

**990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury

Internal Revenue Service

**2020**

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

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning

JUL 1,

2020

and ending

JUN 30,

2021

D Employer identification number

**B****C**

Name of organization

**42 - 0861239****D**

Address

change

Name

change

Initial

return

Final

return/

termin-

ated

Amended

return

Applica-

tion

pend-

ing

**E**

Name and address of principal officer:

**KRISTIN ROBERTS****F**

Same as C ABOVE

**G**

Gross receipts \$

**9 , 620 , 880 .****H(a)**

Is this a group return

for subordinates?

.....

**Yes****X****No****Yes****No****H(b)**

Are all subordinates included?

If "No," attach a list. See instructions

►

**H(c)**

Group exemption number

►

**M**

State of legal domicile: IA

►

**L**Year of formation: **1962**

M

State of legal domicile: IA

►

**N**

Assets or

Net

Assets

or

Debt

Balances

Total

Assets

or

Liabilities

Total

Assets

or

Liabilities

Total

Assets

or

Balances

Total

Assets

or

Liabilities

Total

Assets

or

Balances

Total

Assets

or

Liabilities

Total

Assets

or

Balances

Total

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

- 1** Briefly describe the organization's mission:

**UNITE THE CARING POWER OF COMMUNITIES TO INVEST IN EFFECTIVE SOLUTIONS TO IMPROVE PEOPLE'S LIVES.**

- 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  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  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 \$ 3,344,566. including grants of \$ 2,800,000. ) (Revenue \$   )  
UWECI INVESTS IN THE PILLARS OF EDUCATION, FINANCIAL STABILITY, AND  
HEALTH THROUGH NON-PROFIT PROGRAMS WITHIN ITS FIVE COUNTY AREA.  
INVESTMENTS ARE DETERMINED ON A THREE-YEAR CYCLE BY THE ORGANIZATION'S  
SOLUTIONS TEAMS AND ACCOUNTABILITY REVIEW TEAM, WHICH ARE MADE UP OF  
COMMUNITY BASED VOLUNTEERS.

**4b** (Code:   ) (Expenses \$ 1,638,502. including grants of \$ 1,395,181. ) (Revenue \$   )  
IN RESPONSE TO THE COVID-19 PANDEMIC AND THE 2020 DERECHO STORM DAMAGE,  
UWECI RESPONDED TO IMMINENT NEEDS BY CREATING THE DISASTER RECOVERY  
FUND. DURING THE YEAR ENDING JUNE 30, 2021, UWECI GRANTED \$1,395,181 OF  
DISASTER RECOVERY FUNDS TO 501C3 ORGANIZATIONS IN UWECI'S FIVE COUNTY  
AREA. UWECI HAS BEEN KEY IN RECOVERY EFFORTS SUCH AS PATCH (PROVIDING  
ASSISTANCE TO COMMUNITY HOMEOWNERS), RENT/UTILITY ASSISTANCE PROGRAM  
AND LONG TERM RECOVERY.

**4c** (Code:   ) (Expenses \$ 812,337. including grants of \$   ) (Revenue \$ 329,298.)  
HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA, A DISREGARDED ENTITY OF  
UNITED WAY OF EAST CENTRAL IOWA, OWNS AND OPERATES A FACILITY THAT IS  
HOME TO A NUMBER OF LOCAL NONPROFIT AGENCIES FOCUSED ON PROVIDING  
HEALTH AND HUMAN SERVICES. THE NONPROFIT AGENCIES HOUSED IN THIS 65,000  
SQUARE FOOT BUILDING EMPLOY OVER 130 EMPLOYEES AND SERVE OVER 10,000  
CLIENTS. THE FACILITY'S CONFERENCE AND TRAINING ROOMS ARE AVAILABLE FOR  
COMMUNITY USE AND THE LOCATION IS CONVENIENTLY ACCESSIBLE BY CAR,  
BICYCLE, ON FOOT OR VIA PUBLIC TRANSPORTATION. THE GOAL OF THIS SHARED  
FACILITY IS TO PROVIDE LOW COST LEASES TO NONPROFIT AGENCIES SO THAT  
MORE RESOURCES CAN BE SPENT ON SERVICE DELIVERY TO CLIENTS.

- 4d** Other program services (Describe on Schedule O.)

(Expenses \$ 1,373,494. including grants of \$ 1,256,277. ) (Revenue \$ 86,135.)

- 4e** Total program service expenses

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 <input checked="" type="checkbox"/>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2 <input checked="" type="checkbox"/>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 <input checked="" type="checkbox"/>	X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 <input checked="" type="checkbox"/>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5 <input checked="" type="checkbox"/>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 <input checked="" type="checkbox"/>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 <input checked="" type="checkbox"/>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 <input checked="" type="checkbox"/>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 <input checked="" type="checkbox"/>	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments <i>If "Yes," complete Schedule D, Part V</i>	10 <input checked="" type="checkbox"/>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a <input checked="" type="checkbox"/>	X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b <input checked="" type="checkbox"/>	X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c <input checked="" type="checkbox"/>	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d <input checked="" type="checkbox"/>	X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e <input checked="" type="checkbox"/>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part XI</i>	11f <input checked="" type="checkbox"/>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a <input checked="" type="checkbox"/>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b <input checked="" type="checkbox"/>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 <input checked="" type="checkbox"/>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a <input checked="" type="checkbox"/>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b <input checked="" type="checkbox"/>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 <input checked="" type="checkbox"/>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16 <input checked="" type="checkbox"/>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11? <i>If "Yes," complete Schedule G, Part I</i>	17 <input checked="" type="checkbox"/>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 <input checked="" type="checkbox"/>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 <input checked="" type="checkbox"/>	X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a <input checked="" type="checkbox"/>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b <input checked="" type="checkbox"/>	X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 <input checked="" type="checkbox"/>	X

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X
<b>Note:</b> All Form 990 filers are required to complete Schedule O			
<b>Part V</b>	<b>Statements Regarding Other IRS Filings and Tax Compliance</b>		
	Check if Schedule O contains a response or note to any line in this Part V		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

		Yes	No
		1a	10

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

<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	<b>2a</b>	35	Yes	No
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....			<b>2b</b>	X
<b>Note:</b>	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....			<b>3a</b>	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....			<b>3b</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....			<b>4a</b>	X
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....			<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). .....			<b>5a</b>	X
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....			<b>5b</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....			<b>5c</b>	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8861-1? .....			<b>6a</b>	X
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....			<b>6b</b>	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....			<b>7a</b>	X
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>			<b>7b</b>	X
<b>a</b>	Did the organization receive a payment in excess of \$50 made partly as a contribution and partly for goods and services provided to the payor? .....			<b>7c</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....			<b>7d</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....			<b>7e</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year .....			<b>7f</b>	X
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....			<b>7g</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....			<b>7h</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....			<b>8</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....			<b>9</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>			<b>9a</b>	
<b>a</b>	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....			<b>9b</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>			<b>10</b>	
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? .....			<b>10a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....			<b>10b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations. Enter:</b>			<b>11a</b>	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 .....			<b>11b</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....			<b>12a</b>	
<b>11</b>	<b>Section 501(c)(12) organizations. Enter:</b>			<b>12b</b>	
<b>a</b>	Gross income from members or shareholders .....			<b>13a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....			<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....			<b>b</b>	Enter the amount of tax-exempt interest received or accrued during the year .....
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....			<b>13b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			<b>13c</b>	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? .....			<b>14a</b>	X
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....			<b>14b</b>	
<b>c</b>	Enter the amount of reserves on hand .....			<b>15</b>	X
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....			<b>16</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....			<b>Note:</b> If "Yes," see instructions and file Form 4720, Schedule N.	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....			<b>16</b>	X
<b>c</b>	If "Yes," see instructions and file Form 4720, Schedule O.			<b>Note:</b> If "Yes," complete Form 4720, Schedule O.	

