizations         (iii)       Related organizations         If "Yes" on line 3a(ii), are the related organizations         If "Yes" on line 3a(ii), are the related organizations         Complete if the organization answered         Description of property  | 6<br>Id equal 100%.<br>sion of the organization<br>ions listed as required<br>organization's endowr<br>ent.<br>"Yes" on Form 390, F<br>(a) Cost or oth<br>basis (investme   | I on Schedule R?<br>nent funds<br>Part IV, line 11 a. S<br>er (b) Cost  | ee Form 390, Part X,<br>or other (c) A | line 10.     | ad   | <u>3a(i)</u><br>3a(ii)<br>3b | X                        |
| b<br>c<br>3a<br>b<br>4<br>Pai<br>1a<br>b           | Permanent endowment <u>31.5320</u><br>Term endowment <u>31.5320</u><br>The percentages on lines 2a, 2b, and 2c shou<br>Are there endowment funds not in the posses<br>organization by.<br>(i) Unrelated organizations<br>(ii) Related organizations<br>If "Yes" on line 3a(ii), are the related organizat<br>Describe in Part XIII the intended uses of the<br>Complete if the organization answered<br>Description of property<br>Land<br>Buildings   | 6<br>Id equal 100%.<br>sion of the organization<br>ions listed as required<br>organization's endown<br>ent.<br>"Yes" on Form 390, F<br>(a) Cost or oth<br>basis (investme   | I on Schedule R?<br>nent funds<br>Part IV, line 11 a. S<br>er (b) Cost  | ee Form 390, Part X,<br>or other (c) A | line 10.     | ad   | <u>3a(i)</u><br>3a(ii)<br>3b | X                        |
| b<br>c<br>3a<br>b<br>4<br>Pai<br>1a<br>b<br>c      | Permanent endowment       68.4680         Term endowment       31.5320         The percentages on lines 2a, 2b, and 2c shou         Are there endowment funds not in the posses         organization by:         (i)         Unrelated organizations         (ii)         Related organizations         If "Yes" on line 3a(i), are the related organizat         Describe in Part XIII the intended uses of the organization answered         Complete if the organization answered         Description of property         Land         Buildings         Leasehold improvements | 6<br>Id equal 100%.<br>sion of the organization<br>ions listed as required<br>organization's endowr<br>ent.<br>"Yes" on Form 990, F<br>(a) Cost or oth<br>basis (investme   | I on Schedule R?<br>nent funds<br>Part IV, line 11 a. S<br>er (b) Cost  | ee Form 390, Part X,<br>or other (c) A | line 10.     | ad   | <u>3a(i)</u><br>3a(ii)<br>3b | X                        |
| b<br>c<br>3a<br>b<br>4<br>Pai<br>1a<br>b<br>c<br>d | Permanent endowment <u>31.5320</u><br>Term endowment <u>31.5320</u><br>The percentages on lines 2a, 2b, and 2c shou<br>Are there endowment funds not in the posses<br>organization by.<br>(i) Unrelated organizations<br>(ii) Related organizations<br>If "Yes" on line 3a(ii), are the related organizat<br>Describe in Part XIII the intended uses of the<br>Complete if the organization answered<br>Description of property<br>Land<br>Buildings   | 6<br>Id equal 100%.<br>sion of the organization<br>ions listed as required<br>organization's endowr<br>ent.<br>"Yes" on Form 990, F<br>(a) Cost or oth<br>basis (investme   | I on Schedule R?<br>nent funds<br>Part IV, line 11 a. S<br>er (b) Cost  | ee Form 390, Part X,<br>or other (c) A | line 10.     | ad   | <u>3a(i)</u><br>3a(ii)<br>3b | X                        |

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| Complete if the organization answered "Yes" or   |                             | and the second |                         |
|--|-----------------------------|--|-------------------------|
| (a) Description of security or category (including name of security)                   | (b) Book value              | (c) Method of valuation: Cost or er  | nd-of-year market value |
| (1) Financial derivatives  |                             |  |                         |
| (2) Closely held equity interests  |                             |  |                         |
| (3) Other  |                             |  |                         |
| (A) MONEY MARKET FUNDS   | 1,259,865.                  | END-OF-YEAR MARKET   | VALUE                   |
| (B)  |                             |  |                         |
| (C)  |                             |  |                         |
| (D)  |                             |  |                         |
| (E)  |                             |  |                         |
| (F)  |                             |  |                         |
| (G)  |                             |  |                         |
| (H)  | 1 050 065                   |  |                         |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)                       | 1,259,865.                  |  |                         |
| Part VIII Investments - Program Related.   |                             |  |                         |
| Complete if the organization answered "Yes" or   |                             |  |                         |
| (a) Description of investment  | (b) Book value              | (c) Method of valuation: Cost or en  | id-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" or   | n Form 990, Part IV, line 1 | 1d. See Form 990, Part X, line 15.   |                         |
| (a) D  | escription                  |  | (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" or   | n Form 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, line 2  |                         |
| 1. (a) Description of liability  |                             |  | (b) Book value          |
| (1) Federal income taxes   |                             |  |                         |
| (2) DUE TO DMACC   |                             |  | 1,133,938.              |
| (3)  |                             |  |                         |
| (4)  |                             |  |                         |
| (5)  |                             |  |                         |
| (6)  |                             |  |                         |
| (7)  |                             |  | -                       |
| (8)  |                             |  |                         |
| (9)  |                             |  |                         |
| Total. (Column (b) must equal Form 990 Part X col. (B) line :                          | 25)                         |  | 1,133,938.              |

