|               | -   |                                 | Return of Organization Exempt From   |  | ublic Inspection<br>OMB No. 1545-0047 |  |  |  |  |  |  |  |
|---------------|---|---------------------------------|--|--|---------------------------------------|--|--|--|--|--|--|--|
| For           | " <b>9</b>  | 90                              | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (  |  | <b>3</b> 2022                         |  |  |  |  |  |  |  |
|               | -   |                                 | Do not enter social security numbers on this form as it may  |  | Open to Public                        |  |  |  |  |  |  |  |
| Depa<br>Inter | rtment o<br>nal Reve  | of the Treasury<br>enue Service | Go to www.irs.gov/Form990 for instructions and the late  |  | Inspection                            |  |  |  |  |  |  |  |
| ΑΙ            | or th   | e 2022 calenda                  | ar year, or tax year beginning $ m JUL1$ , $2022$ and ending   | <u>JUN 30, 2023</u>                    |                                       |  |  |  |  |  |  |  |
|               | Check if  | C Name of                       | organization   | D Employer identific                   | ation number                          |  |  |  |  |  |  |  |
| _             | Addre   |                                 |  |  |                                       |  |  |  |  |  |  |  |
|               | _chang<br>Name  |                                 | ED WAY OF EAST CENTRAL IOWA  | 42-086123                              | 20                                    |  |  |  |  |  |  |  |
|               | _chang<br>Initial   |                                 | Jsiness as   |  |                                       |  |  |  |  |  |  |  |
|               | InterventNumber and street (or P.0. box if mail is not delivered to street address)Room/suiteETelephone numberFinal3177TH AVE SE401319-398-5372 |                                 |  |  |                                       |  |  |  |  |  |  |  |
|               | ⊥return<br>termii<br>ated   |                                 |  |  |                                       |  |  |  |  |  |  |  |
|               | Amen  | ided CEDA                       |  |  |                                       |  |  |  |  |  |  |  |
|               | Applic  |                                 |  |  |                                       |  |  |  |  |  |  |  |
|               | pendi   |                                 | AS C ABOVE   |  |                                       |  |  |  |  |  |  |  |
| 1             | Гax-ex  | empt status: 🗌                  | X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or  | 527 If "No," attach a                  | list. See instructions                |  |  |  |  |  |  |  |
| J١            | Nebsi   | ite: WWW.                       | UWECI.ORG  | H(c) Group exemption                   | number                                |  |  |  |  |  |  |  |
|               |   | f organization: 🗌               | X Corporation Trust Association Other L  | Year of formation: 1962 M              | I State of legal domicile: IA         |  |  |  |  |  |  |  |
| Pa            | art I   | Summary                         |  |  |                                       |  |  |  |  |  |  |  |
| đ             | 1   |                                 |  |  |                                       |  |  |  |  |  |  |  |
| ů<br>no       |   | COMMUNI                         |  |  |                                       |  |  |  |  |  |  |  |
| erné          | 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.                                |                                 |  |  |                                       |  |  |  |  |  |  |  |
| Governance    | 3   |                                 | state or province, country, and ZIP or foreign postal code       G Gross receipts \$ 7,699,854.         RAPIDS, IA 52401-1604       H(a) Is this a group return         ddress of principal officer: KRISTIN ROBERTS       Ves X No         C ABOVE       14(a) Is this a group return         501(c)(3) 501(c) () (insert no.)       4947(a)(1) or 527         ECI.ORG       If "No," attach a list. See instructions         H(c) Group exemption number       1962 M State of legal domicile: IA         corporation       Trust       Association         Other       L Year of formation: 1962 M State of legal domicile: IA         e organization's mission or most significant activities: UNITE THE CARING POWER OF       Matter of legal domicile: IA         e organization discontinued its operations or disposed of more than 25% of its net assets.       3         members of the governing body (Part VI, line 1a)       3       34         ndent voting members of the governing body (Part VI, line 1b)       4       33         dividuals employed in calendar year 2022 (Part V, line 2a)       5       322         olunteers (estimate if necessary)       5       32         siness revenue from Part VIII, column (C), line 12       7a       0         iness taxable income from Form 990-T, Part I, line 11       7b       0         Prior Year       Current Year |  |                                       |  |  |  |  |  |  |  |