**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	3.3
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year .....	1a	3.3
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent .....	1b	3.2
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	2	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	5	X
<b>6</b>	Did the organization have members or stockholders? .....	6	X
<b>7a</b>	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? .....	7a	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	8b	X
<b>9</b>	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 .....	9	X

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

		Yes	No
		10a	X
<b>b</b>	Did the organization have local chapters, branches, or affiliates? .....	10b	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	11a	X
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12b	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....		
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	12c	X
<b>13</b>	Did the organization have a written whistleblower policy? .....	13	X
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	14	X
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b>	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	16a	X
<b>b</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 ► \_\_\_\_\_
- SARAH PETERS – 319-398-5372
- 317 7TH AVENUE SE #401, CEDAR RAPIDS, IA 52401

**UNITED WAY OF EAST CENTRAL IOWA**  
**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) KRISTIN ROBERTS PRESIDENT/CEO	50.00	X	118,753.	0.	19,128.
(2) SARAH PETERS CFO/VP FIN/ADM	50.00	X	55,433.	0.	3,437.
(3) JIM BEARDSWORTH DIRECTOR	1.00	X	0.	0.	0.
(4) KIM BECICKA DIRECTOR	1.00	X	0.	0.	0.
(5) SARIKA BHAKTA DIRECTOR	1.00	X	0.	0.	0.
(6) EMILY BLOMME DIRECTOR	1.00	X	0.	0.	0.
(7) MAYURI FARLINGER DIRECTOR	1.00	X	0.	0.	0.
(8) BRIAN FREESE DIRECTOR	1.00	X	0.	0.	0.
(9) NOREEN BUSH DIRECTOR	1.00	X	0.	0.	0.
(10) TERI GIBSON DIRECTOR	1.00	X	0.	0.	0.
(11) DEB GERTSEN DIRECTOR	1.00	X	0.	0.	0.
(12) PAUL MORF DIRECTOR	1.00	X	0.	0.	0.
(13) BRITNI GOOKIN DIRECTOR	1.00	X	0.	0.	0.
(14) NICK NIELSEN DIRECTOR	1.00	X	0.	0.	0.
(15) MICHELLE NIERMANN DIRECTOR	1.00	X	0.	0.	0.
(16) DENNIS JORDAN DIRECTOR	1.00	X	0.	0.	0.
(17) WHITNEY PINO DIRECTOR	1.00	X	0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) ERIC MARTIN DIRECTOR	1.00	X	0.	0.	0.
(19) TROY SAUTER DIRECTOR	1.00	X	0.	0.	0.
(20) KELLEY MARCHBANKS DIRECTOR	1.00	X	0.	0.	0.
(21) CHARLIE SCHIMBERG DIRECTOR	1.00	X	0.	0.	0.
(22) DAVE SCHRECK DIRECTOR	1.00	X	0.	0.	0.
(23) MINDY SORG DIRECTOR	1.00	X	0.	0.	0.
(24) LISA STEPHENSON DIRECTOR	1.00	X	0.	0.	0.
(25) MELISSA WINTER DIRECTOR	1.00	X	0.	0.	0.
(26) PATRICK DEIGNAN DIRECTOR	1.00	X	0.	0.	0.
<b>1b Subtotal</b>			<b>174,186.</b>	<b>0.</b>	<b>22,565.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>			<b>174,186.</b>	<b>0.</b>	<b>0.</b>
<b>d Total (add lines 1b and 1c)</b>			<b>174,186.</b>	<b>0.</b>	<b>22,565.</b>
<b>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</b>			<b>1</b>		

- 3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "yes," complete Schedule J for such individual .....
- 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? If "Yes," complete Schedule J for such individual .....
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....

**Section B. Independent Contractors**

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

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

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

0

**SEE PART VIII, SECTION A CONTINUATION SHEETS**

## UNITED WAY OF EAST CENTRAL IOWA

Total to Part VII, Section A, line 1c

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1 a	Federated campaigns .....	1a			
b	Membership dues .....	1b			
c	Fundraising events .....	1c	21,925.		
d	Related organizations .....	1d			
e	Government grants (contributions) .....	1e	368,400.		
f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	8,429,426.		
g	Noncash contributions included in lines 1a-f .....	1g	\$ 22,150.		
<b>h</b>	<b>Total. Add lines 1a-f</b> .....		<b>8,819,751.</b>		
2 a	<b>RENTAL INCOME</b>				
b	<b>DONOR DESIGNATION FEES</b>				
c					
d					
e					
f	All other program service revenue .....				
<b>g</b>	<b>Total. Add lines 2a-f</b> .....		<b>415,613.</b>		
3	Investment income (including dividends, interest, and other similar amounts) .....			<b>153,502.</b>	
4	Income from investment of tax-exempt bond proceeds .....				
5	Royalties .....				
6 a	Gross rents .....	6a			
b	Less: rental expenses .....	6b			
c	Rental income or (loss) .....	6c			
d	Net rental income or (loss) .....				
7 a	Gross amount from sales of assets other than inventory .....	7a	222,316.		
b	Less: cost or other basis and sales expenses .....	7b	176,684.		
c	Gain or (loss) .....	7c	45,632.		
d	Net gain or (loss) .....				
8 a	Gross income from fundraising events (not including \$ <u>21,925.</u> of contributions reported on line 1c). See Part IV, line 18 .....				
b	Less: direct expenses .....	8a	9,698.		
c	Net income or (loss) from fundraising events .....	8b	20,724.		
9 a	Gross income from gaming activities. See Part IV, line 19 .....				
b	Less: direct expenses .....	9a			
c	Net income or (loss) from gaming activities .....	9b			
10 a	Gross sales of inventory, less returns and allowances .....				
b	Less: cost of goods sold .....	10a			
c	Net income or (loss) from sales of inventory .....	10b			
11 a	<b>MISCELLANEOUS REVENUE</b>				
b					
c					
d	All other revenue .....				
<b>e</b>	<b>Total. Add lines 11a-11d</b> .....		<b>9,423,472.</b>	<b>415,613.</b>	<b>0. 188,108.</b>
<b>12</b>	<b>Total revenue. See instructions</b> .....				