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2022

232053 09-01-22

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## 23-7229486 Page 3

| Schedule D | (Form 990) 2022 | D.M.A.C.C           |
|------------|-----------------|---------------------|
| Part VII   | Investments -   | - Other Securities. |

FOUNDATION

| (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) MONEY MARKET FUNDS   | 1,259,865.                   | END-OF-YEAR MARKET VALUE                                  |
| (B)  |                              |   |
| (C)  |                              |   |
| (D)  |                              |   |
| (E)  |                              |   |
| (F)  |                              |   |
| (G)  |                              |   |
| (H)  |                              |   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)                           | 1,259,865.                   |   |
| Part VIII Investments - Program Related.<br>Complete if the organization answered "Yes" or | n Form 990, Part IV, line 11 | c See Form 990, Part X, line 13.                          |

| 1   | Complete if the organization answered "Yes" on Form 990, Part IV, line 12.<br>Total revenue, gains, and other support per audited financial statements  |  |               | 1               | 5,865,691              |
|---|---|--|---------------|-----------------|------------------------|
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |  |               |                 |                        |
| a   | Net unrealized gains (losses) on investments  | 23   | 1,106,8       | 42.             |                        |
| b   | Donated services and use of facilities  |  |               |                 |                        |
| с   | Recoveries of prior year grants   | 2c   |               |                 |                        |
| d   | Other (Describe in Part XIII.)  |  |               |                 |                        |
| e   | Add lines 2a through 2d   |  |               | 2e              | 1,106,842              |
| 3   | Subtract line 2e from line 1  |  |               | 3               | 4,758,849              |
| 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   |               |                 |                        |
|   | Add lines 4a and 4b   | 10. The second s |               | 40              | (                      |
|   |   |  |               | 4c              | 1.0                    |
| 5   | Total revenue Add lines 3 and 4c. (This must equal Form 990 Part Lline 12.)   |  |               | 5               | 4,758,84               |
| 5<br>Par  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part 1 line 12)<br>t XII Reconciliation of Expenses per Audited Financial Statem  | nents Wi   | th Expenses p | 5               | 4,758,849              |
| 5<br>Par  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)<br>t XII Reconciliation of Expenses per Audited Financial Statem<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12.  | nents Wi<br>a  |               | 5<br>Der Return | <b>.</b>               |
| 5<br>Par  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)<br>t XII Reconciliation of Expenses per Audited Financial Statem<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12<br>Total expenses and losses per audited financial statements   | nents Wi<br>a  |               | 5<br>Der Return | 4,758,849<br>4,155,770 |
| 5<br>Par<br>1<br>2                                  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)<br><b>TXII</b> Reconciliation of Expenses per Audited Financial Statem<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:  | nents Wi<br>a  |               | 5<br>Der Return | <b>.</b>               |
| 1   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)<br><b>TXII</b> Reconciliation of Expenses per Audited Financial Statem<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12:<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities   | a<br>a<br>2a   |               | 5<br>Der Return | <b>.</b>               |
| 1   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)<br>t XII Reconciliation of Expenses per Audited Financial Statem<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12.<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments   | nents Wi<br>a<br>2a<br>2b  |               | 5<br>Der Return | <b>.</b>               |
| 1   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)<br><b>t XII</b> Reconciliation of Expenses per Audited Financial Statem<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12:<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses  | a<br>2a<br>2b<br>2c  |               | 5<br>Der Return | <b>.</b>               |
| 1   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>TXII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)   | a<br>2a<br>2b<br>2c<br>2d  |               | 5<br>Der Return | <b>.</b>               |
| 1   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>TXII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d  | a<br>2a<br>2b<br>2c<br>2d  |               | 5<br>Der Return | 4,155,776              |
| 1   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>TXII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1   | a<br>2a<br>2b<br>2c<br>2d  |               | 5<br>Der Return | <b>.</b>               |
| 1   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d   | a<br>2a<br>2b<br>2c<br>2d  |               | 5<br>per Return | 4,155,776              |
| 1   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>TXII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1   | a<br>2a<br>2b<br>2c<br>2d  |               | 5<br>per Return | 4,155,776              |
| 1   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25; but not on line 1:  | 2a           2b           2c           2d  |               | 5<br>per Return | 4,155,776              |
| 1<br>2<br>a<br>b<br>c<br>d<br>e<br>3<br>4<br>a<br>b | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>TXII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12.  Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a<br>2b<br>2c<br>2d<br>4a<br>4b   |               | 5<br>per Return | 4,155,776              |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a 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 FASE 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 2020. THE FOUNDATION

