Department of the Treasury Internal Revenue Service

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

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

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

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

Open to Public Inspection

	OI UI	e 2021 Calendar year, or tax year beginning 000 1, 2021 and	enumy c	JOIN 30, 2022				
В	Check if applicab	C Name of organization		D Employer identifi	cation number			
	Addre	UNITED WAY OF EAST CENTRAL IOWA						
	Name chang			42-08612	39			
	Initial return		E Telephone numbe	r				
	Final	317 7TH AVE CE	319-398-					
	termir ated			G Gross receipts \$	7,845,954.			
	Amen	ded CEDAR RARTEC TA FOAGA 1604		H(a) Is this a group re				
	Application			for subordinates				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	·····= =			
$\overline{\Gamma}$	Гах-ех	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) of $x = 100$	or 527	7 ` '	list. See instructions			
		te: > WWW.UWECI.ORG	01 021	H(c) Group exemption				
		f organization: X Corporation Trust Association Other	I Year		M State of legal domicile: IA			
	art I	Summary	L Tour	or formation: = = = = [1	VI Otato of logar doffilono, ===			
_	1	Briefly describe the organization's mission or most significant activities: UNITI	E THE	CARING POWE	R OF			
Activities & Governance		COMMUNITIES TO INVEST IN EFFECTIVE SOLUTI						
na	2	Check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	31			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	30			
တ္	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			37			
iŧie	6	Total number of volunteers (estimate if necessary)			449			
jĘ	7 a			7a	0.			
_⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
				Prior Year	Current Year			
a)	8	Contributions and grants (Part VIII, line 1h)		8,819,751.	6,411,172.			
Ž	9	Program service revenue (Part VIII, line 2g)		415,613.	438,692.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		199,134.	126,973.			
<u>~</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-11,026.	-20,059.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,423,472.	6,956,778.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,451,458.	4,069,602.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,503,589.	1,415,831.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ē	. в	Total fundraising expenses (Part IX, column (D), line 25)  457,85	59.					
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,373,083.	1,651,584.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,328,130.	7,137,017.			
	19	Revenue less expenses. Subtract line 18 from line 12		1,095,342.	-180,239.			
200	3		Ве	eginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		19,492,276.	18,620,645.			
Net Assets or	21	Total liabilities (Part X, line 26)		4,096,397.	3,783,174.			
	22	Net assets or fund balances. Subtract line 21 from line 20		15,395,879.	14,837,471.			
Pa	art II	Signature Block						
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	/ knowledge and belief, it is			
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.				
Sig	n	Signature of officer		Date				
Here SARAH PETERS, CFO/VP OF FINANCE AND ADMIN.  Type or print name and title								
				Date Check	PTIN			
D-'		Print/Type preparer's name  Preparer's signature  PRIAN ARONGON CDA  PRIAN ARONGON CDA						
Paid		BRIAN ARONSON, CPA BRIAN ARONSON, C	JPA J	L0/31/22 self-employ	/ed P01425251 //1-1/31613			
-	oarer	Firm's name BERGANKDV, LTD.		FIRM'S EIN	41-1431613			
use	Only	Firm's address P.O. BOX 2100 WATERLOO, IA 50704-2100		Dhans 21	9-234-6885			
N/a:	, +b > !	RS discuss this return with the preparer shown above? See instructions		I Priorie no. 3 1	X Yes No			
ivid	y ule l	no discuss this return with the preparer shown above? See instructions			L41 165 LINO			

Paı	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 3,206,836. including grants of \$ 3,206,836.) (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.
	200 004
4b	(Code:) (Expenses \$ 909,291. including grants of \$ ) (Revenue \$ 360,698.)
	THE HUMAN SERVICES CAMPUS OF EAST CENTRAL IOWA, A DISREGARDED ENTITY OF
	UNITED WAY OF EAST CENTRAL IOWA, OWNS AND OPERATES A FACILITY HOME TO
	SEVERAL 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
	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.
	CIN DE BIENT ON DERVICE BEETVERT TO CELENTE.
4c	(Code:) (Expenses \$
	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, PROCEESSED AND DISTRIBUTED OVER \$600 THOUSAND DOLLARS OF
	DONOR DESIGNATED FUNDS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,350,200. including grants of \$ 252,528.) (Revenue \$ )
4e	Total program service expenses ► 6,076,565.

**4e** Total program service expenses ▶

42-0861239

Form 990 (2021) UNITED WAY OF EAST CENTRAL IOWA
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)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		<u> X</u>
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?			v
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا مد ا	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	Х	
<b>h</b>	Part VI	11a		
b		11b		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1 10		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	5111	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	10		
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		_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? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_ <u>X</u> _
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		.,	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

			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	Х	
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		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<del> </del>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, , ,	25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<del></del>
20	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		20		1
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
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
28				
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
	"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		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<b>₩</b>
•	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			177
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		v	
	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
	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		<del>                                     </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		,	
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pa				
	Check if Schedule O contains a response or note to any line in this Part V		 T	Ш
	1 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2021)

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42-0861239 Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **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). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с **d** If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? <u>1</u>5 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

Form 990 (2021)

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42-0861239 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 31 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 30 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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 NONE List the states with which a copy of this Form 990 is required to be filed 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. X Upon request X Own website Another's website \_\_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

