

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **OCT 1, 2022** and ending **SEP 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UPPER DES MOINES OPPORTUNITY, INC.		D Employer identification number 42-0923424
	Doing business as		E Telephone number 712-859-3885
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 19,092,788.
	101 ROBINS STREET, P.O. BOX 519		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code GRAETTINGER, IA 51342		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JULIE EDWARDS SAME AS C ABOVE			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.UDMO.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1965 M State of legal domicile: IA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ALLEVIATE THE CONDITIONS & CAUSES OF POVERTY & EMPOWER CLIENTS TO BECOME SELF-SUFFICIENT.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	265
	6 Total number of volunteers (estimate if necessary)	6	1401
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	21,027,038.	18,655,036.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	434,635.	374,413.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,241.	1,885.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	74,434.	56,349.
		21,540,348.	19,087,683.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,024,624.	6,136,191.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,417,588.	9,200,941.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,730,023.	3,216,227.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,172,235.	18,553,359.	
19 Revenue less expenses. Subtract line 18 from line 12	368,113.	534,324.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,958,141.	7,054,655.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,146,231.	1,435,184.
	4,811,910.	5,619,471.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	JULIE EDWARDS, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	QUINN DUGAN	QUINN DUGAN	06/12/24		P02267768
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	WIPFLI LLP	39-0758449	608.274.1980		
	Firm's address				
	2501 W BELTLINE HWY, STE 501				
	MADISON, WI 53713				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UPPER DES MOINES OPPORTUNITY, INC. IS DEDICATED TO HELPING BUILD STRONGER COMMUNITIES BY ADDRESSING THE EFFECTS OF POVERTY ON INDIVIDUALS AND FAMILIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,241,233. including grants of \$ 1,745.) (Revenue \$ 61,102.) CHILD EDUCATION -

THIS CATEGORY INCLUDES A VARIETY OF PROGRAMS AND SERVICES GEARED TOWARD THE CARE AND EDUCATION OF YOUNG CHILDREN. PARENTS MAY ALSO BE ASSISTED THROUGH THESE INITIATIVES.

HEAD START/EARLY HEAD START/CHILD DEVELOPMENT CENTERS - UPPER DES MOINES OPPORTUNITY (UDMO) HEAD START AND EARLY HEAD START PROGRAMS AND CHILD DEVELOPMENT CENTERS ARE FUNDED FOR 306 CHILDREN IN HEAD START, EARLY HEAD START IS FUNDED FOR 176 CHILDREN AND CHILD DEVELOPMENT CENTERS ARE FUNDED FOR 32 CHILDREN. ALL PROGRAMS MAINTAINED FULL ENROLLMENT THROUGHOUT THE PROGRAM YEAR. HEAD START SERVES MANY MORE

4b (Code:) (Expenses \$ 5,961,454. including grants of \$ 5,151,096.) (Revenue \$ 86,454.) WEATHERIZATION/ENERGY ASSISTANCE -

THIS CATEGORY INCLUDES A VARIETY OF PROGRAMS AND SERVICES DESIGNED TO ALLEVIATE THE ENERGY BURDEN OF ELIGIBLE HOUSEHOLDS. TWO MAJOR PROGRAMS INCLUDED ARE WEATHERIZATION AND LIHEAP.

WEATHERIZATION - THE WEATHERIZATION ASSISTANCE PROGRAM IS A LOW-INCOME ENERGY EFFICIENT PROGRAM. ITS PURPOSE IS TO MAKE THE HOMES OF LOW-INCOME CLIENTS MORE ENERGY EFFICIENT, THEREBY REDUCING CLIENTS' FUEL BILLS AND INCREASING THEIR COMFORT. THE PROGRAM ALSO PROVIDES IMPORTANT HEALTH AND SAFETY SERVICES TO THE CLIENTS IT SERVES.