HAS NOT BEEN NOTIFIED OF ANY IMPENDING EXAMINATIONS BY AUTHORITIES, AND NO

31

### EXAMINATIONS ARE IN PROCESS.

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| and a second s | contracty |                            |
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| 232055 09-01-22   |           | Schedule D (Form 990) 2022 |
|   |           |                            |

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| SCHEDULE I<br>(Form 990)   | izations,<br>ted States<br>t IV, line 21 or 22.                          |  | OMB No. 1545-0047                       |  |  |                                       |   |
|--|--|--|---|--|--|---------------------------------------|---|
| Department of the Treasury<br>Internal Revenue Service   |  | <b>C a b a b a b b b b b b b b b b</b>         | Attach to Form                          | CERCIPACITY AND A STREET               | A1   |                                       | Open to Public<br>Inspection  |
| Name of the organization   |  | GO TO WWW.In                                   | s.gov/Form990 for                       | the latest informa                     | ition.   |                                       | Employer identification number  |
| D.M.A.C.C  | . FOUNDAT  | ION  |   |  |  |                                       | 23-7229486  |
| Part I         General Information on Grants a           1         Does the organization maintain records criteria used to award the grants or assi           2         Describe in Part IV the organization's prepart II           Grants and Other Assistance to recipient that received more than | to substantiate the<br>stance?<br>ocedures for monit<br>Domestic Organia | oring the use of grant<br>zations and Domestic | funds in the United<br>c Governments. C | States.<br>complete if the orga        |  |                                       | Yes X No  |
| 1 (a) Name and address of organization<br>or government  | (b) EIN  | (c) IRC section<br>(if applicable)             | (d) Amount of<br>cash grant             | (e) Amount of<br>noncash<br>assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance   |
| D.M.A.C.C.<br>2006 S ANKENY BLVD. BUILDING 1<br>ANKENY, IA 50023-8995  | 42-0926354   | 501(C)(3)                                      | 3,995,208.                              | 0.                                     |  |                                       | TO PROVIDE GRANTS,<br>SCHOLARSHIPS, AND OTHER<br>ASSISTANCE TO DES MOINES<br>AREA COMMUNITY COLLEGE |
|  |  |  |   |  |  |                                       |   |
|  |  |  |   |  |  |                                       |   |
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|  |  |  |   |  |  |                                       |   |
|  |  |  |   |  |  |                                       |   |
| <ol> <li>Enter total number of section 501(c)(3) a</li> <li>Enter total number of other organization</li> </ol>  |  | 12.0   | eline1 table                            |  |  |                                       | 1.<br>1.  |

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

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

Schedule I (Form 990) 2022

## 34

| sdule i | (Form 990) 2022       | D.M.A.C.C. FC              | DUND   | ATION                                   |                    |                   |
|---------|-----------------------|----------------------------|--------|---|--------------------|-------------------|
| rt III  | Grants and Other Assi | stance to Domestic Individ | duals. | Complete if the organization answered ' | "Yes" on Form 990, | Part IV, line 22. |

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance                           | (b) Number of<br>recipients | (c) Amount of<br>cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|-----------------------------|-----------------------------|---------------------------------------|--|---------------------------------------|
|   |                             |                             |                                       |  |                                       |
|   |                             |                             |                                       |  |                                       |
|   |                             |                             |                                       |  |                                       |
|   |                             |                             |                                       | 7.   |                                       |
|   | _                           |                             |                                       |  | 0                                     |
|   |                             |                             |                                       |  |                                       |
| 2   |                             | 5                           |                                       |  |                                       |
| Part IV Supplemental Information. Provide the information |                             |                             |                                       |  |                                       |