**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	
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses
			(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, and 10b of Part VIII.</b>			
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>5,451,458.</b>	<b>5,451,458.</b>	
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			
<b>4</b> Benefits paid to or for members			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>273,171.</b>	<b>130,444.</b>	<b>119,563.</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			
<b>7</b> Other salaries and wages	<b>980,845.</b>	<b>451,584.</b>	<b>226,470.</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>39,578.</b>	<b>10,636.</b>	<b>6,673.</b>
<b>9</b> Other employee benefits	<b>120,398.</b>	<b>53,785.</b>	<b>35,566.</b>
<b>10</b> Payroll taxes	<b>89,597.</b>	<b>41,805.</b>	<b>24,160.</b>
<b>11</b> Fees for services (nonemployees):			
<b>a</b> Management	<b>2,383.</b>	<b>2,383.</b>	
<b>b</b> Legal	<b>32,750.</b>	<b>4,600.</b>	<b>28,150.</b>
<b>c</b> Accounting			
<b>d</b> Lobbying			
<b>e</b> Professional fundraising services. See Part IV, line 17			
<b>f</b> Investment management fees			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	<b>145,218.</b>	<b>115,070.</b>	<b>19,725.</b>
<b>12</b> Advertising and promotion	<b>18,045.</b>	<b>6,778.</b>	<b>4,448.</b>
<b>13</b> Office expenses	<b>96,468.</b>	<b>32,958.</b>	<b>16,365.</b>
<b>14</b> Information technology	<b>61,032.</b>	<b>29,789.</b>	<b>16,853.</b>
<b>15</b> Royalties	<b>391,232.</b>	<b>387,513.</b>	<b>1,876.</b>
<b>16</b> Occupancy	<b>17,234.</b>	<b>17,139.</b>	<b>45.</b>
<b>17</b> Travel			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials			
<b>19</b> Conferences, conventions, and meetings			
<b>20</b> Interest			
<b>21</b> Payments to affiliates	<b>130,627.</b>	<b>37,279.</b>	<b>44,125.</b>
<b>22</b> Depreciation, depletion, and amortization	<b>364,263.</b>	<b>346,180.</b>	<b>9,149.</b>
<b>23</b> Insurance	<b>3,094.</b>	<b>1,256.</b>	<b>869.</b>
<b>24</b> 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 0.)			
<b>a</b> SPECIAL PROJECT	<b>46,377.</b>	<b>33,776.</b>	<b>27.</b>
<b>b</b> MAINTENANCE	<b>17,034.</b>	<b>5,387.</b>	<b>8,582.</b>
<b>c</b> DONATED SERVICES	<b>1,426.</b>	<b>0.</b>	<b>0.</b>
<b>d</b>			
<b>e</b> All other expenses	<b>32,857.</b>	<b>7,547.</b>	<b>23,189.</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>8,328,130.</b>	<b>7,168,899.</b>	<b>596,804.</b>
<b>26</b> 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
1	Cash - non-interest-bearing .....	200.	200.
2	Savings and temporary cash investments .....	3,402,969.	4,044,084.
3	Pledges and grants receivable, net .....	2,289,046.	1,168,127.
4	Accounts receivable, net .....	421,611.	269,871.
<b>Assets</b>			
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....	6	
7	Notes and loans receivable, net .....	7	
8	Inventories for sale or use .....	8	
9	Prepaid expenses and deferred charges .....	61,401.	46,542.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a   14,602,557.	
b	Less: accumulated depreciation .....	10b   3,920,857.	
11	Investments - publicly traded securities .....	11,015,823.	10c   10,681,700.
12	Investments - other securities. See Part IV, line 11 .....	1,735,962.	11   2,894,196.
13	Investments - program-related. See Part IV, line 11 .....	321,045.	12   381,070.
14	Intangible assets .....	211,876.	13   0.
15	Other assets. See Part IV, line 11 .....	14	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	34,681.	15   6,486.
17	Accounts payable and accrued expenses .....	19,494,614.	16   19,492,276.
18	Grants payable .....	418,479.	17   234,210.
19	Deferred revenue .....	4,811,794.	18   3,862,187.
20	Tax-exempt bond liabilities .....	19	
21	Escrow or custodial account liability. Complete Part IV of Schedule D .....	20	
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 .....	21	
23	Secured mortgages and notes payable to unrelated third parties .....	22	
24	Unsecured notes and loans payable to unrelated third parties .....	23	
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 .....	40,835.	24   0.
26	<b>Total liabilities.</b> Add lines 17 through 25 .....	25	
	<b>Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/></b>	5,271,108.	26   4,096,397.
	<b>and complete lines 27, 28, 32, and 33.</b>		
27	Net assets without donor restrictions .....	11,946,451.	27   12,744,525.
28	Net assets with donor restrictions .....	2,277,055.	28   2,651,354.
	<b>Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/></b>		
	<b>and complete lines 29 through 33.</b>		
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 .....	14,223,506.	32   15,395,879.
33	Total liabilities and net assets/fund balances .....	19,494,614.	33   19,492,276.

**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	9 , 423 , 472 .
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	8 , 328 , 130 .
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	1 , 095 , 342 .
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	14 , 223 , 506 .
5 Net unrealized gains (losses) on investments .....	5	376 , 836 .
6 Donated services and use of facilities .....	6	
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	
9 Other changes in net assets or fund balances (explain on Schedule O) .....	9	- 299 , 805 .
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10	15 , 395 , 879 .

**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 in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant? .....	2b	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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c	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 Single Audit Act and OMB Circular A-133? .....	3a	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....	3b		

Form 990 (2020)

Form 990 (2020)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	<b>9506696.</b>	<b>9020355.</b>	<b>8522020.</b>	<b>7884528.</b>	<b>8083290.</b>	<b>43016889.</b>
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 .....	<b>9506696.</b>	<b>9020355.</b>	<b>8522020.</b>	<b>7884528.</b>	<b>8083290.</b>	<b>43016889.</b>
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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4 .....	<b>9506696.</b>	<b>9020355.</b>	<b>8522020.</b>	<b>7884528.</b>	<b>8083290.</b>	<b>43016889.</b>
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....	<b>97,652.</b>	<b>108,447.</b>	<b>127,583.</b>	<b>150,146.</b>	<b>153,502.</b>	<b>637,330.</b>
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10	<b>49,275.</b>	<b>14,902.</b>	<b>11,712.</b>			
12 Gross receipts from related activities, etc. (see instructions)						
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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	<b>89.41</b>	<b>%</b>
15 Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	<b>90.18</b>	<b>%</b>
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....			
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....			
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			

**Schedule A (Form 990 or 990-EZ) 2020**

**Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF EAST CENTRAL IOWA****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 III.)

**Section A. Public Support**

<b>Calendar year (or fiscal year beginning in)</b> ►	<b>(a) 2016</b>	<b>(b) 2017</b>	<b>(c) 2018</b>	<b>(d) 2019</b>	<b>(e) 2020</b>	<b>(f) Total</b>
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 <b>Total.</b> 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 .....						
<b>8 Public support. (Subtract line 7c from line 6.)</b>						

**Section B. Total Support**

<b>Calendar year (or fiscal year beginning in)</b> ►	<b>(a) 2016</b>	<b>(b) 2017</b>	<b>(c) 2018</b>	<b>(d) 2019</b>	<b>(e) 2020</b>	<b>(f) Total</b>
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2020 (line 8, column f), divided by line 13, column f) .....	<b>15</b>		
16 Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>		

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2020 (line 10c, column f), divided by line 13, column f) .....	<b>17</b>		
18 Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>		
19a <b>33 1/3% support tests - 2020.</b> 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 .....		► <input type="checkbox"/>	
b <b>33 1/3% support tests - 2019.</b> 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 .....		► <input type="checkbox"/>	
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....		► <input type="checkbox"/>	

**Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF EAST CENTRAL IOWA****42-0861239 Page 4****Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	<b>Yes</b>	<b>No</b>
<b>1</b>		
<b>2</b>		
<b>3a</b>		
<b>3b</b>		
<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		

**Schedule A (Form 990 or 990-EZ) 2020**

## Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF EAST CENTRAL IOWA 42-0861239 Page 5

**Part IV Supporting Organizations (continued)**

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
  - A family member of a person described in line 11a above?
  - A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- The organization satisfied the Activities Test. Complete line 2 below.
  - The organization is the parent of each of its supported organizations. Complete line 3 below.
  - The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2** Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
  - Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
  - Parent of Supported Organizations. Answer lines 3a and 3b below.
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI**.
  - Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

**Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF EAST CENTRAL IOWA****Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

42-0861239 Page 6

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)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3.	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b> <b>Discount</b> claimed for blockage or other factors <i>(explain in detail in Part VII):</i>		
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

	Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>
<b>2</b> Enter 0.85 of line 1.	<b>2</b>
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>
<b>5</b> Income tax imposed in prior year	<b>5</b>
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>
<b>7</b> <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).	