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SARAH PETERS - 319-398-5372

7TH AVENUE SE #401, CEDAR RAPIDS

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

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

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

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

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

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

Check this box if neither the organization n	(C)				iperi	Sate	(D)	(F)		
Name and title	(B) Average			Posi	ition	1		Reportable	<b>(E)</b> Reportable	(F) Estimated
Name and the	hours per	box,	unles	ss per	son is	than o	an	compensation	compensation	amount of
	week	offic	er an	d a di	recto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	96			ated		organization	(W-2/1099-MISC/	from the
	related	ıstee	truste		9	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual trı	tional		ploye	t com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KRISTIN ROBERTS	50.00									
PRESIDENT/CEO		Х		Х				148,169.	0.	26,641.
(2) SARAH PETERS	50.00									
CFO/VP FIN/ADM				X				90,997.	0.	7,918.
(3) KARI COOLING	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(4) LINDA MATTES	1.00									
FORMER CHAIR		X		Х				0.	0.	0.
(5) RAY BROWN	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(6) DEB GERTSEN	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) TERI GIBSON	1.00									
SECRETARY		X		Х				0.	0.	0.
(8) KIM BECICKA	1.00									
DIRECTOR		X						0.	0.	0.
(9) SARIKA BHAKTA	1.00									
DIRECTOR		X						0.	0.	0.
(10) EMILY BLOMME	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MAYURI FARLINGER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) BRIAN FRESE	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(13) NOREEN BUSH	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(14) PAUL MORF	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(15) BRITNI GOOKIN	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(16) NICK NIELSEN	1.00									_
DIRECTOR	1 2 2 2	Х						0.	0.	0.
(17) MICHELLE NIERMANN	1.00									_
DIRECTOR		Х						0.	0.	<u>0.</u>

Form 990 (2021) UNITED WA									42-08	361	239	Pa	age 8
Part VII   Section A. Officers, Directors, Trust		oloy	ees,			ghe	st C		, ,				
(A)	(B)			Pos	C)			(D)	(E)			(F)	
Name and title	Average		not c	heck	more	than		Reportable	Reportable	.		timate	
	hours per week					is bot or/trus		compensation	compensation	- 1		ount (	OΤ
	(list any	JO:						from the	from related organizations	- 1		other oensa	tion
	hours for	direct				_		organization	(W-2/1099-MIS			om the	
	related	9e 0r	stee			nsate		(W-2/1099-MISC/	1099-NEC)	.0,		anizati	
	organizations	trust	al tru		yee	om pe		1099-NEC)	,		•	l relate	
	below	Individual trustee or director	Institutional trustee	ie.	Key employee	est co	je.				orga	nizatio	ons
	line)	lndi	Insti	Officer	Key 6	Highest compensated employee	Former						
(18) DENNIS JORDAN	1.00												
DIRECTOR		Х						0.		0.			0.
(19) WHITNEY PINO	1.00												_
DIRECTOR	1 00	Х	_			_		0.		0.			0.
(20) ERIC MARTIN	1.00	.,											^
DIRECTOR	1 00	Х				-		0.		0.			0.
(21) TROY SAUTER DIRECTOR	1.00	Х						0.		0.			^
(22) KELLEY MARCHBANKS	1.00	Λ				$\vdash$		0.		٠.			0.
DIRECTOR	1.00	Х						0.		0.			0.
(23) CHARLIE SCHIMBERG	1.00	Λ				$\vdash$		0.		٠.			<u> </u>
DIRECTOR	1.00	Х						0.		0.			0.
(24) DAVE SCHRECK	1.00												
DIRECTOR		Х						0.		0.			0.
(25) MINDY SORG	1.00												
DIRECTOR		Х						0.		0.			0.
(26) MELISSA WINTER	1.00												
DIRECTOR		Х						0.		0.			0.
1b Subtotal							ightharpoons	239,166.		0.	34	1,5	
c Total from continuation sheets to Part VII	, Section A						▶	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	239,166.		0.	34	1,5	<u> 59.</u>
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				4
compensation from the organization												V	1
										1		Yes	No
3 Did the organization list any <b>former</b> officer,	•	,	,	•	,	,	_		•				Х
line 1a? If "Yes," complete Schedule J for st											3		
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a											4		
rendered to the organization? If "Yes." com	•				•			•			5		Х
Section B. Independent Contractors	piete Scriedali	<i>5 0 1</i> 0	UI SC	<i>icii</i> ,	Jers	OH							
Complete this table for your five highest cor	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	hat received more than \$	3100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for t	:he calendar ye	ear e	endir	ng w	ith c	or wi	thir	n the organization's tax y	ear.				
(A)								(B)			(C	;)	
Name and business	address	NC	ONE	3				Description of s	services	С	omper	sation	ภ
									T				
O Tabel sumbon of traden and the design of t	and continue to the			d 2	Lla		1		ana tha a c				
2 Total number of independent contractors (ir \$100,000 of compensation from the organize	•	ut IIn	ıııtec	u 10 1	tnos (	_	ted	above) who received m	ore than				

Form 990

42-0861239

Form 990 UNITED WAY OF EAST CENTRAL IOWA 42-0861239										
Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(D)	(E)	(F)							
Name and title	(B) Average			(C Posi				Reportable	Reportable	Estimated
	hours	(cl		all t			ly)	compensation	compensation	amount of
	per	<u> </u>					ř.	from	from related	other
	week					ee/		the	organizations	compensation
	(list any	ctor				) plo		organization	(W-2/1099-MISC)	from the
	hours for	rdire				ed en		(W-2/1099-MISC)	,	organization
	related	tee o	ıstee			ensat				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	idua	tution	æ	empl	est c	Jer.			
	line)	Indi	Insti	Officer	Key	High	Former			
(27) PATRICK DEIGNAN	1.00									
DIRECTOR		Х						0.	0.	0.
(28) ANDRE DAWSON	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(29) DAN PULIS	1.00	25						•	•	•
DIRECTOR	1.00	Х						0.	0.	0.
(30) DIANA RODRIGUEZ	1.00	-22						0.	0.	<b>·</b>
DIRECTOR	1.00	Х						0.	0.	0.
(31) NANCY HILL-DAVIS	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(32) JESSICA HORANEY	1.00	-22						0.	0.	<b>·</b>
DIRECTOR	1.00	Х						0.	0.	0.
DIRECTOR		Δ						0.	0.	0.
	<u> </u>									
	-									
		1								
		1								
_		•					•			
Total to Part VII, Section A, line 1c										