| SC  | SCHEDULE J Compensation Information   | OM8 No. 1545   | -0047  |                              |          |
|-----|---|--|--|------------------------------|----------|
|     | rm 990)   | For certain Officers,  | Directors, Trustees, Key Employees, and Highest<br>Compensated Employees<br>zation answered "Yes" on Form 990, Part IV, line 23.   | 202                          | 00000    |
|     | tment of the Treasury   | 1000 Total 1000  | Attach to Form 990.  | Open to Pu<br>Inspectio      |          |
| _   | al Revenue Service  |  | orm990 for instructions and the latest information.  | Employer identification r    | 572.<br> |
| Nan | ne of the organization  | D.M.A.C.C. FOU   | 6 /2 de 10/ 10 6 (1975 2 de ).   | 23-7229486                   | lumber   |
| Pa  | rt   Questions  | Regarding Compensation   |  | 23-1223400                   |          |
|     |   | erregularig eerripeneader  |  | V                            | es No    |
| 1a  | Check the appropria   | ate box(es) if the organization provid                                   | led any of the following to or for a person listed on Form 9   |                              | 10       |
| IG  | A CONTRACT OF A CONTRACT. |  | any relevant information regarding these items.  | 30,                          |          |
|     | First-class or cl   |  | Housing allowance or residence for persona   | aluse                        |          |
|     | Travel for comp   |  | Payments for business use of personal resi   |                              |          |
|     |   | ation and gross-up payments  | Health or social club dues or initiation fees  |                              |          |
|     | attenues and a second se   | pending account  | Personal services (such as maid, chauffeur,  | , chel)                      |          |
|     |   |  | _  |                              |          |
| b   | If any of the boxes of  | on line 1a are checked, did the orga                                     | nization follow a written policy regarding payment or  |                              |          |
|     | V 13  |  | ibed above? If "No," complete Part III to explain  | 1b                           |          |
| 2   |   |  | bursing or allowing expenses incurred by all directors,  |                              |          |
|     |   |  | ector, regarding the items checked on line 1a?   | 2                            |          |
|     |   |  |  |                              |          |
| 3   | Indicate which, if an   | ry, of the following the organization                                    | used to establish the compensation of the organization's   |                              |          |
|     | CEO/Executive Dire  | ctor. Check all that apply. Do not ch                                    | neck any boxes for methods used by a related organization  | n to                         |          |
|     | establish compensa  | tion of the CEO/Executive Director,                                      | but explain in Part III.   |                              |          |
|     | Compensation  | committee  | Written employment contract  |                              |          |
|     | Independent o   | ompensation consultant   | Compensation survey or study   |                              |          |
|     | Form 990 of ot  | ther organizations   | Approval by the board or compensation co   | mmittee                      |          |
|     | Delete delete del   | and a find of Francisco De   | 110 Contract Francisco de Franc |                              |          |
| 4   | 17 V 22   |  | t VII, Section A, line 1a, with respect to the filing  |                              |          |
|     | organization or a rel   |  |  | 40                           | x        |
| a   |   | e payment or change of control pay<br>eive payment from a supplemental r |  | 4a<br>4b                     | X        |
| b   | 10 10 M 10 M  | eive payment from an equity-based  |  | 40                           | X        |
| c   |   |  | e the applicable amounts for each item in Part III.  | 40                           |          |
|     | In 165 to driv of his   | es vac, ist proposons and provid-  | the applicable anounts for each termin Partin.   |                              |          |
|     | Only section 501 (c)  | )(3), 501(c)(4), and 501(c)(29) organ                                    | nizations must complete lines 5-9.   |                              |          |
| 5   |   |  | a 1 a, did the organization pay or accrue any compensation   |                              |          |
|     | contingent on the re  |  |  |                              |          |
| а   | The organization?   |  |  | 5a                           | X        |
| b   | Any related organiza  |  |  |                              | X        |
|     | If "Yes" on line 5ao  | r 5b, describe in Part III.  |  |                              |          |
| 6   | For persons listed o  | n Form 990, Part VII, Section A, line                                    | a 1 a, did the organization pay or accrue any compensation   | A. 1                         |          |
|     | contingent on the n   | et earnings of:  |  |                              |          |
| а   | The organization?   |  |  | 6a                           | X        |
|     |   |  |  |                              | X        |
|     | If "Yes" on line 6a o   | r 6b, describe in Part III.  |  | P. 1997 0 000 00405 (MC) - P |          |
| 7   |   |  | a 1 a, did the organization provide any nonfixed payments  |                              |          |
|     | not described on lin  | es 5 and 6? If "Yes," describe in Pa                                     | rt III   | 7                            | X        |
| 8   | Were any amounts i  | reported on Form 990, Part VII, paid                                     | or accrued pursuant to a contract that was subject to the  |                              |          |
|     |   |  |  | 8                            | X        |
| 9   | If "Yes" on line 8, di  | d the organization also follow the re                                    | buttable presumption procedure described in  |                              |          |
| _   | Regulations section   |  |  | 9                            |          |
| LHA | For Paperwork Re  | eduction Act Notice, see the Instru                                      | actions for Form 990.  | Schedule J (Form 98          | 90) 2022 |