**Schedule A (Form 990 or 990-EZ) 2020**

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF EAST CENTRAL IOWA 42-0861239 Page 7  
**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

**Section D - Distributions**

1	Amounts paid to supported organizations to accomplish exempt purposes	1	Current Year
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 - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

**Section E - Distribution Allocations** (see instructions)

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

**Schedule A (Form 990 or 990-EZ) 2020**

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF EAST CENTRAL IOWA 42-0861239 Page 8

**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.)

**SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:**DESCRIPTION: CASHDATE: 06/30/21      AMOUNT: 736463.

**Schedule B**  
**(Form 990, 990-EZ,  
or 990-PF)**  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

<p>Name of the organization <b>UNITED WAY OF EAST CENTRAL IOWA</b></p>	<p>OMB No. 1545-0047 <b>2020</b></p>
--	--

Organization type (check one):

**Filers of:**

**Section:**

- |                    |   |
|--------------------|---|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                        |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization   |
|                    | <input type="checkbox"/> 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 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 described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

UNITED WAY OF EAST CENTRAL IOWA

42-0861239

**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		\$ 600,000.	Person Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2		\$ 473,150.	Person Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3		\$ 210,000.	Person Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
4		\$ 326,059.	Person Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
5		\$ 354,515.	Person Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
6		\$ 224,568.	Person Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED WAY OF EAST CENTRAL IOWA

42-0861239

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 736,463.	Person Payroll <b>Noncash</b> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	Person Payroll <b>Noncash</b> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	Person Payroll <b>Noncash</b> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	Person Payroll <b>Noncash</b> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	Person Payroll <b>Noncash</b> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	Person Payroll <b>Noncash</b> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	Person Payroll <b>Noncash</b> (Complete Part II for noncash contributions.)

UNITED WAY OF EAST CENTRAL IOWA

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

Schedule B (Form 990)

UNITED WAY OF EAST CENTRAL IOWA

42-0861239

**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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

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

<p><b>(e) Transfer of gift</b></p> <p><b>Transferee's name, address, and ZIP + 4</b></p>	<p><b>Relationship of transferor to transferee</b></p> <hr/> <hr/> <hr/> <hr/> <hr/>
--	--

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA

**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.

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

- Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.
- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
    - Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area
    - Protection of natural habitat  Preservation of a certified historic structure
    - Preservation of open space
  - 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d
  - 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►
  - 4 Number of states where property subject to conservation easement is located ►
  - 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
  - 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►
  - 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_
  - 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
  - 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

► \$ _____	► \$ _____
► \$ _____	► \$ _____
► \$ _____	► \$ _____
► \$ _____	► \$ _____

Schedule D (Form 990) 2020

**Schedule D (Form 990) 2020      UNITED WAY OF EAST CENTRAL IOWA      42-0861239      Page 2****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  d  Loan or exchange program
- b Scholarly research  e  Other
- c Preservation for future generations

**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	<u>1c</u>
d	Additions during the year	<u>1d</u>
e	Distributions during the year	<u>1e</u>
f	Ending balance	<u>1f</u>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

**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	<u>2,057,007.</u>	<u>2,075,798.</u>	<u>2,032,162.</u>	<u>1,912,108.</u>
b	Contributions	<u>736,463.</u>	<u>29,079.</u>	<u>15,000.</u>	<u>42,472.</u>
c	Net investment earnings, gains, and losses	<u>497,047.</u>	<u>-3,698.</u>	<u>104,794.</u>	<u>189,636.</u>
d	Grants or scholarships	<u>15,251.</u>	<u>15,093.</u>		<u>214,392.</u>
e	Other expenditures for facilities and programs			<u>83,514.</u>	<u>79,985.</u>
f	Administrative expenses			<u>6,723.</u>	<u>4,597.</u>
g	End of year balance	<u>3,275,266.</u>	<u>2,057,007.</u>	<u>2,075,798.</u>	<u>2,032,162.</u>

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  $\blacktriangleleft$  45.0000 %
- b Permanent endowment  $\blacktriangleleft$  15.0000 %
- c Term endowment  $\blacktriangleleft$  40.0000 %

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:

- (i) Unrelated organizations
- (ii) Related organizations
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- c 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		<u>1,555,609.</u>		<u>1,555,609.</u>
b Buildings		<u>12,318,796.</u>	<u>3,317,294.</u>	<u>9,001,502.</u>
c Household improvements		<u>728,152.</u>	<u>603,563.</u>	<u>124,589.</u>
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  $\blacktriangleright$  10,681,700.

**Schedule D (Form 990) 2020**

**Schedule D (Form 990) 2020      UNITED WAY OF EAST CENTRAL IOWA      42-0861239      Page 3****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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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 XIIII.

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	<b>8 , 894 , 072.</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments .....	2a	<b>376 , 836 .</b>
b	Donated services and use of facilities .....	2b	<b>47 , 155 .</b>
c	Recoveries of prior year grants .....	2c	
d	Other (Describe in Part XII.) .....	2d	<b>94 , 000 .</b>
e	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	<b>517 , 991 .</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	<b>8 , 376 , 081 .</b>
<b>4</b>	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>8 , 115 .</b>
b	Other (Describe in Part XII.) .....	4b	<b>1 , 039 , 276 .</b>
c	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	<b>1 , 047 , 391 .</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )	<b>5</b>	<b>9 , 423 , 472 .</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	<b>7 , 721 , 699 .</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities .....	2a	<b>47 , 155 .</b>
b	Prior year adjustments .....	2b	
c	Other losses .....	2c	
d	Other (Describe in Part XII.) .....	2d	<b>66 , 240 .</b>
e	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	<b>113 , 395 .</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	<b>7 , 608 , 304 .</b>
<b>4</b>	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>8 , 115 .</b>
b	Other (Describe in Part XII.) .....	4b	<b>711 , 711 .</b>
c	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	<b>719 , 826 .</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )	<b>5</b>	<b>8 , 328 , 130 .</b>

**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 V, LINE 4:**

THE ENDOWMENTS OF THE ORGANIZATION CONSIST OF VARIOUS FUNDS ESTABLISHED TO SUPPORT THE GENERAL OPERATING NEEDS OF THE ORGANIZATION. ITS ENDOWMENTS CONSIST OF BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. NET ASSETS WITH DONOR RESTRICTIONS CONSISTS OF \$503 , 650 OF ENDOWMENTS WHICH MUST BE INVESTED IN PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE TO SUPPORT THE OPERATIONS OF THE ORGANIZATION. IN ADDITION, THE COMMUNITY FOUNDATION HOLDS \$2 , 893 , 932 OF DESIGNATED FUNDS OF WHICH ONLY INCOME IS AVAILABLE TO THE ORGANIZATION AT THE DISCRETION OF THE FOUNDATION.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

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**Part XIII Supplemental Information (continued)**

CHANGE IN BENEFICIAL INTEREST IN COMMUNITY FOUNDATION 73,083.