42-0861239 Form 990 (2021) UNITED Part VIII Statement of Revenue UNITED WAY OF EAST CENTRAL IOWA

			Check if Schedule O contains a respons	se or r	note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
(0 (0	_	_	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts	'								
5 2			Membership dues 1b		21 150				
S, A			Fundraising events 1c		31,450.				
를 를		d	Related organizations 1d						
S, (		е	Government grants (contributions) 1e						
ion		f	All other contributions, gifts, grants, and						
but			similar amounts not included above 1f   6	6,37	79,722.				
Ę Ó		g	Noncash contributions included in lines 1a-1f		L8,155.				
Son		h	Total. Add lines 1a-1f			6,411,172.			
<u> </u>					usiness Code	, ,			
•	2	а	RENTAL INCOME		531120	360,698.	360,698.		
Š	_		DONOR DESIGNATION FEES		900099	77,994.	77,994.		
Program Service Revenue			DONOR BEDICITIES I BED	<u>-</u>	,,,,,,	7773310	7773310		
m S		C		-  -					
ara Re		d		_					
Š		е	<del></del>	-  -					
<u>-</u>			All other program service revenue			420 600			
			Total. Add lines 2a-2f			438,692.			
	3		Investment income (including dividends, int			001 600			001 600
			other similar amounts)			221,688.			221,688.
	4		Income from investment of tax-exempt bone	d proc	eeds -				
	5		Royalties		<b>)</b>				
			(i) Real	(	ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)		<b></b>				
	7	а	Gross amount from sales of (i) Securitie	es	(ii) Other				
			assets other than inventory 7a 769,478	3.					
		h	Less: cost or other basis						
Ф		~	and sales expenses	3.					
ᇍ		_	Gain or (loss) 7c - 94, 715	5.					
e			Net gain or (loss)		<b>•</b>	-94,715.			-94,715.
Other Revenue	_		· · · · · · · · · · · · · · · · · · ·	·····		74,713.			74,713.
흏	8	а	Gross income from fundraising events (not including \$ 31,450. of						
0									
			contributions reported on line 1c). See		1 021				
				8a /	4,924.				
					24,983.	20 050			20 050
			Net income or (loss) from fundraising events	s	<b></b>	-20,059.			-20,059.
	9	а	Gross income from gaming activities. See						
			· · · · · · · · · · · · · · · · · · ·	9a					
				9b					
		С	Net income or (loss) from gaming activities		<u></u>				
	10	а	Gross sales of inventory, less returns						
			***************************************	10a					
		b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of inventory		<u></u>				
G				В	usiness Code				
o o	11	а							
ane		b		_					
Miscellaneous Revenue		С		_ L					
Aisc B		d	All other revenue						
_		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			6,956,778.	438,692.	0.	106,914.

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Section	n 501(c)(3) and 501(c)(4)	arganizations must	complete all calumna	All other ergenizations mu	ust complete column (A)
$\neg$ eciioi	1 30 1161(3) 4110 30 1161(4)	Organizanons musi	complete all columns	. All other organizations mu	isi comolete column (A)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon-			(0)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,069,602.	4,069,602.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	205 221	76 070	156 606	60 227
	trustees, and key employees	295,221.	76,278.	156,606.	62,337.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	020 525	462 077	210 400	256 050
7	Other salaries and wages	939,525.	463,077.	219,489.	256,959.
8	Pension plan accruals and contributions (include	/1 OEO	20 060	12 000	
_	section 401(k) and 403(b) employer contributions)	41,859. 50,574.	28,869. 29,522.	12,990.	12,655.
9	Other employee benefits	88,652.	40,215.	25,560.	22,877.
10	Payroll taxes	00,032.	40,213.	25,500.	22,011.
11	Fees for services (nonemployees):				
a	Management				
	Legal	38,151.	4,973.	33,178.	
	Accounting	30,131.	=,575	33,170.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	10,861.		10,861.	
g		10,0010		20,0021	
9	column (A), amount, list line 11g expenses on Sch 0.)	335,440.	312,567.	15,298.	7,575.
12	Advertising and promotion	16,342.	7,503.	3,412.	5,427.
13	Office expenses	66,091.	27,165.	11,667.	27,259.
14	Information technology	68,404.	37,235.	20,732.	10,437.
15	Royalties	,	ļ	,	•
16	Occupancy	489,786.	485,510.	2,265.	2,011.
17	Travel	25,137.	23,910.	589.	638.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,390.	14,884.	8,135.	4,371.
20	Interest				
21	Payments to affiliates	108,207.	51,381.	32,899.	23,927.
22	Depreciation, depletion, and amortization	347,264.	339,083.	4,312.	3,869.
23	Insurance	3,729.	1,793.	1,086.	850.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SPECIAL PROJECT	79,326.	46,814.	18,466.	14,046.
b	MAINTENANCE	11,851.	5,629.	3,601.	2,621.
С					
d					
е	All other expenses	23,605.	10,555.	13,050.	
25	Total functional expenses. Add lines 1 through 24e	7,137,017.	6,076,565.	602,593.	457,859.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

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Form 990 (2021)
Part X Balance Sheet