|               | 1 .   |                                 |  |  |                                       |  |  |  |  |  |  |  |
| ies           |   |                                 |  |  |                                       |  |  |  |  |  |  |  |
| Activities &  |   |                                 |  |  |                                       |  |  |  |  |  |  |  |
| Ac            |   |                                 |  |  |                                       |  |  |  |  |  |  |  |
|               |   | Net unrelated                   |  |  |                                       |  |  |  |  |  |  |  |
|               | 8   | Contributions                   | and grants (Part VIII, line 1h)  | 6,411,172.                             | 5,687,658.                            |  |  |  |  |  |  |  |
| nue           | 9   |                                 |  |  |                                       |  |  |  |  |  |  |  |
| Revenue       | 10  | •                               |  | 126,973.                               | 327,778.                              |  |  |  |  |  |  |  |
| č             | 11  |                                 | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | -20,059.                               | -21,980.                              |  |  |  |  |  |  |  |
|               | 12  | Total revenue                   | add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 6,956,778.                             | 6,384,882.                            |  |  |  |  |  |  |  |
|               | 13  | Grants and sin                  | nilar amounts paid (Part IX, column (A), lines 1-3)  | 4,069,602.                             | 3,559,243.                            |  |  |  |  |  |  |  |
|               |   |                                 | o or for members (Part IX, column (A), line 4)   | 0.                                     | 0.                                    |  |  |  |  |  |  |  |
| ŝ             | 15  |                                 | compensation, employee benefits (Part IX, column (A), lines 5-10)  | 1,415,831.                             | 1,501,226.                            |  |  |  |  |  |  |  |
| en se         | 16a   |                                 | Indraising fees (Part IX, column (A), line 11e)  | 0.                                     | 0.                                    |  |  |  |  |  |  |  |
| Expenses      | b   |                                 | ng expenses (Part IX, column (D), line 25) 616,872.  |  | 1 405 004                             |  |  |  |  |  |  |  |
| ш             | 1 ''  |                                 | es (Part IX, column (A), lines 11a-11d, 11f-24e)   | 1,651,584.                             | 1,485,824.                            |  |  |  |  |  |  |  |
|               |   |                                 | s. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 7,137,017.                             | 6,546,293.                            |  |  |  |  |  |  |  |
| o             | 19  | Revenue less e                  | expenses. Subtract line 18 from line 12  | -180,239.<br>Beginning of Current Year | -161,411.<br>End of Year              |  |  |  |  |  |  |  |
| ts o          |   | Total assists /                 | let V line 10)   | 18,620,645.                            | 18,818,509.                           |  |  |  |  |  |  |  |
| Asse          | 20<br>21  | Total assets (F                 |  | 3,783,174.                             | 3,972,085.                            |  |  |  |  |  |  |  |
| Net Assets or | 21  |                                 | (Part X, line 26)<br>Jund balances. Subtract line 21 from line 20  | 14,837,471.                            | 14,846,424.                           |  |  |  |  |  |  |  |
|               | art II  | Signature                       |  |  | 11,010,1211.                          |  |  |  |  |  |  |  |
|               |   |                                 |  |  |                                       |  |  |  |  |  |  |  |