REVENUE OF FCFH-IAWA, INC. 193.SPECIAL EVENT EXPENSES 20,724.TOTAL TO SCHEDULE D, PART XI, LINE 2D 94,000.PART XI, LINE 4B - OTHER ADJUSTMENTS:DONOR OPTION ALLOCATIONS 7111,7111.PPP REVENUE RECOGNIZED IN PRIOR YEAR UNDER GAAP 327,565.TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,039,276.PART XII, LINE 2D - OTHER ADJUSTMENTS:EXPENSES OF FCFH-IAWA, INC. 45,516.SPECIAL EVENT EXPENSES 20,724.TOTAL TO SCHEDULE D, PART XII, LINE 2D 66,240.PART XII, LINE 4B - OTHER ADJUSTMENTS:DONOR OPTION ALLOCATIONS 7111,7111.

<b>SCHEDULE G</b> <b>(Form 990 or 990-EZ)</b>		<b>Supplemental Information Regarding Fundraising or Gaming Activities</b>					
Department of the Treasury Internal Revenue Service		Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.					
		► Attach to Form 990 or Form 990-EZ. ► Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.					
Name of the organization		UNITED WAY OF EAST CENTRAL IOWA					
		42-0861239					
<b>Part I</b> <b>Fundraising Activities.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.							
a <input type="checkbox"/> Mail solicitations	b <input type="checkbox"/> Internet and email solicitations	c <input type="checkbox"/> Phone solicitations	d <input type="checkbox"/> In-person solicitations	e <input type="checkbox"/> Solicitation of non-government grants	f <input type="checkbox"/> Solicitation of government grants	g <input type="checkbox"/> Special fundraising events	
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.							
(I) Name and address of individual or entity (fundraiser)		(II) Activity	(III) Did fundraiser have custody or control of contributions?	(IV) Gross receipts from activity	(V) Amount paid to or retained by fundraiser listed in col. (II)	(VI) Amount paid to (or retained by) organization	
Yes	No						
Total							
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							

## Schedule G (Form 990 or 990-EZ) 2020 UNITED WAY OF EAST CENTRAL IOWA 42-0861239 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1 POWER OF THE PURSE (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
1 Gross receipts .....	31,623.			31,623.
2 Less: Contributions .....	21,925.			21,925.
3 Gross income (line 1 minus line 2) .....	9,698.			9,698.
4 Cash prizes .....				
5 Noncash prizes .....	20,050.			20,050.
6 Rent/facility costs .....				
7 Food and beverages .....				
8 Entertainment .....	674.			674.
9 Other direct expenses .....				
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				20,724.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-11,026.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue .....				
2 Cash prizes .....				
3 Noncash prizes .....				
4 Rent/facility costs .....				
5 Other direct expenses .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	
6 Volunteer labor .....				
7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? .....  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .....  Yes  No

b If "Yes," explain: \_\_\_\_\_

## Schedule G (Form 990 or 990-EZ) 2020 UNITED WAY OF EAST CENTRAL IOWA

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**11** Does the organization conduct gaming activities with nonmembers?  Yes  No**12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No**13** Indicate the percentage of gaming activity conducted in:  
**a** The organization's facility .....  
**b** An outside facility .....  
 13a %  
 13b %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

 Director/officer  Employee  Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.



**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.

OMB No. 1545-0047

**2020**Open to Public  
Inspection

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**UNITED WAY OF EAST CENTRAL IOWA**Employer identification number  
**42-0861239****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.

<b>1 (a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section (if applicable)</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of noncash assistance</b>	<b>(h) Purpose of grant or assistance</b>
AFFORDABLE HOUSING NETWORK, INC 5400 KIRKWOOD BOULEVARD SW CEDAR RAPIDS, IA 52404	20-8640691	501(C)(3)	7,500.	0.			DISASTER RESPONSE
AGING SERVICES, INC. 317 7TH AVE SE, STE 302B CEDAR RAPIDS, IA 52401-1604	23-7085316	501(C)(3)	312,369.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
AMERICAN CANCER SOCIETY C.R. 4080 FIRST AVENUE NE CEDAR RAPIDS, IA 52402	42-0680353	501(C)(3)	9,587.	0.			DONOR DESIGNATION SUPPORT
ANAMOSA COMMUNITY SCHOOL FOUNDATION - 200 S GARNAVILLO ST - ANAMOSA, IA 52205	42-1385468	501(C)(3)	10,000.	0.			DISASTER RESPONSE
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVENUE SW CEDAR RAPIDS, IA 52401	42-1114396	501(C)(3)	364,268.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
BENTON COUNTY DISASTER COALITION PO BOX 125 VINTON, IA 52349	26-3381606	501(C)(3)	14,800.	0.			DISASTER RESPONSE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ► **65.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ► \_\_\_\_\_

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

Schedule I (Form 990) 2020

## Schedule I (Form 990) UNITED WAY OF EAST CENTRAL IOWA

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## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENTON COUNTY VOLUNTEER PROGRAM 1309 5TH AVE BELLE PLAINE, IA 52208	42-1023730	501(C)(3)	8,660.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
BIG BROTHERS BIG SISTERS 3151 E AVE NW STE 103 CEDAR RAPIDS, IA 52405	42-1170475	501(C)(3)	109,254.	0.			PROGRAM SUPPORT, DISASTER RESPONSE
BIG BROTHERS BIG SISTERS OF CEDAR RAPIDS AND EAST CENTRAL IOWA - 3150 E AVE NW STE 103 - CEDAR RAPIDS, IA 52405	42-1170475	501(C)(3)	22,540.	0.			DONOR DESIGNATION SUPPORT
BOYS & GIRLS CLUB OF CEDAR RAPIDS 418 6TH ST SE, STE 240 CEDAR RAPIDS, IA 52399	42-1434054	501(C)(3)	126,772.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
BRIDGEHAVEN PREGNANCY SUPPORT CENTER - 701 CENTER POINT RD NE - CEDAR RAPIDS, IA 52402	42-1203675	501(C)(3)	17,177.	0.			DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
BRUCEMORE 2160 LINDEN DRIVE SE CEDAR RAPIDS, IA 52403	42-1170531	501(C)(3)	10,434.	0.			DONOR DESIGNATION SUPPORT
CATHERINE MCAULEY CENTER 1220 5TH AVE SE CEDAR RAPIDS, IA 52403	42-1342872	501(C)(3)	178,033.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
CATHOLIC CHARITIES OF THE 420 6TH ST SE STE 220 CEDAR RAPIDS, IA 52401	42-0680493	501(C)(3)	5,991.	0.			DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
CEDAR RAPIDS MUSEUM OF ART 410 3RD AVE SE CEDAR RAPIDS, IA 52401	42-0680248	501(C)(3)	6,000.	0.			DISASTER RESPONSE