Pal	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	200.	1	200.
	2	Savings and temporary cash investments	4,044,084.	2	3,751,191.
	3	Pledges and grants receivable, net	1,168,127.	3	1,237,248.
	4	Accounts receivable, net	269,871.	4	402,190.
	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	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	46,542.	9	60,030.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 14,601,510.	10 601 500		10 000 010
	b	Less: accumulated depreciation 10b 4,238,594.	10,681,700.		10,362,916.
	11	Investments - publicly traded securities	2,894,196.	11	2,505,175.
	12	Investments - other securities. See Part IV, line 11	381,070.	12	299,222.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	C 40C	14	0 472
	15	Other assets. See Part IV, line 11	6,486.	15	2,473.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	19,492,276.	16	18,620,645. 229,703.
	17	Accounts payable and accrued expenses	3,862,187.	17	3,553,471.
	18	Grants payable	3,002,107.	18 19	3,333,471.
	19 20	Deferred revenue  Tax-exempt bond liabilities		20	
	21			21	
	22	Loans and other payables to any current or former officer, director,			
ties		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
<u>9</u> .	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	4,096,397.	26	3,783,174.
		Organizations that follow FASB ASC 958, check here   X			
Ses		and complete lines 27, 28, 32, and 33.			
<u>a</u> u	27	Net assets without donor restrictions	12,744,525.	27	12,784,580.
Ва	28	Net assets with donor restrictions	2,651,354.	28	2,052,891.
pur		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
9	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds	45 205 255	31	44 005 454
Se	32	Total net assets or fund balances	15,395,879.	32	14,837,471.
	33	Total liabilities and net assets/fund balances	19,492,276.	33	18,620,645.

Form **990** (2021)

	Check if Schedule O contains a response or note to any line in this Part XI					LX.
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	,95	6,7	<u>78.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	,13	7,0	17.
3	Revenue less expenses. Subtract line 2 from line 1	3		-18		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15	,39		
5	Net unrealized gains (losses) on investments	5		-49	5,3	90.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8			3,2	
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-6	5,9	86.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	14	.,83	7,4	71.
Pai	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis 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:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	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 Sche					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Au	dit			
	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					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000	
				Form	990	(2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization UNITED WAY OF EAST CENTRAL IOWA 42-0861239 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

2 Tax revenues levied for the organ-	(f) Total 39921365.					
membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organ-  9020355. 8522020. 7884528. 8083290. 6411172.	39921365.					
include any "unusual grants.") 9020355. 8522020. 7884528. 8083290. 6411172. 2 Tax revenues levied for the organ-	39921365.					
2 Tax revenues levied for the organ-	39921365.					
instign's honefit and either poid to						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
	39921365.					
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)	3836963.					
6 Public support. Subtract line 5 from line 4.	36084402.					
Section B. Total Support	<u> </u>					
Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021	(f) Total					
	39921365.					
8 Gross income from interest,	333223331					
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources 108,447. 127,583. 150,146. 153,502. 126,973.	666,651.					
9 Net income from unrelated business	000,031.					
activities, whether or not the						
business is regularly carried on  10 Other income. Do not include gain						
or loss from the sale of capital						
	26,614.					
assets (Explain in Part VI.) 14,902. 11,712.	40614630.					
	2,285,038.					
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)	1,205,050.					
	ightharpoonup					
organization, check this box and <b>stop here</b> Section C. Computation of Public Support Percentage						
14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	88.85 %					
15 Public support percentage from 2020 Schedule A, Part II, line 14	89.41 %					
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box						
. 🕶						
stop here. The organization qualifies as a publicly supported organization						
and stop here. The organization qualifies as a publicly supported organization	\					
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%						
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 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is						
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	. 5 / 6 61					
organization mosts the facts and sircumstances test. The organization qualifies as a publicly supported organization						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruction	s					

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

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

Section A. Public Support		,				
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						+
6 Total. Add lines 1 through 5					-	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons  b Amounts included on lines 2 and 3 received					-	
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year					-	+
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
• • • • • • • • • • • • • • • • • • • •	(-) 0017	(h) 0010	(-) 0010	(4) 0000	(-) 0001	(s) Total
Calendar year (or fiscal year beginning in)  9 Amounts from line 6	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources <b>b</b> Unrelated business taxable income						<del> </del>
(less section 511 taxes) from businesses						
, , , , , , , , , , , , , , , , , , ,						
c Add lines 10a and 10b						<del>                                     </del>
11 Net income from unrelated business						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
<ul><li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li><li>14 First 5 years. If the Form 990 is for the</li></ul>	L organization's fi	ret second third	fourth or fifth tax	Voor as a soction 5	(01/c)/3) organiza	tion
check this box and <b>stop here</b>	_			-		
Section C. Computation of Publi						
15 Public support percentage for 2021 (I	• • •		column (f))		15	%
<b>16</b> Public support percentage from 2020					16	%
Section D. Computation of Inves						70
17 Investment income percentage for 20	<b>D21</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2021. If the						
more than 33 1/3%, check this box ar						<b>&gt;</b>
b 33 1/3% support tests - 2020. If the						
line 18 is not more than 33 1/3%, che	•			•		
20 Private foundation. If the organization						
J		,	. ,			

## 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

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

	Yes	No
	163	140
1		
2		
3a		
3b		
_		
3c		
4-		
4a		
4b		
10		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
Tod		
10b		
lule A (Forn	n 990)	2021

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organi	zations	TE GGGETEGE Tage
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	ınization (see

Schedule A (Form 990) 2021

instructions).

					:g - ·
Pai	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Sect	ion D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u></u> а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	UI	NT.L.ED /	WAY OF	EAST	CENTRAL	IOWA	42-086	1239 Page 8
Part VI	Section D, lines 5,	6, and 8; ar	5 ∠ anu 3, Pa	ari iv, Sectio	m E, imes i	C, Za, Zb, Sa, a	ind SD, Part V, line	e 17a or 17b; Part III, 3, lines 1 and 2; Part I' 1; Part V, Section B, I v additional informatio	me re, Part V,
	(See instructions.)								