4c (Code:) (Expenses \$ 1,377,140. including grants of \$ 422,749.) (Revenue \$ 0.) OUTREACH - THIS CATEGORY INCLUDES A VARIETY OF PROGRAMS AND SERVICES WHICH PROVIDE GENERAL RELIEF AND ASSISTANCE TO CITIZENS EXPERIENCING POVERTY OR HARDSHIP WITHIN UDMO'S SERVICE AREA. THESE PROGRAMS INCLUDE

: MISCELLANEOUS UTILITY ASSISTANCE OUTSIDE OF ENERGY PROGRAMS, SENIOR CITIZEN ASSISTANCE, COMMUNITY POOL PASSES, BACK TO SCHOOL ASSISTANCE, BIRTHDAY ROOM FOR CHILDREN AND ADOPT A FAMILY. IN FY2023, UDMO OUTREACH ASSISTED 19,171 INDIVIDUALS FROM 8,829 HOUSEHOLDS WITHIN UDMO'S 12 COUNTY SERVICE AREA.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,866,186. including grants of \$ 560,601.) (Revenue \$ 226,857.)

4e Total program service expenses 17,446,013.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	15	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7a			X
7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
8a		X	
8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
TYLER HENDERSON - 712-859-3885
101 ROBINS STREET, P.O. BOX 519, GRAETTINGER, IA 51342

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIE EDWARDS EXECUTIVE DIRECTOR	40.00			X			95,625.	0.	16,156.	
(2) DONNA TONDERUM FISCAL DIRECTOR (THRU 4/4/23)	40.00			X			82,091.	0.	15,849.	
(3) TYLER HENDERSON FISCAL DIRECTOR	40.00			X			45,669.	0.	11,831.	
(4) CLARENCE SIEPKER PRESIDENT	1.00	X		X			0.	0.	0.	
(5) RICK RASMUSSEN VICE-PRESIDENT	1.00	X		X			0.	0.	0.	
(6) GLENN BOHMER SECRETARY/TREASURER	1.00	X		X			0.	0.	0.	
(7) DON ALTENA BOARD MEMBER (THRU 1/2023)	1.00	X					0.	0.	0.	
(8) LOIS BOERSMA BOARD MEMBER	1.00	X					0.	0.	0.	
(9) NICK CARLSON BOARD MEMBER	1.00	X					0.	0.	0.	
(10) KATHY CROKER BOARD MEMBER	1.00	X					0.	0.	0.	
(11) TIM FAIRCHILD BOARD MEMBER	1.00	X					0.	0.	0.	
(12) RON GRAETTINGER BOARD MEMBER	1.00	X					0.	0.	0.	
(13) DAN HARTMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(14) KATRINA HELLER BOARD MEMBER (THRU 12/2022)	1.00	X					0.	0.	0.	
(15) JERRY KLOBERDANZ BOARD MEMBER	1.00	X					0.	0.	0.	
(16) MARIAH MARTINEZ BOARD MEMBER	1.00	X					0.	0.	0.	
(17) AMY OUPHACHACK BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BRUCE REIMERS BOARD MEMBER	1.00	X						0.	0.	0.
(19) JENNIFER SAMMONS BOARD MEMBER	1.00	X						0.	0.	0.
(20) DAVID SCOTT BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								223,385.	0.	43,836.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								223,385.	0.	43,836.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BERGMEIER CONSTRUCTION INC. 410 B AVE. NE, WALFORD, IA 52351	WEATHERIZATION SERVICES	542,691.
TJARKS PLUMBING HEATING INC. 121 RIVER ST., IOWA FALLS, IA 50126	WEATHERIZATION SERVICES	305,256.
GRELL ROOFING, LLC 2315 235TH ST., FORT DODGE, IA 50501	NEW ROOF INSTALLATION - HEAD	225,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	5,000.				
	1 b	Membership dues					
	1 c	Fundraising events					
	1 d	Related organizations					
	1 e	Government grants (contributions)	18,091,236.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	558,800.				
	1 g	Noncash contributions included in lines 1a-1f	\$				
	1 h	Total. Add lines 1a-1f		18,655,036.			
Program Service Revenue	2 a	LOW INCOME RENTAL REVENUE	531110	184,176.	184,176.		
	2 b	WX/ENERGY	624200	86,454.	86,454.		
	2 c	CHILD EDUCATION	611600	61,102.	61,102.		
	2 d	COMMUNITY SERVICES REVENUE	624200	34,471.	34,471.		
	2 e	FOOD PROGRAMS REVENUE	624200	8,210.	8,210.		
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f		374,413.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,990.		6,990.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	56,349.			
			(ii) Personal				
	6 b	Less: rental expenses		0.			
	6 c	Rental income or (loss)		56,349.			
	6 d	Net rental income or (loss)		56,349.		56,349.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses		5,105.			
7 c	Gain or (loss)		-5,105.				
7 d	Net gain or (loss)		-5,105.		-5,105.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
8 c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a						
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		19,087,683.	374,413.	0.	58,234.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,136,191.	6,136,191.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	251,594.		251,594.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,618,314.	6,200,868.	417,446.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	607,800.	579,473.	28,327.	
9 Other employee benefits	808,470.	766,090.	42,380.	
10 Payroll taxes	914,763.	845,377.	69,386.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	41,800.		41,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	700,846.	656,124.	44,722.	
12 Advertising and promotion	16,732.	16,732.		
13 Office expenses	439,212.	402,481.	36,731.	
14 Information technology	78,003.	64,598.	13,405.	
15 Royalties				
16 Occupancy	435,884.	405,458.	30,426.	
17 Travel	189,813.	166,876.	22,937.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	80,085.	64,004.	16,081.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	374,528.	374,528.		
23 Insurance	127,133.	47,065.	80,068.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOOD COSTS	656,408.	656,408.		
b MEMBERSHIP DUES & FEES	14,134.	7,601.	6,533.	
c MEDICAL & DENTAL SUPPLI	13,415.	13,415.		
d _____				
e All other expenses _____	48,234.	42,724.	5,510.	
25 Total functional expenses. Add lines 1 through 24e	18,553,359.	17,446,013.	1,107,346.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,125.	1	975.
	2 Savings and temporary cash investments	2,109,500.	2	1,324,995.
	3 Pledges and grants receivable, net	1,218,902.	3	1,821,638.
	4 Accounts receivable, net	58,303.	4	180.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	167,471.	8	456,181.
	9 Prepaid expenses and deferred charges	178,232.	9	240,871.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,352,913.		
	b Less: accumulated depreciation	10b 3,437,296.	2,224,608.	10c 2,915,617.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	294,198.
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,958,141.	16	7,054,655.	
Liabilities	17 Accounts payable and accrued expenses	991,149.	17	581,968.
	18 Grants payable		18	
	19 Deferred revenue	145,562.	19	546,433.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	297,103.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,520.	25	9,680.
	26 Total liabilities. Add lines 17 through 25	1,146,231.	26	1,435,184.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,620,040.	27	4,234,381.
	28 Net assets with donor restrictions	1,191,870.	28	1,385,090.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,811,910.	32	5,619,471.
	33 Total liabilities and net assets/fund balances	5,958,141.	33	7,054,655.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,087,683.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,553,359.
3	Revenue less expenses. Subtract line 2 from line 1	3	534,324.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,811,910.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	-66,302.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	339,539.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,619,471.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization UPPER DES MOINES OPPORTUNITY, INC.	Employer identification number 42-0923424
---	---