Schedule I (Form 990)

## Schedule I (Form 990) UNITED WAY OF EAST CENTRAL IOWA

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## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR VALLEY HABITAT FOR HUMANITY PO BOX 1244 CEDAR RAPIDS, IA 52406-1244	42-1320296	501(C)(3)	19,618.	0.			DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
CENTRAL FURNITURE RESCUE PO BOX 2404 CEDAR RAPIDS, IA 52406	84-2506457	501(C)(3)	10,000.	0.			DISASTER RESPONSE
COMMUNITY HEALTH FREE CLINIC 947 14TH AVENUE SE CEDAR RAPIDS, IA 52403	13-4228071	501(C)(3)	67,593.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
DELHI UNITED METHODIST CHURCH 304 MARKET ST DELHI, IA 52223	42-0776414	501(C)(3)	10,000.	0.			DISASTER RESPONSE
DISCOVERY LIVING PO BOX 10980 CEDAR RAPIDS, IA 52410-0980	42-1082773	501(C)(3)	10,000.	0.			DISASTER RESPONSE
EASTERN IOWA HEALTH CENTER 1201 3RD AVE SE CEDAR RAPIDS, IA 52403	20-2405575	501(C)(3)	87,538.	0.			PROGRAM SUPPORT, DISASTER RESPONSE
ECUMENICAL COMMUNITY CENTER FOUNDATION - 601 2ND AVE SE STE 1 - CEDAR RAPIDS, IA 52401-1325	42-1456338	501(C)(3)	41,900.	0.			DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
FAMILY PROMISE OF LINN COUNTY 310 5TH ST SE CEDAR RAPIDS, IA 52401	27-3296139	501(C)(3)	10,000.	0.			DISASTER RESPONSE
FIRST LUTHERAN CHURCH 313 E FAYETTE ST MANCHESTER, IA 52057	42-1229133	501(C)(3)	12,881.	0.			DONOR DESIGNATION SUPPORT

Schedule I (Form 990)

## Schedule I (Form 990) UNITED WAY OF EAST CENTRAL IOWA

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## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION 2 1714 JOHNSON AVE NW CEDAR RAPIDS, IA 52405	42-1078444	501(C)(3)	334,584.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
FOUR OAKS FAMILY AND CHILDREN SERVICES - 5400 KIRKWOOD BLVD SW - CEDAR RAPIDS, IA 52404	42-0998726	501(C)(3)	5,500.	0.			DONOR DESIGNATION SUPPORT
GEMS OF HOPE INC. 420 - 6TH ST. SE SUITE 140 CEDAR RAPIDS, IA 52401	20-3155610	501(C)(3)	10,120.	0.			DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
GOODWILL INDUSTRIES OF THE HEARTLAND - 1410 S. 1ST AVE - IOWA CITY, IA 52240	42-0923563	501(C)(3)	56,213.	0.			PROGRAM SUPPORT, DISASTER RESPONSE
GRACE C MAE ADVOCATE CENTE INC PO BOX 4 VAN HORNE, IA 52346	26-4515233	501(C)(3)	10,000.	0.			DISASTER RESPONSE
GRACE COMMUNITY CHURCH OF NORTH LIBERTY - 2707 DUBUQUE ST. NE - NORTH LIBERTY, IA 52317-9381	42-1192395	501(C)(3)	12,692.	0.			DONOR DESIGNATION SUPPORT
HARVEST EVANGELICAL CHURCH 1235 W. WICKS LANE BILLINGS, MT 59105	81-0533005	501(C)(3)	12,675.	0.			DONOR DESIGNATION SUPPORT
HAWKEYE AREA COMMUNITY ACTION PROGRAM - P.O. BOX 490 - HIAWATHA, IA 52233-0490	42-0898405	501(C)(3)	306,618.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
HERITAGE AGENCY ON AGING 6301 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52404	23-7076632	501(C)(3)	10,280.	0.			DISASTER RESPONSE, DONOR DESIGNATION SUPPORT

Schedule I (Form 990)

## Schedule I (Form 990) UNITED WAY OF EAST CENTRAL IOWA

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## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIS HANDS MINISTRIES PO BOX 339 CEDAR RAPIDS, IA 52406	39-1878606	501(C)(3)	8,280.	0.			DONOR DESIGNATION SUPPORT
HORIZONS, A FAMILY SERVICE ALLIANCE - PO BOX 667 - CEDAR RAPIDS, IA 52406	42-1135083	501(C)(3)	259,996.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
HOUSING FUND OF LINN COUNTY 700 16TH ST NE SUITE 301 CEDAR RAPIDS, IA 52402	20-8890152	501(C)(3)	546,000.	0.			DISASTER RESPONSE
IOWA LEGAL AID 317 7TH AVE SE, STE 404 CEDAR RAPIDS, IA 52401	42-1079227	501(C)(3)	124,964.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
IOWA STATE UNIVERSITY EXTENSION 383 COLLINS RD. NE, SUITE 201 CEDAR RAPIDS, IA 52402	42-6021441	501(C)(3)	5,972.	0.			DISASTER RESPONSE
JANE BOYD COMMUNITY HOUSE 943 14TH AVE SE CEDAR RAPIDS, IA 52403	42-0680359	501(C)(3)	223,206.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
JUNIOR ACHIEVEMENT OF EAST CENTRAL IOWA - 324 THIRD ST SE #200 - CEDAR RAPIDS, IA 52401-1841	42-0919209	501(C)(3)	21,065.	0.			DONOR DESIGNATION SUPPORT
JUNIOR LEAGUE OF CEDAR RAPIDS 317 7TH AVENUE SE, SUITE 202 D CEDAR RAPIDS, IA 52401	42-6060212	501(C)(3)	10,200.	0.			DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
KIDS FIRST LAW CENTER 420 6TH ST SE, STE 160 CEDAR RAPIDS, IA 52401	20-2199649	501(C)(3)	68,498.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARION CARES 1050 MCGOWAN BLVD. MARION, IA 52302	26-0585390	501(C)(3)	36,500.	0.			DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
MATTHEW 25 MINISTRY HUB - CEDAR RAPIDS - 201 3RD AVE SW - CEDAR RAPIDS, IA 52404	26-0467321	501(C)(3)	275,914.	0.			DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
METRO CATHOLIC OUTREACH 420 6TH STREET SE CEDAR RAPIDS, IA 52401	46-1959452	501(C)(3)	9,500.	0.			DONOR DESIGNATION SUPPORT
OLD SCHOOL PRODUCE PARTNERS INC 501 1ST AVE VINTON, IA 52349	84-4781286	501(C)(3)	5,500.	0.			DISASTER RESPONSE
PLANNED PARENTHOOD OF THE HEARTLAND - 2304 UNIVERSITY AVE - DES MOINES, IA 50311	42-1132892	501(C)(3)	7,380.	0.			DONOR DESIGNATION SUPPORT
RURAL EMPLOYMENT ALTERNATIVES 495 4TH AVE CONROY, IA 52220	42-1150011	501(C)(3)	25,606.	0.			DISASTER RESPONSE
SOUTHEAST LINN COMMUNITY CENTER 108 S WASHINGTON ST LISBON, IA 52253	43-1406317	501(C)(3)	9,105.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
ST. ELIZABETH ANN SETON CATHOLIC CHURCH - 1350 LYNDHURST DRIVE - HIAWATHA, IA 52233	42-1338119	501(C)(3)	7,515.	0.			DONOR DESIGNATION SUPPORT
ST. LUKE'S HEALTH CARE FOUNDATION 855 A AVENUE NE #105 CEDAR RAPIDS, IA 52402	42-1106819	501(C)(3)	80,428.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT