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23-7229486

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

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

Note: The sum of columns (B)()/(ii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

|                    |             | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |   |   | (C) Retirement and<br>other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D)    | in column (B)                             |  |
|--------------------|-------------|--|---|---|--------------------------------------|-------------------------|---------------------------------------|---|--|
| (A) Name and Title |             | (i) Base<br>compensation   | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                         |                         |                                       | reported as deferred<br>on prior Form 990 |  |
| (1) TARA CONNOLLY  | (i)         | 0.   | 0.  | 0.  | 0.                                   | 0.                      | 0.                                    | 0.  |  |
| EXECUTIVE DIRECTOR | (11)        | 121,554.   | 0.  | 0.  | 20,584.                              | 9,645.                  | 151,783.                              | 0.  |  |
|                    | (i)         |  |   |   |                                      | -12.                    |                                       |   |  |
|                    | (ii)        |  |   |   |                                      | 10                      |                                       |   |  |
|                    | (i)         |  |   |   |                                      |                         |                                       |   |  |
|                    | (ii)        |  |   |   |                                      |                         |                                       |   |  |
|                    | (i)         |  |   |   |                                      |                         |                                       |   |  |
|                    | (ii)        |  |   |   |                                      |                         | ,                                     |   |  |
|                    | (i)<br>(ii) | ()<br>()   |   |   |                                      | 1                       |                                       |   |  |
| h.                 | (i)         |  |   | -   |                                      | Ð.                      |                                       |   |  |
|                    | (ii)        |  |   |   |                                      |                         | -                                     |   |  |
| 5                  | (i)         |  |   |   |                                      |                         | ÷                                     |   |  |
|                    | (11)        |  |   |   |                                      |                         |                                       |   |  |
|                    | (i)         |  |   |   |                                      | 25                      |                                       |   |  |
|                    | (ii)        |  |   |   |                                      |                         |                                       |   |  |
|                    | (i)         |  |   |   |                                      |                         | -                                     |   |  |
|                    | (ii)        |  |   |   |                                      | 7                       |                                       |   |  |
|                    | (i)         |  |   |   |                                      |                         |                                       |   |  |
| 1                  | (ii)        |  |   |   |                                      |                         |                                       |   |  |
|                    | (i)         |  |   |   |                                      |                         |                                       |   |  |
|                    | (ii)        | -  | -   |   |                                      | 0                       | 1                                     |   |  |
|                    | (i)<br>(ii) |  |   |   |                                      |                         |                                       |   |  |
| 4                  | (i)         | -  |   |   |                                      |                         |                                       |   |  |
|                    | (ii)        | 0  |   |   |                                      | 1                       |                                       |   |  |
| f.                 | (i)         |  |   |   |                                      |                         |                                       |   |  |
|                    | (11)        |  |   |   |                                      |                         |                                       |   |  |
|                    | (i)         |  |   |   |                                      | 2.7 <sub>0</sub>        |                                       |   |  |
|                    | (11)        |  |   |   |                                      |                         | · · · · · · · · · · · · · · · · · · · |   |  |
| 9 <u></u>          | (i)         |  |   |   |                                      |                         |                                       |   |  |
|                    | (ii)        |  |   |   |                                      |                         |                                       |   |  |

Schedule J (Form 990) 2022

### Part III Supplemental Information

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

Schedule J (Form 990) 2022

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

|               | _ |
|---------------|---|
| 2022          |   |
| Open to Publi | с |
| Increation    |   |

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.

Department of the Treasury Internal Revenue Service Name of the organizat

|       | <br><ol> <li>to color</li> </ol> | 0.000.000.000.00 |
|-------|----------------------------------|------------------|
| ation |                                  |                  |