132028 01-04-22 Schedule A (Form 990) 2021

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA

42-0861239

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) a contributor, during	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, contributions is checked, enter h purpose. Don't cor	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2** 

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		1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Schedule B (Form 990) (2021) Page **3** 

	3
Name of organization	Employer identification number

### 42-0861239 UNITED WAY OF EAST CENTRAL IOWA Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.)

\$

Part I

Schedule B (Form 990) (2021) Page **4** 

Name of organization **Employer identification number** UNITED WAY OF EAST CENTRAL IOWA 42-0861239 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21 Schedule B (Form 990) (2021)

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA

**Employer identification number** 42-0861239

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor or		-
Pa	rt II Conservation Easements. Complete if the ord		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	·
	Preservation of land for public use (for example, recreated)	` `	f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ire
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.	<del> </del>	
Pa	rt III Organizations Maintaining Collections of		her 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 95	·	
	of art, historical treasures, or other similar assets held for pub	, ,	•
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under FASB A	3	
а	, , , ,		
h	Assets included in Form 900 Part V		<b>L</b> •

#### 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)	(d) Book value		
1a Land		1,555,609.		1,555,609.
<b>b</b> Buildings		12,318,796.	3,632,465.	8,686,331.
c Leasehold improvements				
d Equipment		727,105.	606,129.	120,976.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	10,362,916.			

Schedule D (Form 990) 2021

a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year ma	ket value
Financial derivatives	(1)	,	
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
rt VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n 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 ma	ket value
1)			
2)			
3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
<b>(a)</b> D	escription	<b>(b)</b> Bo	ok value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
art X Other Liabilities.	5 000 B . N. II		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line		
(a) Description of liability		(b) Bo	ok value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<u>(0)</u>			

					P	Public
Sche	dule D (Form 990) 2021 UNITED WAY OF EAST CENTRAL	IOWA		42-	0861239	Page
Pai	t XI Reconciliation of Revenue per Audited Financial Statement	ts Wit	h Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	5,861	<u>,463</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-495,390.			
b	Donated services and use of facilities	2b	62,177.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	-65,986.			
е	Add lines 2a through 2d			2e	-499	,199
3	Subtract line 2e from line 1			3	6,360	,662
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,861.			
b	Other (Describe in Part XIII.)	4b	585,255.			
С	Add lines 4a and 4b			4c	596	,116
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	6,956	,778
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII   Reconciliation of Expenses per Audited Financial Statemen	nts Wi	th Expenses per F	Retur	n.	
	Complete if the organization answered "Ves" on Form 990, Part IV, line 12a					

	Complete if the organization answered the controlling 990, Part IV, line 12a.								
1	Total expenses and losses per audited financial statements			1	6,603,078.				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:								
а	Donated services and use of facilities	2a	62,177.						
b	Prior year adjustments	2b							
С	Other losses	2c							
d	Other (Describe in Part XIII.)	2d	24,983.						
е	Add lines 2a through 2d			2e	87,160.				
3	Subtract line 2e from line 1			3	6,515,918.				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,861.						
b	Other (Describe in Part XIII.)	4b	610,238.						
С	Add lines 4a and 4b			4c	621,099.				
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 18.)	5	7,137,017.						
Pa	t XIII Supplemental Information	·	·						

| 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 \$2,638,917 OF DESIGNATED FUNDS OF WHICH ONLY INCOME IS AVAILABLE TO THE ORGANIZATION AT THE DISCRETION OF THE FOUNDATION.

Schedule D (Form 990) 2021 UNITED WAY OF EAST CENTRAL IOWA  Part XIII   Supplemental Information (continued)	42-0861239 Page 5
CHANGE IN BENEFICIAL INTEREST IN COMMUNITY FOUNDATION	-65,986.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DONOR OPTION ALLOCATIONS	610,238.
SPECIAL EVENT EXPENSES	-24,983.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	585,255.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	24,983.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DONOR OPTION ALLOCATIONS	610,238.
	_

## **SCHEDULE G** (Form 990)

Department of the Treasury

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number UNITED WAY OF EAST CENTRAL IOWA 42-0861239 Part I Fundraising Activities. 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. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 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? Yes 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) 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) 2021

42-0861239 Page 2

Pa	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 gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receipt	ts greater than \$5,000.				
			(a) Event #1 POWER OF THE PURSE	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through				
<b>a</b> .			(event type)	(event type)	(total number)	col. <b>(c)</b> )				
Revenue	1	Gross receipts	36,374.			36,374.				
	2	Less: Contributions	31,450.			31,450.				
	3	Gross income (line 1 minus line 2)	4,924.			4,924.				
	4	Cash prizes								
တ္	5	Noncash prizes	18,155.			18,155.				
xpense	6	Rent/facility costs								
Direct Expenses	7	Food and beverages	4,010.			4,010.				
	8	Entertainment								
	9	Other direct expenses	2,818.			2,818.				
	10	Direct expense summary. Add lines 4 through				24,983.				
Da	11 rt I	Net income summary. Subtract line 10 from li		000 Det IV line 10 and		-20,059.				
1 6		<b>II Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered res on Form	990, Part IV, line 19, or i	reported more than					
		· · · · · · · · · · · · · · · · · · ·	( ) =:	(b) Pull tabs/instant		(d) Total gaming (add				
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)				
eve!										
	1	Gross revenue								
ses	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses								
			Yes %	Yes %	Yes %					
	6	Volunteer labor	No No	No	L No					
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>					
a	Ent	ter the state(s) in which the organization condu	cts gaming activities:							
а	ls t	he organization licensed to conduct gaming ac No," explain:	ctivities in each of these s	states?		Yes No				
	_									
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No				
	_									
	_									

Sch	edule G (Form 990) 2021 UNITED WAY OF EAST CENTRAL IOWA 42-0	0861239	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	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:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	.02	
••	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
r	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
~	of gaming revenue retained by the third party  \$\bigs\\$		
,	: If "Yes," enter name and address of the third party:		
٠	on Tes, entername and address of the tima party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
٠	water the state service licenses	Yes	□ No
h	Petain the state gaming license?  Description 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 > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lings Q (	h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	11 111, 111103 3, 0	75, 105,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
_			
_			