## Schedule I (Form 990) UNITED WAY OF EAST CENTRAL IOWA

42-0861239

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## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PAULS UNITED METHODIST CHURCH 1340 - 3RD AVENUE SE CEDAR RAPIDS, IA 52403	42-0680303	501(C)(3)	8,600.	0.			DONOR DESIGNATION SUPPORT
TANAGER PLACE 2309 C ST SW CEDAR RAPIDS, IA 52404	42-0688079	501(C)(3)	22,105.	0.			DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
THE ARC OF EAST CENTRAL IOWA 680 2ND ST SE STE 200 CEDAR RAPIDS, IA 52401	42-0805377	501(C)(3)	119,776.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
THE STONE CHURCH 18141 222ND STREET MANCHESTER, IA 52057	42-0938125	501(C)(3)	28,600.	0.			DONOR DESIGNATION SUPPORT
UNITED METHODIST CHURCH - MT. VERNON - 304 FIRST STREET WEST - MT. VERNON, IA 52314	42-1021696	501(C)(3)	7,500.	0.			DONOR DESIGNATION SUPPORT
UNITED WAY OF GREATER LOS ANGELES 1150 S OLIVE STREET, STE T500 LOS ANGELES, CA 90015	95-2274801	501(C)(3)	7,800.	0.			DONOR DESIGNATION SUPPORT
UNITED WE MARCH FORWARD INC 1700 B AVE NE STE 206 CEDAR RAPIDS, IA 52402	83-0902832	501(C)(3)	10,000.	0.			DISASTER RESPONSE
VOLUNTEER SERVICES OF CEDAR COUNTY PO BOX 307 TIPTON, IA 52772	42-1341650	501(C)(3)	8,910.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
WAYPOINT SERVICES 318 5TH ST SE CEDAR RAPIDS, IA 52401	42-0680307	501(C)(3)	456,384.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT

Schedule I (Form 990)

**Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIS DADY EMERGENCY SHELTER 1247 4TH AVE SE CEDAR RAPIDS, IA 52403	42-1311668	501(C)(3)	92,735.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
YOUNG PARENTS NETWORK 420 6TH ST SE STE 260 CEDAR RAPIDS, IA 52401	42-1355480	501(C)(3)	179,120.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
YOUTHPORT 2309 C ST SW CEDAR RAPIDS, IA 52404	47-5419601	501(C)(3)	56,000.	0.			PROGRAM SUPPORT
ZACH JOHNSON FOUNDATION PO BOX 2336 CEDAR RAPIDS, IA 52406	27-2683100	501(C)(3)	70,571.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET, STE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	173,000.	0.			PROGRAM SUPPORT

**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

**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:DISASTER RESPONSE FUNDS: IN RESPONSE TO THE COVID-19 PANDEMIC AND THE 2020DERECHO STORM DAMAGE SEEN IN IOWA COMMUNITIES, UWECI HAS RESPONDED TOIMMINENT NEEDS BY CREATING THE DISASTER RECOVERY FUND. THESE FUNDS AREGRANTED IN RESPONSE TO THE EMERGING NEEDS OF THE MOST VULNERABLEINDIVIDUALS IN OUR COMMUNITY TO 501C3 ORGANIZATIONS PROVIDING COVID-19 ORDISASTER RECOVERY SERVICES IN UWECI'S FIVE COUNTY AREA. UWECI HAS BEEN KEYIN RECOVERY EFFORTS SUCH AS PATCH (PROVIDING ASSISTANCE TO COMMUNITYHOMEOWNERS), RENT/UTILITY ASSISTANCE PROGRAM AND LONG TERM RECOVERY.

**Part IV Supplemental Information**

RECIPIENT ORGANIZATIONS MUST SUBMIT A FINAL REPORT WITHIN 90 DAYS.

PROGRAM FUNDING: PARTNER AGENCIES ARE REQUIRED TO SUBMIT WRITTEN MID-YEAR AND END-OF-YEAR REPORTS WHERE THEY DESCRIBE THEIR PROGRESS TOWARDS THE OUTCOME GOALS THEY COMMITTED TO UPON RECEIPT OF FUNDING. AGENCIES REPORT NUMBER SERVED, ACTIVITIES AND OUTCOMES FOR THE TARGET POPULATION (I.E., NUMBER WHO EXPERIENCED A MEASURED CHANGE IN CONDITION DURING THE FUNDING PERIOD.) AGENCIES ALSO SUBMIT FINANCIAL STATEMENTS AND IRS FORM 990 DOCUMENTS THAT ARE REVIEWED BY VOLUNTEER TEAMS DURING EACH FUNDED PERIOD.

DONOR DESIGNATIONS SUPPORT: REPRESENTS CONTRIBUTIONS FROM INDIVIDUAL DONORS THAT ARE DIRECTED TO 501(C) (3) ORGANIZATIONS. TAX DETERMINATION LETTERS AND ANTI-TERRORISM COMPLIANCE (PATRIOT ACT) FORMS ARE REQUIRED FOR ALL AGENCIES BEFORE PAYOUT IS ISSUED. IRS WATCH LIST WEBSITES ARE REVIEWED TO VERIFY AGENCY IS NOT INVOLVED IN OR SUPPORTIVE OF TERRORIST ACTIVITY.

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**SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2020**Open to Public  
Inspection► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA

Employer identification number

42-0861239

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

IMPACT IN THE COMMUNITY INCLUDES VOLUNTEER ENGAGEMENT TO MOBILIZE VOLUNTEERS; AND VITA (VOLUNTEER INCOME TAX ASSISTANCE) TO PROVIDE TAX PREPARATION FOR QUALIFYING INDIVIDUALS. UWECI ALIGN'S COMMUNITY COLLABORATIONS THAT FOCUS ON THE PILLARS OF EDUCATION, FINANCIAL STABILITY, AND HEALTH.

DONOR DESIGNATED FUNDS: DONORS TO UNITED WAY MAY DESIGNATE CONTRIBUTIONS TO ANY QUALIFIED 501(C)(3) ORGANIZATION, INCLUDING UNITED WAY PARTNER AGENCIES AND NON-PARTNER AGENCIES. DURING THE YEAR, UNITED WAY REVIEWED, PROCESSED AND DISTRIBUTED OVER \$700 THOUSAND DOLLARS OF DONOR DESIGNATED FUNDS.