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14023581.	14260591.	16776391.	21027038.	18655036.	84742637.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14023581.	14260591.	16776391.	21027038.	18655036.	84742637.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						84742637.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	14023581.	14260591.	16776391.	21027038.	18655036.	84742637.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	54,150.	99,943.	52,983.	78,675.	63,339.	349,090.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	35,119.					35,119.
11 Total support. Add lines 7 through 10						85126846.
12 Gross receipts from related activities, etc. (see instructions)					12	2,135,040.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.55 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.49 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
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)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

UPPER DES MOINES OPPORTUNITY, INC.

Employer identification number

42-0923424

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization UPPER DES MOINES OPPORTUNITY, INC.	Employer identification number 42-0923424
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>13,744,392.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>782,054.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>728,225.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>467,265.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>665,202.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>510,889.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UPPER DES MOINES OPPORTUNITY, INC.	Employer identification number 42-0923424
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization UPPER DES MOINES OPPORTUNITY, INC.	Employer identification number 42-0923424
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization UPPER DES MOINES OPPORTUNITY, INC. Employer identification number 42-0923424

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		151,050.		151,050.
b Buildings		3,337,559.	2,337,361.	1,000,198.
c Leasehold improvements				
d Equipment		2,864,304.	1,099,935.	1,764,369.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,915,617.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	9,680.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	19,379,551.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	291,868.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	291,868.	
3	Subtract line 2e from line 1	3	19,087,683.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	19,087,683.	