132083 10-21-21 Schedule G (Form 990) 2021

Schedule G	G (Form 990)	UNITED	WAY	OF	EAST	CENTRAL	IOWA	42-0861239	Page 4
Part IV	G (Form 990)    Supplemental Infor	mation (cont	inued)						
		(00//	in aca)						

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

		GO to www.ii	s.gov/Formeeo io	i the latest lillorn	1411011.		mopeotion
Name of the organization	WAY OF EAST	CENTRAL TO	WΆ				Employer identification number 42-0861239
Part I General Information on Gra		021(111112 10)					12 0001203
Does the organization maintain rec	cords to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on
criteria used to award the grants o							
2 Describe in Part IV the organization							
Part II Grants and Other Assistan recipient that received more					anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organiza or government	tion (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AGING SERVICES, INC. 317 7TH AVE SE, STE 302B CEDAR RAPIDS, IA 52401-1604	23-7085316	501(C)(3)	270,001.	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)	9,790.	0.			DONOR DESIGNATION SUPPORT
AREA SUBSTANCE ABUSE COUNCIL 3601 16TH AVENUE SW CEDAR RAPIDS, IA 52401	42-1114396	501(C)(3)	320,002.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
BENTON COUNTY VOLUNTEER PROGRAM 1309 5TH AVE BELLE PLAINE, IA 52208	42-1023730	501(C)(3)	7,714.	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)	124,892.	0.			PROGRAM SUPPORT, DISASTER RESPONSE
BOYS & GIRLS CLUB OF CEDAR RAP: 418 6TH ST SE, STE 240 CEDAR RAPIDS, IA 52399	42-1434054	1	113,310.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT  39.

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

Schedule I (Form 990) UNITED WAR		CENTRAL IO		versmente (Cob	adula I (Farm 000) Da		2-0861239 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGEHAVEN PREGNANCY SUPPORT CENTER - 701 CENTER POINT RD NE - CEDAR RAPIDS, IA 52402	42-1203675	501(C)(3)	11,230.	0.			DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
BRUCEMORE 2160 LINDEN DRIVE SE CEDAR RAPIDS, IA 52403	42-1170531	501(C)(3)	5,673.	0.			DONOR DESIGNATION SUPPORT
CATHERINE MCAULEY CENTER 1220 5TH AVE SE CEDAR RAPIDS, IA 52403	42-1342872	501(C)(3)	108,618.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
COMMUNITY HEALTH FREE CLINIC 947 14TH AVENUE SE CEDAR RAPIDS, IA 52403	13-4228071	501(C)(3)	71,481.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
EASTERN IOWA HEALTH CENTER 1201 3RD AVE SE CEDAR RAPIDS, IA 52403	20-2405575	501(C)(3)	94,965.	0.			PROGRAM SUPPORT, DISASTER RESPONSE
FIRST LUTHERAN CHURCH 313 E FAYETTE ST MANCHESTER, IA 52057	42-1229133	501(C)(3)	13,000.	0.			DONOR DESIGNATION SUPPORT
FOUNDATION 2 1714 JOHNSON AVE NW CEDAR RAPIDS, IA 52405	42-1078444	501(C)(3)	277,716.	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)	6,846.	0.			DONOR DESIGNATION SUPPORT
GOODWILL INDUSTRIES OF THE HEARTLAND - 1410 S. 1ST AVE - IOWA CITY, IA 52240	42-0923563	501(C)(3)	46,286.	0.			PROGRAM SUPPORT, DISASTER RESPONSE

Page 1

42-0861239

Part II Continuation of Grants and Other		mostic Organizations		wornmonte (Sch	adula I (Form 000) Do		EZ-0001239 Page 1
Fart II   Continuation of Grants and Other /	Assistance to DO	mestic Organizations	and Domestic Go	vernments (SCN)	edule i (F0IIII 990), Pa 		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVEST EVANGELICAL CHURCH							
1235 W. WICKS LANE							
BILLINGS, MT 59105	81-0533005	501(C)(3)	13,000.	0.			DONOR DESIGNATION SUPPORT
			,				
HAWKEYE AREA COMMUNITY ACTION							PROGRAM SUPPORT, DISASTER
PROGRAM - P.O. BOX 490 - HIAWATHA,							RESPONSE, DONOR
IA 52233-0490	42-0898405	501(C)(3)	237,601.	0.			DESIGNATION SUPPORT
HIS HANDS MINISTRIES							
PO BOX 339		501 (5) (0)					L
CEDAR RAPIDS, IA 52406	39-1878606	501(C)(3)	7,609.	0.			DONOR DESIGNATION SUPPORT
HORIZONS, A FAMILY SERVICE							PROGRAM SUPPORT, DISASTER
ALLIANCE - PO BOX 667 - CEDAR							RESPONSE, DONOR
RAPIDS, IA 52406	42-1135083	501(C)(3)	206,159.	0.			DESIGNATION SUPPORT
	12 1100000			-			
IOWA LEGAL AID							PROGRAM SUPPORT, DISASTER
317 7TH AVE SE, STE 404							RESPONSE, DONOR
CEDAR RAPIDS, IA 52401	42-1079227	501(C)(3)	111,858.	0.			DESIGNATION SUPPORT
JANE BOYD COMMUNITY HOUSE							PROGRAM SUPPORT, DISASTER
943 14TH AVE SE							RESPONSE, DONOR
CEDAR RAPIDS, IA 52403	42-0680359	501(C)(3)	168,944.	0.			DESIGNATION SUPPORT
JUNIOR ACHIEVEMENT OF EAST CENTRAL							
IOWA - 324 THIRD ST SE #200 -	42-0919209	E01/Q\/3\	16 306	_			DONOR REGIONATION GURRORE
CEDAR RAPIDS, IA 52401-1841	42-0919209	501(C)(3)	16,386.	0.			DONOR DESIGNATION SUPPORT
KIDS FIRST LAW CENTER							PROGRAM SUPPORT, DISASTER
420 6TH ST SE, STE 160							RESPONSE, DONOR
CEDAR RAPIDS, IA 52401	20-2199649	501(C)(3)	64,090.	0.			DESIGNATION SUPPORT
,			1,				
MATTHEW 25 MINISTRY HUB - CEDAR							
RAPIDS - 201 3RD AVE SW - CEDAR							DISASTER RESPONSE, DONOR
RAPIDS, IA 52404	26-0467321	501(C)(3)	6,916.	0.			DESIGNATION SUPPORT