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

| Sign      | Signature of officer   | Date                             |
|-----------|--|----------------------------------|
| Here      | SARAH PETERS, CFO/VP OF FINANCE AND ADMIN.                             |                                  |
|           | Type or print name and title   |                                  |
|           | Print/Type preparer's name Preparer's signature                        | Date Check PTIN                  |
| Paid      | BRIAN ARONSON, CPA BRIAN ARONSON, CPA                                  | 10/19/23 self-employed P01425251 |
| Preparer  | Firm's name BERGANKDV, LTD.  | Firm's EIN 41-1431613            |
| Use Only  | Firm's address P.O. BOX 2100   |                                  |
|           | WATERLOO, IA 50704-2100  | Phone no. 319-234-6885           |
| May the I | RS discuss this return with the preparer shown above? See instructions | X Yes No                         |
|           | 1114 Exponential Deduction Act Nation and the second binder time       | F 990 (2000)                     |

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

Form 990 (2022)

Т

| Form | 990 (2022) UNITED WAY OF EAST CENTRAL IOWA   | 42-0861239 <sub>P</sub>       | Page 2                                      |
|------|--|-------------------------------|---|
| Pa   | t 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:   | <u></u>                       |   |
| •    | UNITE THE CARING POWER OF COMMUNITIES TO INVEST IN EFFE  | CTIVE SOLUTIONS               | t.  |
|      | TO IMPROVE PEOPLE'S LIVES.   | CIIVE DOLOTIOND               | <u> </u>                                    |
|      | TO IMPROVE PEOPHE 5 DIVES.   |                               |   |
|      |  |                               |   |
|      |  |                               |   |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the   |                               | •   |
|      | prior Form 990 or 990-EZ?  | Yes X                         | ≦ No  |
|      | If "Yes," describe these new services on Schedule O.   |                               | _   |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program services  | s? Yes 🛛                      | <u>No</u>                                   |
|      | 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 ot  | hers, the total expenses, and |   |
|      | revenue, if any, for each program service reported.  |                               |   |
| 4a   | (Code:) (Expenses \$3,053,708. including grants of \$3,053,708. ) (Ref   | evenue \$                     | )   |
|      | UNITED WAY OF EAST CENTRAL IOWA (UWECI) HELPS TO FUND N  |                               | /   |
|      | PROGRAMS IN THEIR FIVE-COUNTY AREA THAT SUPPORT THEIR S  |                               |   |
|      | AREAS OF BUILDING ECONOMIC MOBILITY, FOSTERING CHILDHOO  |                               |   |
|      | IMPROVING ACCESS TO HEALTHCARE AND SUPPORTING SAFETY NE  |                               |   |
|      | INVESTMENTS IN THESE NONPROFIT PARTNERS ARE DETERMINED   |                               | )   |
|      | CYCLE BY THE ORGANIZATION'S SOLUTIONS TEAMS AND ACCOUNT  |                               | <u>ــــــــــــــــــــــــــــــــــــ</u> |
|      |  | ABILITY REVIEW                |   |
|      | TEAM, WHICH ARE MADE UP OF COMMUNITY-BASED VOLUNTEERS.   |                               |   |
|      |  |                               |   |
|      |  |                               |   |
|      |  |                               |   |
|      |  |                               |   |
|      |  |                               |   |
| 4b   |  | evenue \$ 308,13              | <b>39.</b> )                                |
|      | THE HUMAN SERVICES CAMPUS, A DISREGARDED ENTITY OF UWEO  | I, OWNS AND                   |   |
|      | OPERATES A FACILITY HOME TO SEVERAL LOCAL NONPROFIT AGE  | NCIES FOCUSED O               | )N  |
|      | PROVIDING HEALTH AND HUMAN SERVICES. NONPROFIT AGENCIE   | S HOUSED IN THI               | S   |
|      | 65,000-SQUARE-FOOT BUILDING SERVE THOUSANDS OF CLIENTS   | MAKING A DAILY                |   |
|      | IMPACT WITHIN OUR FIVE-COUNTY REGION OF LINN, BENTON, C  |                               |   |
|      | JONES COUNTIES THAT IS WELL BEYOND THE REACH OF JUST CE  |                               | :   |
|      | FACILITY'S CONFERENCE AND TRAINING ROOMS ARE AVAILABLE   |                               |   |
|      | USE, AND THE LOCATION IS CONVENIENTLY ACCESSIBLE BY CAR  |                               |   |
|      | FOOT, OR VIA PUBLIC TRANSPORTATION. THE GOAL OF THIS SH  |                               | . c   |
|      | TO PROVIDE LOW-COST LEASES TO NONPROFIT AGENCIES SO THE  |                               |   |
|      | CAN BE SPENT ON SERVICE DELIVERY TO CLIENT. THIS IS ACH  |                               |   |
|      | OUT SPACE TO THESE AGENCIES AT 50% OF THE MARKET RENTAI  |                               | .U  |
|      |  |                               |   |
| 4c   | (Code:) (Expenses \$ 1,357,593. including grants of \$ 505,534. ) (Received a second seco |                               | <b>)/•</b> )                                |
|      | UWECI IS FOCUSED ON CONNECTING WITH THE COMMUNITY TO GE  |                               |   |
|      | UNITED WAY THROUGH VOLUNTEERING, INVESTING AND ADVOCATI  |                               |   |
|      | ALIGN WITH THEIR UNITE TO INSPIRE STRATEGIC FOCUS AREAS  |                               |   |
|      | IN THE COMMUNITY INCLUDES CONNECTING VOLUNTEERS IN RURA  |                               | [   |
|      | THEIR VOLUNTEER CENTERS THROUGHOUT THEIR FIVE-COUNTY AF  |                               |   |
|      | (VOLUNTEER INCOME TAX ASSISTANCE) PROGRAM WHICH PROVIDE  | IS FREE TAX                   |   |
|      | PREPARATION TO QUALIFIED INDIVIDUALS UTILIZING COMMUNIT  | Y VOLUNTEERS, A               | S   |
|      | WELL AS ADVOCACY WORK THROUGH THEIR CIVIC CIRCLE AND WO  | MEN UNITED                    |   |
|      | LEADERSHIP SOCIETY AS WELL AS MANY OTHER INITIATIVES.  |                               |   |
|      |  |                               |   |
|      |  |                               |   |
|      |  |                               |   |
| A.1  | Othere preserves some viscos (Deserving on Set $-1$ , $1 < O$ )  |                               |   |
| 40   | Other program services (Describe on Schedule O.)   | `                             |   |
|      | (Expenses \$ including grants of \$ ) (Revenue \$  | )                             |   |
| 4e   | Total program service expenses 5, 304, 953.  |                               |   |