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

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

1	Total expenses and losses per audited financial statements		1	18,911,529.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	358,170.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	358,170.	
3	Subtract line 2e from line 1	3	18,553,359.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	18,553,359.	

Part XIII Supplemental Information.

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

PART X, LINE 2:

UPPER DES MOINES OPPORTUNITY, INC. (UDMO) IS REQUIRED TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION ON THE TECHNICAL MERITS OF THE POSITION ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS. UDMO HAS DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS.

Part XIII Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information input.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **UPPER DES MOINES OPPORTUNITY, INC.** Employer identification number **42-0923424**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

Part III **Grants and Other Assistance to Domestic Individuals.** 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 recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOUSING ASSISTANCE	400	498,819.	0.		
COMMUNITY SERVICES ASSISTANCE	306	63,527.	0.		
OUTREACH ASSISTANCE	19171	422,749.	0.		
WEATHERIZATION/ENERGY ASSISTANCE	5739	5,151,096.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION FOLLOWS FEDERAL COMPLIANCE STANDARDS IN MONITORING GRANTS AND ASSISTANCE. THIS INCLUDES MONITORING VISITS OR OTHER FOLLOW UP WITH RECIPIENTS OF GRANT ASSISTANCE. ALL FEDERAL GUIDELINES FOR ELIGIBILITY AND CRITERIA FOR ASSISTANCE ARE ADHERED TO AS MANDATED BY EACH FUNDER.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UPPER DES MOINES OPPORTUNITY, INC.

Employer identification number

42-0923424

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

UPPER DES MOINES OPPORTUNITY, INC. WILL STRENGTHEN COMMUNITIES THROUGH:
THE PROMOTION OF PROGRESSIVE LEADERSHIP AND A POSITIVE ENVIRONMENT,
ACHIEVE GOALS AND BREAK DOWN BARRIERS; THE BUILDING OF PARTNERSHIPS TO
MAXIMIZE COMMUNITY RESOURCES; THE BRIDGING OF COMMUNICATION BETWEEN
CLIENTS, PARTNERS, AND STAFF; THE CREATION OF AN ENVIRONMENT IN WHICH
DIVERSITY IN ALL ITS FORMS IS VALUED AND ENCOURAGED; FISCAL EXCELLENCE
AND RESPONSIBILITY ARE VALUED AND MAINTAINED; AND DIVERSIFIED RESOURCES
ARE DEVELOPED TO MEET COMMUNITY NEEDS. THROUGH THESE ACTIONS, UPPER DES
MOINES OPPORTUNITY, INC. WILL CONTINUE TO EVOLVE AND GROW IN ORDER TO
SERVE COMMUNITIES.

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

CHILDREN IN PARTNERSHIPS WITH SCHOOL DISTRICTS IN ITS EIGHT-COUNTY
SERVICE AREA. UPPER DES MOINES OPPORTUNITY'S HEAD START PROGRAMS ARE
AVAILABLE IN BUENA VISTA, CLAY, DICKINSON, EMMET, O'BRIEN, OSCEOLA,
PALO ALTO, AND POCAHONTAS. EARLY HEAD START IS AVAILABLE IN THE
COUNTIES OF BUENA VISTA, CLAY AND EMMET.