·		CENTRAL IO					2-0861239 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF THE							
HEARTLAND - 2304 UNIVERSITY AVE - DES MOINES, IA 50311	42-1132892	501(C)(3)	5,390.	0.			DONOR DESIGNATION SUPPORT
·			,				
RURAL EMPLOYMENT ALTERNATIVES 495 4TH AVE							
CONROY, IA 52220	42-1150011	501(C)(3)	23,143.	0.			DISASTER RESPONSE
SOUTHEAST LINN COMMUNITY CENTER 108 S WASHINGTON ST							PROGRAM SUPPORT, DISASTER RESPONSE, DONOR
LISBON, IA 52253	43-1406317	501(C)(3)	7,714.	0.			DESIGNATION SUPPORT
ST. ELIZABETH ANN SETON CATHOLIC CHURCH - 1350 LYNDHURST DRIVE -							
HIAWATHA, IA 52233	42-1338119	501(C)(3)	6,273.	0.			DONOR DESIGNATION SUPPORT
ST. LUKE'S HEALTH CARE FOUNDATION 855 A AVENUE NE #105							PROGRAM SUPPORT, DISASTER RESPONSE, DONOR
CEDAR RAPIDS, IA 52402	42-1106819	501(C)(3)	78,855.	0.			DESIGNATION SUPPORT
TANAGER PLACE							
2309 C ST SW							DISASTER RESPONSE, DONOR
CEDAR RAPIDS, IA 52404	42-0688079	501(C)(3)	9,844.	0.			DESIGNATION SUPPORT
THE ARC OF EAST CENTRAL IOWA							PROGRAM SUPPORT, DISASTER
680 2ND ST SE STE 200				_			RESPONSE, DONOR
CEDAR RAPIDS, IA 52401	42-0805377	501(C)(3)	89,306.	0.			DESIGNATION SUPPORT
THE STONE CHURCH							
18141 222ND STREET							
MANCHESTER, IA 52057	42-0938125	501(C)(3)	29,302.	0.			DONOR DESIGNATION SUPPORT
VOLUNTEER SERVICES OF CEDAR COUNTY							PROGRAM SUPPORT, DISASTER
PO BOX 307 TIPTON, IA 52772	42-1341650	501(C)(3)	7,714.	0.			RESPONSE, DONOR DESIGNATION SUPPORT

		CENTRAL IO					12-0861239 Page 1
Part II Continuation of Grants and Other	er Assistance to Do	mestic Organizations	and Domestic Go	<b>overnments</b> (Scho I	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYPOINT SERVICES 318 5TH ST SE CEDAR RAPIDS, IA 52401	42-0680307	501(C)(3)	352,066.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
WILLIS DADY EMERGENCY SHELTER 1247 4TH AVE SE CEDAR RAPIDS, IA 52403	42-1311668	501(C)(3)	71,743.	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)	140,705.	0.			PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
YOUTHPORT 2309 C ST SW CEDAR RAPIDS, IA 52404	47-5419601	501(C)(3)	54,001.	0.			PROGRAM SUPPORT
ZACH JOHNSON FOUNDATION PO BOX 2336 CEDAR RAPIDS, IA 52406	27-2683100	501(C)(3)	63,257.	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

Schedule I (Form 990) 2021 UNITED WAY OF E	AST CENT	RAL IOWA			42-0861239	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as	ssistance
Part IV Supplemental Information. Provide the information red	I quired in Part I, lin	l e 2; Part III, column	(b); and any other ac	l dditional information.		
PART I, LINE 2:						
DISASTER RESPONSE FUNDS: IN RESPON	SE TO THE	COVID-19	PANDEMIC A	ND THE 2020		
DERECHO STORM DAMAGE SEEN IN IOWA	COMMUNITI	ES, UWECI	HAS RESPON	DED TO		
IMMINENT NEEDS BY CREATING THE DIS	ASTER REC	OVERY FUNI	O. THESE FU	NDS ARE		
GRANTED IN RESPONSE TO THE EMERGIN	G NEEDS C	F THE MOST	r VULNERABL	E		
INDIVIDUALS IN OUR COMMUNITY TO 50	1C3 ORGAN	IIZATIONS E	PROVIDING C	OVID-19 OR		
DISASTER RECOVERY SERVICES IN UWEC	I'S FIVE	COUNTY ARE	EA. UWECI H	AS BEEN KEY		
IN RECOVERY EFFORTS SUCH AS PATCH	(PROVIDIN	IG ASSISTAN	NCE TO COMM	UNITY		
HOMEOWNERS), RENT/UTILITY ASSISTAN						
	-					

UNITED WAY OF EAST CENTRAL IOWA 42-0861239 Page 2 Schedule I (Form 990) 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.