D.M.A.C.C. FOUNDATION

Employer identification number 23-7229486

|     |   |  | (a)<br>Check if<br>applicable         | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (<br>Method of<br>noncash contril |        |       |
|-----|---|--|---------------------------------------|---|--|-----------------------------------|--------|-------|
| 1   | Art - Wo                                | rks of art   | · · · · · · · · · · · · · · · · · · · |   |  |                                   |        |       |
| 2   | Art - Hist                              | torical treasures  |                                       |   | -  |                                   |        |       |
| 3   | Art - Fran                              | ctional interests  |                                       |   |  | 2<br>                             |        |       |
| 4   | Books a                                 | nd publications  |                                       |   |  |                                   |        |       |
| 5   | Clothing                                | and household goods  |                                       |   |  |                                   |        |       |
| 6   | Cars and                                | d other vehicles   | Х                                     | 1   | 100,000.   | FAIR MARKE                        | T VALU | E     |
| 7   | Boats an                                | nd planes  |                                       |   |  |                                   |        |       |
| 8   | Intellectu                              | ual property   |                                       |   |  | 3                                 |        |       |
| 9   | Securitie                               | es - Publicly traded   | X                                     | 3   | 36,135.  | FAIR MARKE                        | T VALU | E     |
| 10  | Securitie                               | es - Closely held stock  |                                       |   | -  |                                   |        |       |
| 11  | Securitie                               | as - Partnership, LLC, or<br>arests  |                                       |   |  |                                   |        |       |
| 12  | Securitie                               | as - Miscellaneous   |                                       |   |  |                                   |        |       |
| 13  | Qualified                               | d conservation contribution -<br>structures  |                                       |   |  |                                   |        |       |
| 14  | Qualified                               | conservation contribution - Other  |                                       |   | · · · · · · · · · · · · · · · · · · ·  | 9                                 |        |       |
| 15  |   | ate - Residential  |                                       |   |  |                                   |        |       |
| 16  |   | ate - Commercial   |                                       |   | с. — — — — — — — — — — — — — — — — — — —   | 9                                 |        |       |
| 17  | Real est                                | ate - Other  | 8. 2                                  |   | · · · · · · · · · · · · · · · · · · ·  | 2                                 |        |       |
| 18  | Collectio                               | oles   | S                                     |   | -  | S                                 |        |       |
| 19  |   | ventory  |                                       |   |  | 2                                 |        |       |
| 20  | Drugs ar                                | nd medical supplies  | 8 (C                                  |   |  |                                   |        |       |
| 21  |   | ny   |                                       |   |  |                                   |        |       |
| 22  | Historica                               | al artifacts   | 5                                     |   | · · · · · · · · · · · · · · · · · · ·  | 9                                 |        |       |
| 23  |   | c specimens  |                                       |   |  |                                   |        |       |
| 24  | Archeolo                                | ogical artifacts   | 2                                     |   | · · · · · · · · · · · · · · · · · · ·  | 9                                 |        |       |
| 25  | Other                                   | (  |                                       |   | · · · · · · · · · · · · · · · · · · ·  | 2                                 |        |       |
| 26  | Other                                   | (  | 2                                     |   |  | · 2                               |        |       |
| 27  | Other                                   | (  | )                                     |   |  | 2                                 |        |       |
| 28  | Other                                   | (  |                                       |   | -  | 2<br>2                            |        |       |
| 29  |   | of Forms 8283 received by the org<br>h the organization completed Form   |                                       |   |  |                                   | Y      | es No |
| 30a | must ho                                 | he year, did the organization receive<br>Id for at least 3 years from the date   | of the initial co                     |   | 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C  |                                   |        |       |
|     | 100000000000000000000000000000000000000 | purposes for the entire holding peri   |                                       |   |  |                                   | 30a    | X     |
|     |   | describe the arrangement in Part II  |                                       | 161 839 10  | Si Si Si Si Marin  | 10.520                            |        |       |
| 31  |   | e organization have a gift acceptant   |                                       |   |  |                                   | 31     | X     |
|     | contribu                                | and the second s |                                       | 5   | cit, process, or sell noncash  |                                   | 32a    | x     |
|     |   | describe in Part II.   |                                       |   |  |                                   |        |       |
| 33  |   | ganization didn't report an amount i<br>9 in Part II:  | n column (c) fo                       | r a type of property                                      | / for which column (a) is che  | cked,                             |        |       |

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|            | 1               |            | vide the information re |
|------------|-----------------|------------|-------------------------|
| Schedule M | (Form 990) 2022 | D.M.A.C.C. | FOUNDATION              |

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.