DURING THE YEAR A CUMULATIVE TOTAL OF 338 CHILDREN WERE SERVED BY HEAD
START, 47% LIVED IN FAMILIES WITH INCOMES BELOW 100% OF POVERTY, 10%
LIVED IN FAMILIES BETWEEN 100% AND 130% OF POVERTY, 3% LIVED IN
FAMILIES ABOVE 130% OF POVERTY, 29% RECEIVED PUBLIC ASSISTANCE, AND 2%
WERE IN FOSTER CARE AND 14% (47) WERE HOMELESS. DURING THE YEAR A
CUMULATIVE TOTAL OF 218 CHILDREN WERE SERVED BY EARLY HEAD START, 44%

LIVED IN FAMILIES WITH INCOMES BELOW 100% OF POVERTY AND 10% LIVED IN

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

Schedule O (Form 990) 2022

Name of the organization UPPER DES MOINES OPPORTUNITY, INC.	Employer identification number 42-0923424
--	--

FAMILIES WITH INCOMES BETWEEN 100% AND 130% OF POVERTY, 0% LIVED IN FAMILIES ABOVE 130% OF POVERTY, 26% RECEIVED PUBLIC ASSISTANCE, 1% WERE IN FOSTER CARE AND 18% (30) WERE HOMELESS. HEAD START AND EARLY HEAD START SERVED A COMBINED TOTAL OF 10.07% OF CHILDREN WITH DISABILITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
DURING THE 2023 FISCAL YEAR, A TOTAL OF \$1,195,790.91 WAS EXPENDED TO WEATHERIZE 81 HOMES IN UDMO'S 12-COUNTY SERVICE AREA. THE AVERAGE PER HOME WAS APPROXIMATELY \$14,762.85, IN ADDITION 1 HOME WAS DEFERRED AND 0 HOMES REQUIRED RE-WORK.

LIHEAP - THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM WAS ESTABLISHED TO HELP LOW-INCOME IOWA HOMEOWNERS AND RENTERS PAY FOR A PORTION OF THEIR PRIMARY HEATING COSTS FOR THE WINTER HEATING SEASON, TO ENCOURAGE REGULAR UTILITY PAYMENTS, TO PROMOTE ENERGY AWARENESS AND TO ENCOURAGE REDUCTION OF ENERGY USAGE THROUGH ENERGY EFFICIENCY AND CLIENT EDUCATION. THE ASSISTANCE IS BASED ON HOUSEHOLD INCOME, HOUSEHOLD SIZE, TYPE OF FUEL AND TYPE OF HOUSING. APPLICATIONS FOR ASSISTANCE ARE TAKEN FROM OCTOBER 1 THROUGH APRIL 30 AT EACH OF UDMO'S COUNTY OUTREACH CENTERS. DURING FISCAL YEAR 2023, UDMO PROVIDED LIHEAP ASSISTANCE TO 5,504 UNDUPLICATED HOUSEHOLDS IN UDMO'S 12-COUNTY SERVICE AREA FOR A TOTAL SPENT OF \$2,740,650.00, IN ADDITION CRISIS ASSISTANCE WAS PROVIDED TO 1,188 HOUSEHOLDS FOR A TOTAL SPENT OF \$954,881.50.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
COMMUNITY SERVICES -

COMMUNITY SERVICES INCLUDES A VARIETY OF PROGRAMS SERVING ELIGIBLE

Name of the organization UPPER DES MOINES OPPORTUNITY, INC.	Employer identification number 42-0923424
--	--

PARTICIPANTS WITHIN UPPER DES MOINES OPPORTUNITY'S 12-COUNTY SERVICE AREA. ELIGIBILITY MAY VARY BY PROGRAM. THE PROGRAMS INCLUDED IN THIS GROUP ARE FAMILY DEVELOPMENT SELF-SUFFICIENCY (FADSS) AND KOMMUNITY INVOLVEMENT DEVELOPMENT & SUPPORT (KIDS) PROGRAMS. ALL ARE HOME VISITATION PROGRAMS. FADSS SERVED 122 FAMILIES AND KIDS SERVED 42 FAMILIES IN FY2023.

EXPENSES \$ 1,294,592. INCLUDING GRANTS OF \$ 61,782. REVENUE \$ 34,471.

HOUSING - RENTAL ASSISTANCE FOR HOMELESS OR LOW-INCOME HOUSEHOLDS.

EXPENSES \$ 786,092. INCLUDING GRANTS OF \$ 498,819. REVENUE \$ 184,176.

FOOD PROGRAMS

EXPENSES \$ 773,335. INCLUDING GRANTS OF \$ 0. REVENUE \$ 8,210.