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

2027

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

UNITED WAY OF EAST CENTRAL IOWA

Employer identification number 42-0861239

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	_		37
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		_^
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

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

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

42-0861239

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

		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	benefits (B)(i)-(D)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KRISTIN ROBERTS	(i)	148,169.	0.	0.	11,575.	15,066.	174,810.	0.	
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

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 ALIGNS COMMUNITY COLLABORATIONS THAT FOCUS ON THE PILLARS OF EDUCATION, FINANCIAL STABILITY, AND HEALTH. 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, 2022, UWECI GRANTED \$252,528 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. EXPENSES \$ 1,350,200. INCLUDING GRANTS OF \$ 252,528. REVENUE \$ 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

Schedule O (Form 990) 2021 Page 2

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA

Employer identification number
42-0861239

FINANCIAL INFORMATION INCLUDING THE ANNUAL FORM 990. TO FACILITATE ADEQUATE
FINANCIAL OVERSIGHT, A DRAFT VERSION OF THE IRS FORM 990 WILL BE REVIEWED
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 UWECI 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 PRINCIPLESAND PRACTICES FOR CHARITABLE NONPROFIT

EXCELLENCE RECOMMENDS THIS POLICY FOR GOOD NONPROFIT PRACTIVE. 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

INTEST 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

Schedule O (Form 990) 2021 Page 2

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA

Employer identification number 42-0861239

THE MEETINGS.

IF ANY VOLUNTEEER 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. THE ORGANIZATION'S GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE

AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization UNITED WAY OF EAST CENTRAL IOWA	Employer identification number 42-0861239
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST IN COMMUNITY FOUNDATION	-65,986.

## **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

EAST CENTRAL IOWA					42-08612	239	
ete if the organization answered "Yes"	on Form 990, Part IV, line 33	<b>3.</b>					
(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) r Total inco			Direct o	(f) Direct controlling entity	
OWNS AND OPERATES A							
FACILITY LEASED TO LOCAL					UNITED WAY	OF EAST	
NONPROFITS	IOWA	364	,515. 11,15	0,040.	CENTRAL IOW	A, INC.	
	_	· · · · · · · · · · · · · · · · · · ·	1	or more			a)
				Dire		Section	<b>9)</b> 512(b)(13) rolled
	foreign country)	section	status (if section		entity		tity?
			501(c)(3))			Yes	No
_							
	(b) Primary activity  OWNS AND OPERATES A FACILITY LEASED TO LOCAL NONPROFITS	the if the organization answered "Yes" on Form 990, Part IV, line 33  (b) (c)  Primary activity Legal domicile (state of foreign country)  OWNS AND OPERATES A  FACILITY LEASED TO LOCAL  NONPROFITS IOWA  ations. Complete if the organization answered "Yes" on Form 990  (b) (c)  Primary activity Legal domicile (state or Local Legal domicile (	the if the organization answered "Yes" on Form 990, Part IV, line 33.  (b) (c) (d) Total incomposition of the primary activity Legal domicile (state or foreign country)  OWNS AND OPERATES A FACILITY LEASED TO LOCAL NONPROFITS IOWA 364  ations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, but the primary activity Legal domicile (state or legal domicile (state or legal).	the if the organization answered "Yes" on Form 990, Part IV, line 33.  (b) (c) (d) (e) Frimary activity Legal domicile (state or foreign country)  DWNS AND OPERATES A FACILITY LEASED TO LOCAL NONPROFITS  IOWA 364,515. 11,15  ations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one legal domicile (state or legal domicile (state or legal domicile (state or legal domicile (state or legal contrity)	the if the organization answered "Yes" on Form 990, Part IV, line 33.  (b) (c) (d) (e) End-of-year assets  DWNS AND OPERATES A FACILITY LEASED TO LOCAL NONPROFITS IOWA 364,515. 11,150,040.  ations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more to be primary activity (b) (c) (d) (e) Exempt Code section pire of foreign country)  Direction of the organization answered process of the organization of the organization answered process of the organization of the organization answered process of the organization	te if the organization answered "Yes" on Form 990, Part IV, line 33.  (b) (c) (d) (e) End-of-year assets Direct or foreign country)  DWNS AND OPERATES A FACILITY LEASED TO LOCAL NONPROFITS  IOWA 364,515. 11,150,040. CENTRAL IOWA  ations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exert foreign country)  (b) (c) (d) (e) (f) Direct controlling entity	the if the organization answered "Yes" on Form 990, Part IV, line 33.  (b) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f

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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.

	3											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I		(i)	(		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of end-of-year	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or	Percentage ownership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	assets	alloca	tions?	20 of Schedule		ner?	Ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
							l	l		I	i l	

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

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

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

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Yes No

Part V	Transactions With Related Organiza	ons. Complete if the organization answered "Yes" on Form 990, Part IV, line	e 34, 35b, or 36.
<b></b>	Transactions With Holaton Organiza	51161 - Complete it the organization and the control of the contro	,

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 entit	ity			1a			
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b			
c Gift, grant, or capital contribution from related organization(s)				1c			
				1d			
e Loans or loan guarantees by related organization(s)				1e			
f Dividends from related organization(s)				1f			
g Sale of assets to related organization(s)				1g			
h Purchase of assets from related organization(s)				1h			
i Exchange of assets with related organization(s)				1i			
j Lease of facilities, equipment, or other assets to related organization(s)				1j			
k Lease of facilities, equipment, or other assets from related organization(s)				1k			
I Performance of services or membership or fundraising solicitations for related organic				11			
m Performance of services or membership or fundraising solicitations by related orga				1m			
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				1p			
q Reimbursement paid by related organization(s) for expenses				1q			
				1r			
				1s			
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete th	iis line, including covered rela	tionships and transaction thresholds.				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	rolved			
(1)							
(2)							
(3)							
(4)							
(E)							
(5)							
(6)							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) Percentage ownership

Schedule R	(Form 990) 2021	UNITED	WAY	OF	EAST	CENTRAL	IOWA	42-0861239	Page 5
Part VII	(Form 990) 2021 Supplemental Info	rmation							<u> </u>
	Provide additional inform	mation for respon	ses to q	uestic	ons on Sch	nedule R. See in:	structions.		

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