23-7229486

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| 232142 09-09-22       | Schedule M (Form 990) 2022              |
|-----------------------|---|
|                       | 39                                      |
| 30126 758194 2661-001 | 2022.05050 D.M.A.C.C. FOUNDATION 2661-0 |

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| SCHEDULE   | О |
|------------|---|
| (Form 990) |   |

Department of the Treasury

Name of the organization

Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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



Employer identification number 23-7229486

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

D.M.A.C.C. FOUNDATION

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 Schedule 0 (Form 990) 2022

| SCHEDULE | R |
|----------|---|
| 15       |   |

#### (Form 990)

### **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.

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 23-7229486

D.M.A.C.C. FOUNDATION

| Dort I | Identification of Diars and ded Entition | Complete if the extenization ensured "Yes" on Form 000. Bott IV, line 22.  |
|--------|--|--|
| Partl  | identification of Disregalded Entitles.  | Complete if the organization answered "Yes" on Form 990, Part IV, line 33. |

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section | (f)<br>Direct controlling<br>entity | cont      | <b>g)</b><br>512(b)(13)<br>rolled<br>tity? |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|-----------|--|
|  |                         |   |                               | 501(c)(3))                                  |                                     | 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  |
|  | -                       |   |                               |   |                                     | · · · · · |  |
|  | -                       |   |                               |   |                                     |           |  |
|  |                         |   |                               |   |                                     |           |  |
| n<br>1   | -                       |   |                               |   |                                     |           |  |
|  | S                       |   |                               |   |                                     | 1 1       |  |
|  | ]                       |   |                               |   |                                     |           |  |
|  |                         |   |                               |   |                                     |           |  |

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

Schedule R (Form 990) 2022

## Schedule R (Form 390) 2022 D.M.A.C.C. FOUNDATION

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)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity                               | (c)<br>Legal<br>domicile<br>(state or | (d)<br>Direct controlling<br>entity | Predomin   | (e)<br>lant income<br>unrelated,<br>om tax under  | Share  | (f)<br>of total<br>ome   | (g)<br>Share of<br>nd-of-year | Disprop                 | n)<br>ortionate<br>dions? | (I)<br>Code V-L<br>amount in                               | box    | (j)<br>General o<br>managin<br>partner? | (k)<br>Percentag<br>ownershi                      |  |
|---|---|---------------------------------------|-------------------------------------|--|---|--------|--|-------------------------------|-------------------------|---------------------------|--|--------|---|---|--|
|   | -   | foreign<br>country)                   |                                     | sections   | 512-514)  |        |  | assets                        | Yes                     | No                        | 20 of Sche<br>K-1 (Form 1                                  | 1065)  | YesNo                                   |   |  |
|   |   |                                       |                                     |  |   |        |  |                               |                         |                           |  |        |   |   |  |
|   | -   |                                       |                                     |  |   |        |  |                               |                         |                           |  |        |   |   |  |
|   | -   |                                       | -                                   |  |   |        |  |                               |                         |                           |  |        |   |   |  |
|   |   |                                       |                                     |  |   |        |  |                               | +                       |                           |  |        |   |   |  |
|   |   |                                       |                                     | 1  |   |        |  |                               |                         |                           |  |        |   | 1   |  |
| Identification of Related C<br>organizations treated as a c   | Organizations Taxable a<br>corporation or trust durin | as a Corpo                            | ration or Trust. Co<br>/ear.        | omplete if th                                      | ne organization                                   | n answ | ered "Yes" or  | Form 990,                     | Part IV,                | line 34                   | , because it   | had or | neorm                                   | ore relate  |  |
| t IV Identification of Related C<br>organizations treated as a o<br>(a)<br>Name, address, and<br>of related organizat | corporation or trust durin                            | ng the tax y                          | (b)                                 | e gal domicile<br>(state or<br>toreign<br>country) | ne organization<br>(d)<br>Direct contro<br>entity | olling | ered "Yes" or<br>(e)<br>Type of enti<br>(C corp, S co<br>or trust) | y Shar                        | Part IV,<br>(f)<br>come | Τ                         | , because it i<br>(g)<br>Share of<br>end-of-year<br>assets | Per    | (h)<br>centage<br>nership               | (i)<br>Section<br>512(b)(1<br>controlk<br>entity) |  |
| (a)<br>Name, address, and   | corporation or trust durin                            | ng the tax y                          | (b)                                 | (C)<br>egal domicile<br>(state or<br>foreign       | (d)<br>Direct contro                              | olling | (e)<br>Type of enti<br>(C corp, S co                               | y Shar                        | (f)<br>e of total       | Τ                         | (g)<br>Share of<br>end-of-year                             | Per    | (h)<br>centage                          | (i)<br>Section<br>512(b)(1                        |  |
| organizations treated as a (<br>(a)<br>Name, address, and   | corporation or trust durin                            | ng the tax y                          | (b)                                 | (C)<br>egal domicile<br>(state or<br>foreign       | (d)<br>Direct contro                              | olling | (e)<br>Type of enti<br>(C corp, S co                               | y Shar                        | (f)<br>e of total       | Τ                         | (g)<br>Share of<br>end-of-year                             | Per    | (h)<br>centage                          | (i)<br>Section<br>512(b)(1<br>controlk<br>entity) |  |
| (a)<br>Name, address, and   | corporation or trust durin                            | ng the tax y                          | (b)                                 | (C)<br>egal domicile<br>(state or<br>foreign       | (d)<br>Direct contro                              | olling | (e)<br>Type of enti<br>(C corp, S co                               | y Shar                        | (f)<br>e of total       | Τ                         | (g)<br>Share of<br>end-of-year                             | Per    | (h)<br>centage                          | (i)<br>Section<br>512(b)(1<br>controlk<br>entity) |  |
| organizations treated as a (<br>(a)<br>Name, address, and   | corporation or trust durin                            | ng the tax y                          | (b)                                 | (C)<br>egal domicile<br>(state or<br>foreign       | (d)<br>Direct contro                              | olling | (e)<br>Type of enti<br>(C corp, S co                               | y Shar                        | (f)<br>e of total       | Τ                         | (g)<br>Share of<br>end-of-year                             | Per    | (h)<br>centage                          | (i)<br>Section<br>512(b)(1<br>controlk<br>entity? |  |