HEALTH SERVICES

EXPENSES \$ 12,167. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS AT A REGULAR MEETING (IN CONJUNCTION WITH THE PRESENTATION OF THE ANNUAL AUDIT) BEFORE BEING FILED WITH THE INTERNAL REVENUE SERVICE.

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

BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST AND SUBMIT THE SIGNED DISCLOSURE FORM TO THE ORGANIZATION. THEY ALSO RECEIVE ANNUAL TRAINING ON THE CONFLICT OF INTEREST POLICY. BOARD MEMBERS AND KEY EMPLOYEES ARE ASKED TO REPORT ANY ADDITIONAL CONFLICTS THAT MAY ARISE THROUGHOUT THE YEAR AND THEY ARE ASKED TO ABSTAIN

Name of the organization UPPER DES MOINES OPPORTUNITY, INC.	Employer identification number 42-0923424
--	--

FROM DISCUSSION AND VOTING ON ANY BOARD MEETING TOPICS FOR WHICH THEY MAY HAVE A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS DETERMINED BY EVALUATING AGENCY COMPENSATION RATES WITH AN AGENCY-DEVELOPED REGIONAL COMPENSATION STUDY AND A STATEWIDE WAGE COMPARABILITY STUDY OF OTHER COMMUNITY ACTION AGENCIES. THIS STUDY WAS LAST CONDUCTED IN 2022. COMPENSATION IS ALSO TIED TO ANNUAL EMPLOYEE EVALUATIONS.

TO DETERMINE A FAIR AND REASONABLE COMPENSATION FOR ALL OF THE ADMINISTRATIVE POSITIONS, A WAGE COMPARABILITY STUDY IS CONDUCTED AND COMPLETED APPROXIMATELY EVERY 2 YEARS. SALARIES FOR THE SAME AND/OR LIKE POSITIONS ARE COMPARED TO SIMILAR ONES THROUGHOUT THE STATE AND/OR LIKE AREAS IN THE MIDWEST.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, 990 TAX RETURN, ANNUAL REPORT AND MOST RECENT BOARD MINUTES ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN ACCOUNTING POLICY	339,539.
-----------------------------	----------

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **UPPER DES MOINES OPPORTUNITY, INC.** Employer identification number **42-0923424**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
COMMUNITY HOUSING INITIATIVES, INC. - 42-1416426, 14 WEST 21ST STREET, SUITE 3, SPENCER, IA 51301	AFFORDABLE HOUSING	IOWA	501(C)(3)	LINE 10	UPPER DES MOINES OPPORTUNITY, INC.	X	
EASTWOOD OF AMES, INC. - 20-4700881 14 WEST 21ST STREET, SUITE 3 SPENCER, IA 51301	AFFORDABLE HOUSING	IOWA	501(C)(3)	LINE 10	N/A		X
DAVENPORT MANOR, INC. - 42-1553567 14 WEST 21ST STREET, SUITE 3 SPENCER, IA 51301	AFFORDABLE HOUSING	IOWA	501(C)(3)	LINE 10	N/A		X