**Public Inspection** 

| Form 990 (2022)        |            |        |    | EAST | CENTRAL | IOWA |
|------------------------|------------|--------|----|------|---------|------|
| Part IV Checklist of R | equired Sc | hedule | es |      |         |      |

|     |   |             | 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           | Х   |            |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |             |     |            |
|     | public office? If "Yes," complete Schedule C, Part I  | 3           |     | X          |
| 4   | Section 501(c)(3) 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           |     | X          |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  | _           |     | v          |
| ~   | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5           |     | X          |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |             |     | - v        |
| -   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6           |     | X          |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,   | <u>_</u>    |     | x          |
| •   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7           |     |            |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |             |     | x          |
| 9   | Schedule D, Part III  | 8           |     |            |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? |             |     |            |
|     | 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  | <del></del> |     | - 23       |
| 10  | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10          | х   |            |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,   |             |     |            |
|     | Part VI   | 11a         | х   |            |
| b   |   |             |     |            |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b         |     | x          |
| с   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total   |             |     |            |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c         |     | X          |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in   |             |     |            |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d         |     | X          |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e         | Х   |            |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |             |     |            |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f         |     | X          |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |             |     |            |
|     | Schedule D, Parts XI and XII  | 12a         |     | X          |
| 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 |   | <u>14a</u>  |     | X 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  |             |     | - v        |
| 45  | 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   | 45          |     | x          |
| 16  | foreign organization? If "Yes," complete Schedule F, Parts II and IV<br>Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  | 15          |     | - 23       |
| 10  |   | 16          |     | x          |
| 17  | or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i><br>Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                                    |             |     | <u> </u>   |
| ••  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17          |     | x          |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  | <u> </u>    |     | _ <u>_</u> |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18          | х   |            |
| 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          |     | x          |
| 20a | 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         |     |            |
| 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 Land II  | 21          | Х   |            |

| orm | 990 | (2022) |  |
|-----|-----|--------|--|

F

|            |   |     | 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  |         | Х        |
| 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 |         | Х        |
| b          | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                           | 24b |         |          |
| с          | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease        |     |         |          |
|            | any tax-exempt bonds?   | 24c |         |          |
| d          | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                     | 24d |         |          |
| 25a        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                |     |         |          |
|            | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                               | 25a |         | х        |
| b          | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |     |         |          |
|            | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete       |     |         |          |
|            | Schedule L, Part I  | 25b |         | х        |
| 26         | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current             |     |         |          |
|            | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                     |     |         |          |
|            | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                          | 26  |         | х        |
| 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  |         | х        |
| 28         | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,      |     |         |          |
| 20         | instructions for applicable filing thresholds, conditions, and exceptions):   |     |         |          |
| а          | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>     |     |         |          |
| u          |   | 28a |         | х        |
| Ь          | "Yes," complete Schedule L, Part IV   | 28b |         | X        |
|            | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If                    | 200 |         |          |
| U          |   | 28c |         | х        |
| 20         | "Yes," complete Schedule L, Part IV   | 29  | х       | - 23     |
| 29<br>20   | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>      | 29  | - 25    |          |
| 30         | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 20  |         | х        |
| <b>0</b> 4 | 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            |     |         | v        |
| ~~         | Schedule N, Part II   | 32  |         | <u> </u> |
| 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   |     |         | v        |
|            | Part V, line 1  | 34  |         | X<br>X   |
|            | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                     | 35a |         |          |
| 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 |         |          |
| 36         | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |     |         | 37       |
|            | If "Yes," complete Schedule R, Part V, line 2   | 36  |         | <u> </u> |
| 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  |         | <u> </u> |
| 38         | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?              |     |         |          |
| De         | Note: All Form 990 filers are required to complete Schedule O   | 38  | Х       |          |
| Pa         |   |     |         |          |
|            | Check if Schedule O contains a response or note to any line in this Part V  |     | <u></u> |          |
|            |   |     | Yes     | No       |
|            | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9   |     |         |          |
| b          | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0  |     |         |          |
| -          | Did the organization comply with backup withholding rules for reportable psympath to venders and reportable coming          |     |         |          |