## Schedule R (Form 390) 2022 D.M.A.C.C. FOUNDATION

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

| Not | te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   |    | Yes | No |
|-----|---|----|-----|----|
| 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? |    |     |    |
| а   | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   | 1a |     | X  |
| b   | Gift, grant, or capital contribution to related organization(s)   | 1b | X   |    |
| с   | Gift, grant, or capital contribution from related organization(s)   | 1c | Х   |    |
| d   | Loans or loan guarantees to or for related organization(s)  | 1d |     | X  |
| e   | Loans or loan guarantees by related organization(s)   | 1e | X   | -  |
| f   | Dividends from related organization(s)  | 1f |     | x  |
| g   | Sale of assets to related organization(s)   | 1g |     | X  |
|     | Purchase of assets from related organization(s)   | 1h |     | X  |
| 1   | Exchange of assets with related organization(s)   | 11 |     | X  |
| i   | Lease of facilities, equipment, or other assets to related organization(s)  | 1j |     | X  |
| k   | Lease of facilities, equipment, or other assets from related organization(s)  | 1k |     | x  |
| 1   | Performance of services or membership or fundraising solicitations for related organization(s)  | 11 |     | X  |
| m   | Performance of services or membership or fundraising solicitations by related organization(s)   | 1m | Х   |    |
| n   | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | 1n |     | X  |
| 0   | Sharing of paid employees with related organization(s)  | 10 |     | X  |
| p   | Reimbursement paid to related organization(s) for expenses  | 1p |     | x  |
|     |   | 1q |     | X  |
| r   | Other transfer of cash or property to related organization(s)   | 1r |     | x  |
|     | Other transfer of cash or property from related organization(s)   | 15 |     | 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)<br>Name of related organization      | (b)<br>Transaction<br>type(a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|---------------------------------|------------------------|--|
| (1) DES MOINES AREA COMMUNITY COLLEGE    | в                               | 0.                     |  |
| (2) DES MOINES AREA COMMUNITY COLLEGE    | м                               | 0.                     |  |
| (3) DES MOINES AREA COMMUNITY COLLEGE    | E                               | 0.                     |  |
| (4) DES MOINES AREA COMMUNITY COLLEGE    | с                               | 0.                     |  |
| (5) (AMOUNTS BELOW REPORTING THRESHOLDS) |                                 | ٥.                     |  |
| (6)                                      |                                 |                        |  |

### Schedule R (Form 990) 2022 D.M.A.C.C. FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN<br>of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (e)<br>Are all<br>partners see<br>501(c)(3)<br>orgs 7<br>Yes No | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Dispropr<br>tionate<br>allocation<br>Yets N | amount in box 20 | (j)<br>General or<br>managing<br>partner?<br>Yes NO | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|---|---|--|--|------------------|---|--------------------------------|
|  |                         |  |   |   |  |  |                  |   |                                |
|  |                         |  |   |   |  |  |                  |   |                                |
|  |                         |  |   |   |  |  |                  |   |                                |
|  |                         |  |   |   |  |  |                  |   |                                |
|  |                         |  |   |   |  |  |                  |   |                                |
|  |                         |  |   |   |  |  |                  |   |                                |
|  |                         |  |   |   |  |  |                  |   |                                |
|  |                         |  |   |   |  |  |                  |   |                                |

Schedule R (Form 990) 2022

| Part VII Supplemental Information |
|-----------------------------------|
|-----------------------------------|

Provide additional information for responses to questions on Schedule R. See instructions.

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