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
125 9TH STREET LLLP - 27-2092627, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
821 JACKSON, LLLP - 26-3580347, 520 NEBRASKA STREET, SUITE 233, SIOUX CITY, IA 51101	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ADEL ASSISTED LIVING, L.P. - 20-0326338, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ARMSTRONG APARTMENTS, LP - 20-1845750, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ANTLERS, G.P., INC. - 20-4180709 P.O. BOX 473 SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	C CORP	N/A	N/A	N/A		X
IOWA AFFORDABLE HOUSING, INC. - 20-2485000 P.O. BOX 473 SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	C CORP	N/A	N/A	N/A		X
CHI GP, INC. - 26-1581105 P.O. BOX 473 SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	C CORP	N/A	N/A	N/A		X
CHI EASTWOOD, INC. - 27-1563813 P.O. BOX 473 SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	C CORP	N/A	N/A	N/A		X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CALL TERMINAL, L.P. - 42-1478841, 14 WEST 21ST STREET, SUITE 3, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
CAPITOL CITY DUPLEXES, LLLP - 27-4944919, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
CENTURY PLAZA, L.P. - 39-1908005, 14 WEST 21ST STREET, SUITE 3, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
CHI AMES, LLLP - 26-3573237 P.O. BOX 473 SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
CHI MILFORD, LLLP - 32-0394563, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
CHI SHELDON, LLLP - 45-4758461, 1200 VALLEY WEST DRIVE, SUITE 108, WEST DES MOINES, IA 50266	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
CHI SIOUX CITY, LLLP - 45-4303618, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
CLINTON BLOCK, L.P. - 20-0326368, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
COMMUNITY HOMES, LP - 20-5859839, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A	X		N/A	X		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
COURT VIEW, L.P. - 42-1463052 14 WEST 21ST STREET, SUITE 3 SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CRESTVIEW TERRACE, LLLP - 26-1232468, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
GRAETTINGER HOUSING ASSOCIATES, LIMITED PARTNERSHIP - 42-1440724, 14 WEST 21ST STREET, SUITE 3,	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
GRANT TERRACE, LLLP - 20-3773650, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
HAMILTON KNOLLS, L.P. - 20-0326293, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
HARTLEY HOUSING ASSOCIATES, L.P. - 42-1462160, 14 WEST 21ST STREET, SUITE 3, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
HOME TO STAY, L.P. - 20-3746904, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
IHC FOREST CITY, L.P. I - 42-1479013, 14 WEST 21ST STREET, SUITE 3, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
IHC LIMITED PARTNERSHIP I - 42-1388550, 14 WEST 21ST STREET, SUITE 3, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
IVY APARTMENTS, L.P. - 42-1479051, 14 WEST 21ST STREET, SUITE 3, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
LAKWOOD COURT, L.P. - 39-1908006, 14 WEST 21ST STREET, SUITE 3, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
LINCOLN TERRACE, LP - 20-1845755, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MAPLECREST APARTMENTS, L.P. - 39-1907977, 14 WEST 21ST STREET, SUITE 3, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MARSH PLACE, L.P. - 39-1910545, 14 WEST 21ST STREET, SUITE 3, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
NORTHWOOD COURT, L.P. - 42-1462829, 14 WEST 21ST STREET, SUITE 3, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
OLD SPENCER SCHOOL, LLLP - 26-1232442, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PRAIRIE TOWNHOMES, L.P. - 72-1539343, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
QUARTON PLACE 2 LIMITED PARTNERSHIP - 77-0612682, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
REMCARES TOWNHOMES, L.P. - 72-1539347, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
RIVER CITY, L.P. - 42-1527377 P.O. BOX 473 SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SALISBURY COURT, L.P. - 20-1845760, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SIBLEY ONE, LIMITED PARTNERSHIP - 42-1416428, 14 WEST 21ST STREET, SUITE 3, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SILVER LAKE APARTMENTS, LIMITED PARTNERSHIP - 42-1434308, 14 WEST 21ST STREET, SUITE 3, SPENCER, IA	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SOUTHERN POINTE, LLLP - 47-2315878, 14 WEST 21ST STREET, SUITE 3, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SUGAR CREEK BEND, LLLP - 27-0529358, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SUMMERFIELD PARK, L.P. - 42-1507928, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
THE ANTLERS, L.P. - 20-1888027, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
THORNBURY WAY, L.P. - 42-1527248, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
VAN ALLEN, L.P. - 42-1507169 P.O. BOX 473 SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
WASHINGTON COURT, L.P. - 20-1845756, 900 JACKSON STREET, SUITE LL2, DUBUQUE, IA 52001	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
WEST HEIGHTS TOWNHOMES, LLLP - 27-4945254, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
WOODBURY PARK, L.P. - 39-1908010, 14 WEST 21ST STREET, SUITE 3, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
WOODBURY RIDGE, L.P. - 42-1507946, P.O. BOX 473, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SUNSET SPENCER - 30-0956312 14 WEST 21ST STREET, SUITE 3 SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CHI NORTH BAY LLLP - 32-0545996, 14 WEST 21ST STREET, SUITE 3, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CHI PENN OAKS LLLP - 35-2608073, 14 WEST 21ST STREET, SUITE 3, SPENCER, IA 51301	AFFORDABLE HOUSING	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.