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

|     |   |         | Public In             |           |     | _            |
|-----|---|---------|-----------------------|-----------|-----|--------------|
|     | 990 (2022) UNITED WAY OF EAST CENTRAL IOWA  |         | 42-0861               | 239       | P   | age <b>5</b> |
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |         |                       |           |     |              |
|     |   |         | I                     |           | Yes | No           |
|     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                         |         | 32                    |           |     |              |
|     | filed for the calendar year ending with or within the year covered by this return                                   | 2a      |                       |           | v   |              |
|     | If at least one is reported on line 2a, did the organization file all required federal employment tax return        |         |                       | 2b        | X   | x            |
|     |   |         |                       | 3a        |     | <u> </u>     |
|     | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule           |         |                       | 3b        |     |              |
|     | At any time during the calendar year, did the organization have an interest in, or a signature or other a           |         |                       |           |     | 77           |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial a            | Iccour  | t)?                   | 4a        |     | X            |
| 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 Ad               |         |                       | -         |     | v            |
|     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?               |         |                       | 5a        |     | X            |
|     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact        |         |                       | <u>5b</u> |     | <u> </u>     |
|     | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   |         |                       | <u>5c</u> |     |              |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the              | e orga  | nization solicit      |           |     | 77           |
|     | any contributions that were not tax deductible as charitable contributions?   |         |                       | <u>6a</u> |     | <u> </u>     |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contribution          | ons or  | gifts                 |           |     |              |
|     | were not tax deductible?  |         |                       | 6b        |     |              |
|     | Organizations that may receive deductible contributions under section 170(c).                                       |         |                       |           |     |              |
|     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices p | rovided to the payor? | 7a        | X   |              |
|     |   |         |                       | 7b        | Х   |              |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was            | as requ | lired                 |           |     | 77           |
|     | to file Form 8282?  | 1       | <br>I                 | 7c        |     | X            |
|     | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d      | -                     |           |     | 37           |
|     | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co            |         | t?                    | 7e        |     | X            |
|     | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra           |         |                       | 7f        |     | <u> </u>     |
| -   | If the organization received a contribution of qualified intellectual property, did the organization file Fo        |         |                       | 7g        |     |              |
|     | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza          |         |                       | 7h        |     |              |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained                       | by th   | Э                     |           |     |              |
| _   | sponsoring organization have excess business holdings at any time during the year?                                  |         |                       | 8         |     |              |
|     | Sponsoring organizations maintaining donor advised funds.   |         |                       |           |     |              |
|     |   |         |                       | <u>9a</u> |     |              |
|     |   |         |                       | 9b        |     |              |
|     | Section 501(c)(7) organizations. Enter:   | I       | I                     |           |     |              |
|     | 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                         | 10b     |                       |           |     |              |
|     | Section 501(c)(12) organizations. Enter:  |         | I                     |           |     |              |
|     | Gross income from members or shareholders   | 11a     |                       |           |     |              |
| b   | 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                | 1       | 2                     | 12a       |     |              |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                               | 12b     |                       |           |     |              |
|     | Section 501(c)(29) qualified nonprofit health insurance issuers.  |         |                       |           |     |              |
| а   | Is the organization licensed to issue qualified health plans in more than one state?                                |         |                       | 13a       |     |              |
|     | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.            |         |                       |           |     |              |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the                    |         | I                     |           |     |              |
|     | organization is licensed to issue qualified health plans  | 13b     |                       |           |     |              |
|     | Enter the amount of reserves on hand  | 13c     |                       | 4.6       |     | x            |
|     |   |         |                       | 14a       |     | <u> </u>     |
|     | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul              |         |                       | 14b       |     | <u> </u>     |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner               |         |                       |           |     | v            |
|     | excess parachute payment(s) during the year?  |         |                       | 15        |     | X            |
|     | If "Yes," see the instructions and file Form 4720, Schedule N.  |         | 2                     |           |     | v            |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment             | incor   | ne?                   | 16        |     | X            |
| 47  | If "Yes," complete Form 4720, Schedule O.   |         |                       |           |     |              |
|     | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac               |         |                       |           |     |              |
|     | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?                              |         |                       | 17        |     |              |
|     | If "Yes." complete Form 6069.   |         |                       |           |     |              |