EXPENSES \$ 1,373,494. INCLUDING GRANTS OF \$ 1,256,277. REVENUE \$ 86,135

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

THE CFO/VP OF FINANCE AND ADMINISTRATION WILL DIRECT THE COMPLETION OF THE FORM 990 AND WILL BE RESPONSIBLE FOR ENSURING THAT THE RETURN IS FILED WITHIN THE IRS PRESCRIBED DUE DATE. MEMBERS OF THE UWECI BOARD OF DIRECTORS, WITH ASSISTANCE FROM THE CFO/VP OF FINANCE & ADMINISTRATION AND FINANCE COMMITTEE, ARE STEWARDS OF THE ORGANIZATION'S FINANCIAL RESOURCES AND ARE RESPONSIBLE FOR ENSURING THAT THESE RESOURCES ARE USED TO FURTHER CHARITABLE PURPOSES. IN ADDITION, BOARD AND COMMITTEE MEMBERS SHOULD MAINTAIN PROPER FINANCIAL OVERSIGHT MAKING SURE THAT THE ORGANIZATION'S FUNDS ARE APPROPRIATELY ACCOUNTED FOR BY RECEIVING AND REVIEWING UP TO DATE FINANCIAL INFORMATION INCLUDING THE ANNUAL FORM 990. TO FACILITATE ADEQUATE

FINANCIAL OVERSIGHT, A DRAFT VERSION OF THE IRS FORM 990 WILL BE REVIEWED LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization	UNITED WAY OF EAST CENTRAL IOWA	Employer identification number 42-0861239
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BY THE UWECI FINANCE COMMITTEE. THE PREPARERS OF THE IRS FORM 990 WILL PROVIDE A BRIEF REVIEW AND DISCUSSION OF THE FORM 990 POINTING OUT THE SIGNIFICANT AREAS AND HOW THE NUMBERS RELATED TO THE AUDITED FINANCIAL STATEMENTS. AFTER FINANCE COMMITTEE APPROVAL OF THE DRAFT AND SUBSEQUENT CHANGES, IF NECESSARY, A FINAL COPY OF THE IRS FORM 990 WILL BE REVIEWED BY THE UWECI BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE IRS. THE FORM 990 WILL BE DISTRIBUTED ELECTRONICALLY TO ALL BOARD MEMBERS AND WILL BE PRESENTED TO THE BOARD OF DIRECTORS ANNUALLY AT THE BOARD MEETING WHICH MOST CLOSELY CORRESPONDS WITH THE COMPLETION OF THE IRS FORM 990.

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED BY THE UWECl BOARD OF DIRECTORS

EVERY THREE YEARS . UNITED WAY OF AMERICA (UNITED WAY WORLD WIDE) REQUIRES A

CONFLICT OF INTEREST POLICY AS PART OF THE ANNUAL CERTIFICATION PROCESS . IN

ADDITION THE IOWA PRINCIPLES AND PRACTICES FOR CHARITABLE NONPROFIT

EXCELLENCE RECOMMENDS THIS POLICY FOR GOOD NONPROFIT PRACTICE . IT IS THE

POLICY OF UNITED WAY OF EAST CENTRAL IOWA THAT CONFLICTS OF INTEREST SHOULD

BE DISCLOSED AND RESOLVED AT THE EARLIEST POSSIBLE TIME . EVERY UNITED WAY

BOARD MEMBER , FINANCE OR COMMUNITY BUILDING COMMITTEE MEMBER AND EMPLOYEE

IS REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY ANNUALLY . THESE ARE

COLLECTED AND FILED BY THE EXECUTIVE ASSISTANT . EACH VOLUNTEER AND EMPLOYEE

MUST DESIGNATE CONFLICTS THAT RELATE TO PARTNER AGENCY RELATIONSHIPS ,

BUSINESS AFFILIATIONS OR NEPOTISM . VOLUNTEERS THAT HAVE A CONFLICT OF

INTEREST REGARDING A UNITED WAY ALLOCATION OR VENDOR RELATIONSHIP CANNOT

SERVE IN A DECISIONS MAKING CAPACITY . THESE INDIVIDUALS MUST RECUSE

THEMSELVES FROM ANY VOTING . THESE ACTIONS ARE DOCUMENTED IN THE MINUTES OF

THE MEETINGS .

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA

Employer identification number

42-0861239

IF ANY VOLUNTEER OR EMPLOYEE HAS A CONCERN ABOUT A POTENTIAL OR ACTUAL CONFLICT OF INTEREST AND HOW IT HAS BEEN RESOLVED, THE INDIVIDUAL IS REQUESTED TO NOTIFY THE PRESIDENT/CEO. THE DISCUSSION AND RESOLUTION OF THIS ISSUE WILL BE ADDRESSED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND A RESPONSE WILL BE DOCUMENTED.

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

EXECUTIVE COMPENSATION REVIEW:

THE COMPENSATION OF THE PRESIDENT/CEO IS REVIEWED BY THE BOARD CHAIR, PAST BOARD CHAIR, AND BOARD VICE CHAIR. INFORMATION FROM THE ANNUAL UNITED WAY OF AMERICA COMPENSATION SURVEY ALONG WITH INFORMATION FROM THE FORM 990 OF OTHER ORGANIZATIONS IS UTILIZED TO FORM THE BASIS FOR THE CEO'S COMPENSATION. THE COMPENSATION OF THE PRESIDENT/CEO IS A RECOMMENDATION FROM THE BOARD CHAIR, PAST BOARD CHAIR AND BOARD VICE CHAIR AND MUST BE APPROVED BY THE UWECI BOARD OF DIRECTORS.

OTHER OFFICER/KEY EMPLOYEE COMPENSATION REVIEW:

THE COMPENSATION AND BENEFIT PROGRAMS ARE REVIEWED BY THE HUMAN RESOURCE COMMITTEE OF THE BOARD OF DIRECTORS, SALARY SCHEDULES ARE REVIEWED ANNUALLY WITH DATA FROM UWA AND LOCAL FIRMS.

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

THE ORGANIZATION PUBLISHES ITS ANNUAL REPORT AND MOST RECENTLY FILED FORM 990 ON ITS EXTERNAL WEBSITE AT [WWW.UWECI.ORG](http://WWW.UWECI.ORG). THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

032212 11-20-20

Name of the organization <b>UNITED WAY OF EAST CENTRAL IOWA</b>	Employer identification number <b>42-0861239</b>
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CHANGE IN BENEFICIAL INTEREST IN COMMUNITY FOUNDATION      **73,083.**

PPP REVENUE RECOGNIZED IN PRIOR YEAR UNDER GAAP      **-327,565.**

CHANGE IN NET ASSETS OF FCFH, INC.      **-45,323.**

TOTAL TO FORM 990, PART XI, LINE 9      **-299,805.**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection

Name of the organization

**UNITED WAY OF EAST CENTRAL IOWA**Employer identification number  
**42-0861239****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
HUMAN SERVICES CAMPUS, LLC 317 7TH AVENUE SE CEDAR RAPIDS, IA 52401	OWNS AND OPERATES A FACILITY LEASED TO LOCAL NONPROFITS	IOWA	382,021.	11,571,033.	UNITED WAY OF EAST CENTRAL IOWA, INC.

**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					
FCFH-IOWA, INC. - 20-0936954 317 7TH AVE SE #401 CEDAR RAPIDS, IA 52401	HEALTH AND HUMAN SERVICES INFORMATION AND REFERRAL HELPLINE	IOWA	501(C) (3)	LINE 7	UNITED WAY OF EAST CENTRAL IOWA	X

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

Schedule R (Form 990) 2020

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

**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.

**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?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
  
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
  
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
  
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
  
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

**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
<b>(1) FCFH-IOWA, INC.</b>	S	210,976.	ACTUAL EXPENSES
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

**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.

Schedule R (Form 990) 2020

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UNITED WAY OF EAST CENTRAL IOWA

**Part VII Supplemental Information**

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