| Form   | 990 (2022) UNITED WAY OF EAST CENTRAL IOWA 42-0861  |          |         | age <b>6</b> |
|--------|---|----------|---------|--------------|
| Par    | t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a   | "No" r   | espon   | se           |
|        | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.  |          |         |              |
|        | Check if Schedule O contains a response or note to any line in this Part VI   |          |         | X            |
| Sec    | tion A. Governing Body and Management   |          |         |              |
|        |   |          | Yes     | No           |
| 1a     | Enter the number of voting members of the governing body at the end of the tax year 1a 34   |          |         |              |
|        | If there are material differences in voting rights among members of the governing body, or if the governing   |          |         |              |
|        | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.   |          |         |              |
| b      | Enter the number of voting members included on line 1a, above, who are independent 1b 33  |          |         |              |
| 2      | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other  |          |         |              |
|        | officer, director, trustee, or key employee?  | 2        |         | X            |
| 3      | Did the organization delegate control over management duties customarily performed by or under the direct supervision   |          |         |              |
|        | of officers, directors, trustees, or key employees to a management company or other person?   | 3        |         | X            |
| 4      | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4        |         | X<br>X       |
| 5      | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5        |         | X            |
| 6      | Did the organization have members or stockholders?  | 6        |         |              |
| 7a     | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or  | _        |         | v            |
|        | more members of the governing body?   | 7a       |         | X            |
| d      | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or  | 76       |         | x            |
| •      | persons other than the governing body?<br>Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                   | 7b       |         | <u> </u>     |
| 8      |   | 80       | Х       |              |
| a<br>b | The governing body?<br>Each committee with authority to act on behalf of the governing body?  | 8a<br>8b | X       |              |
| 9      | Each committee with authority to act on behalf of the governing body?<br>Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | 00       |         |              |
| 5      | organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>  | 9        |         | x            |
| Sec    | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  | 5        |         |              |
|        | This Section D requests mornation about policies not required by the internal nevenue code.   |          | Yes     | No           |
| 10a    | Did the organization have local chapters, branches, or affiliates?  | 10a      |         | X            |
| b      | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,  |          |         |              |
|        | and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b      |         |              |
| 11a    | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a      | Х       |              |
| b      | Describe on Schedule O the process, if any, used by the organization to review this Form 990.   |          |         |              |
| 12a    | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a      | Х       |              |
| b      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b      | Х       |              |
| с      | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe  |          |         |              |
|        | on Schedule O how this was done   | 12c      | Х       |              |
| 13     | Did the organization have a written whistleblower policy?   | 13       | Х       |              |
| 14     | Did the organization have a written document retention and destruction policy?  | 14       | Х       |              |
| 15     | Did the process for determining compensation of the following persons include a review and approval by independent  |          |         |              |
|        | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |          |         |              |
|        | The organization's CEO, Executive Director, or top management official  | 15a      | X       | <u> </u>     |
| b      | Other officers or key employees of the organization   | 15b      | X       |              |
|        | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |          |         |              |
| 16a    | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a   | 10       |         | v            |
|        | taxable entity during the year?   | 16a      |         | X            |
| b      | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation  |          |         |              |
|        | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  | 104      |         |              |
| Sec    | exempt status with respect to such arrangements? tion C. Disclosure   | 16b      |         |              |
| 17     | List the states with which a copy of this Form 990 is required to be filed NONE   |          |         |              |
| 18     | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):  | onlv)    | availat | ole          |
| . –    | for public inspection. Indicate how you made these available. Check all that apply.   |          |         |              |
|        | X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)  |          |         |              |
| 19     | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and   | financ   | ial     |              |
|        | statements available to the public during the tax year.   |          |         |              |
| 20     | State the name, address, and telephone number of the person who possesses the organization's books and records  |          |         |              |
|        | SARAH PETERS - 319-398-5372   |          |         |              |
|        | 317 7TH AVENUE SE #401, CEDAR RAPIDS, IA 52401  |          |         |              |

**Public Inspection** 

| Form 990 (2022) UNITED W2  |                   |                                |                       |         |              |                                 |        | ÷                         | Public In:<br>42-0861    |             | ige <b>7</b> |
|--|-------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---------------------------|--------------------------|-------------|--------------|
| Part VII Compensation of Officers, D   |                   |                                | tee                   | s, K    | ley          | Em                              | plo    | oyees, Highest Co         | mpensated                |             |              |
| Employees, and Independen  |                   |                                | P                     |         |              | <b>-</b>                        |        |                           |                          | ſ           |              |
| Check if Schedule O contains a respo   |                   |                                |                       |         |              |                                 |        | · <b>-</b> ·              |                          | <u></u>     | <u> </u>     |
| Section A. Officers, Directors, Trustees, Key  |                   |                                |                       |         |              |                                 |        |                           |                          |             |              |
| <ul> <li>1a Complete this table for all persons required to</li> <li>List all of the organization's current officers</li> <li>Enter -0- in columns (D), (E), and (F) if no compension</li> </ul> | s, directors, tru | stee                           |                       |         |              |                                 |        | , ,                       | •                        |             |              |
| <ul> <li>List all of the organization's current key em</li> </ul>  | nployees, if any  | . Se                           | e th                  | e ins   | struc        | ction                           | s foi  | r definition of "key empl | oyee."                   |             |              |
| <ul> <li>List the organization's five current highest c<br/>who received reportable compensation (box 5 of<br/>\$100,000 from the organization and any related o</li> </ul>                      | Form W-2, box     |                                |                       |         |              |                                 |        |                           |                          |             |              |
| • List all of the organization's <b>former</b> officers  | •                 | es, a                          | nd h                  | ighe    | st c         | omp                             | ens    | ated employees who re     | ceived more than \$100   | ),000 of    |              |
| reportable compensation from the organization ar   | ,                 | •                              |                       |         |              |                                 |        |                           |                          |             |              |
| <ul> <li>List all of the organization's former directo<br/>more than \$10,000 of reportable compensation fr</li> </ul>   |                   |                                |                       |         |              |                                 |        |                           | or or trustee of the org | anization,  |              |
| See the instructions for the order in which to list t  | 0                 |                                |                       |         | .,           |                                 |        | gui ii-ailei lei          |                          |             |              |
| Check this box if neither the organization ne  | or any related (  | orga                           | nizat                 | tion    | con          | npen                            | sate   | ed any current officer, d | irector, or trustee.     |             |              |
| (A)  | (B)               |                                |                       | (0      |              |                                 |        | (D)                       | (E)                      | (F)         |              |
| Name and title   | Average           | (do                            |                       | Posi    |              | ۱<br>than o                     | ne     | Reportable                | Reportable               | Estimated   | d            |
|  | hours per         | box,                           | , unles               | ss per  | son i        | is both                         | an     | compensation              | compensation             | amount o    | of           |
|  | week              |                                | cer an                | d a di  | recto        | or/trus<br>I                    | ee)    | from                      | from related             | other       |              |
|  | (list any         | ector                          |                       |         |              |                                 |        | the                       | organizations            | compensati  |              |
|  | hours for         | or dir                         | e                     |         |              | ated                            |        | organization              | (W-2/1099-MISC/          | from the    |              |
|  | related           | stee                           | ruste                 |         | æ            | bens                            |        | (W-2/1099-MISC/           | 1099-NEC)                | organizatio |              |
|  | organizations     | al tru                         | onal t                |         | loye         | e com                           |        | 1099-NEC)                 |                          | and relate  |              |
|  | below             | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                           |                          | organizatio | ins          |
|  | line)             | lnd                            | lns                   | Off     | Key          | en Hig                          | For    |                           |                          | l           |              |
| (1) KRISTIN ROBERTS  | 50.00             |                                |                       |         |              |                                 |        |                           |                          | 1           |              |

Х

Х

Х

50.00

145,497.

95,828.

PRESIDENT/CEO

CFO/VP FIN/ADM

(2) SARAH PETERS

27,423.

9,430.

0.

0.

| CFO/VF FIN/ADM         |      |   |   | 1 1 | 95,040. | 0. | ] 9,430.               |
|------------------------|------|---|---|-----|---------|----|------------------------|
| (3) KARI COOLING       | 1.00 |   |   |     |         |    |                        |
| FORMER CHAIR           |      | X | X |     | 0.      | 0. | 0.                     |
| (4) TERI GIBSON        | 1.00 |   |   |     |         |    |                        |
| VICE CHAIR             |      | X | X |     | 0.      | 0. | 0.                     |
| (5) DEB GERTSEN        | 1.00 |   |   |     |         |    |                        |
| TREASURER              |      | X | X |     | 0.      | 0. | 0.                     |
| (6) DAVE SCHRECK       | 1.00 |   |   |     |         |    |                        |
| SECRETARY              |      | X | X |     | 0.      | 0. | 0.                     |
| (7) KIM BECICKA        | 1.00 |   |   |     |         |    |                        |
| DIRECTOR               |      | Х |   |     | 0.      | 0. | 0.                     |
| (8) SARIKA BHAKTA      | 1.00 |   |   |     |         |    |                        |
| DIRECTOR               |      | Х |   |     | 0.      | 0. | 0.                     |
| (9) MAYURI FARLINGER   | 1.00 |   |   |     |         |    |                        |
| DIRECTOR               |      | Х |   |     | 0.      | 0. | 0.                     |
| (10) BRIAN FRESE       | 1.00 |   |   |     |         |    |                        |
| DIRECTOR               |      | Х |   |     | 0.      | 0. | 0.                     |
| (11) PAUL MORF         | 1.00 |   |   |     |         |    |                        |
| DIRECTOR               |      | Х |   |     | 0.      | 0. | 0.                     |
| (12) NICK NIELSEN      | 1.00 |   |   |     |         |    |                        |
| DIRECTOR               |      | Х |   |     | 0.      | 0. | 0.                     |
| (13) MICHELLE NIERMANN | 1.00 |   |   |     |         |    |                        |
| DIRECTOR               |      | Х |   |     | 0.      | 0. | 0.                     |
| (14) WHITNEY PINO      | 1.00 |   |   |     |         |    |                        |
| DIRECTOR               |      | Х |   |     | 0.      | 0. | 0.                     |
| (15) KELLEY MARCHBANKS | 1.00 |   |   |     |         |    |                        |
| DIRECTOR               |      | Х |   |     | 0.      | 0. | 0.                     |
| (16) MINDY SORG        | 1.00 |   |   |     |         |    |                        |
| DIRECTOR               |      | Х |   |     | 0.      | 0. | 0.                     |
| (17) MELISSA WINTER    | 1.00 |   |   |     |         |    |                        |
| DIRECTOR               |      | Х |   |     | 0.      | 0. | 0.                     |
| 232007 12-13-22        |      |   |   |     |         |    | Form <b>990</b> (2022) |

| Form 990 (2           | 022) UNITED WA  | AY OF EA   | ST   | Ċ                     | EN      | TTR          | AT,                             | т           | OWA   | <mark>Pub</mark><br>4 2 – 0 8                     |         | pection   | Page <b>8</b>                 |
|-----------------------|---|--|--|-----------------------|---------|--------------|---------------------------------|-------------|---|---|---------|---|-------------------------------|
|                       | Section A. Officers, Directors, Trus  |  |  |                       |         |              |                                 |             |   |   |         |   | r ugo -                       |
|                       | (A)<br>Name and title   | (B)<br>Average<br>hours per<br>week                                  | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 | one<br>I an | (D)<br>Reportable<br>compensation<br>from           | (E)<br>Reportable<br>compensation<br>from related |         | <b>(F)</b><br>Estima<br>amour<br>othe                       | ited<br>it of                 |
|                       |   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former      | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MIS<br>1099-NEC)       | s       | compens<br>from to<br>organize<br>and relations<br>organize | sation<br>he<br>ation<br>ated |
| (18) ANDR<br>DIRECTOR | E DAWSON  | 1.00   | x  |                       |         |              |                                 |             | 0.  |   | 0.      |   | 0.                            |
| (19) DAN 3            | PULIS   | 1.00   |  |                       |         |              |                                 |             |   |   |         |   |                               |
| DIRECTOR              |   |  | Х  |                       |         |              |                                 |             | 0.  |   | 0.      |   | 0.                            |
| (20) DIAN             | A RODRIGUEZ   | 1.00   |  |                       |         |              |                                 |             |   |   |         |   |                               |
| DIRECTOR              |   |  | Х  |                       |         |              |                                 |             | 0.  |   | 0.      |   | 0.                            |
| (21) NANC             | Y HILL-DAVIS  | 1.00   |  |                       |         |              |                                 |             |   |   |         |   |                               |
| DIRECTOR              |   |  | Х  |                       |         |              |                                 |             | 0.  |   | 0.      |   | 0.                            |
| (22) JESS<br>DIRECTOR | ICA HORANEY   | 1.00   | x  |                       |         |              |                                 |             | 0.  |   | ο.      |   | 0.                            |
| (23) CRIS             | TIANE ABOUASSALY  | 1.00   |  |                       |         |              |                                 |             |   |   |         |   |                               |
| DIRECTOR              |   |  | Х  |                       |         |              |                                 |             | 0.  |   | 0.      |   | 0.                            |
| (24) MOLL             | Y ALTORFER  | 1.00   |  |                       |         |              |                                 |             |   |   |         |   |                               |
| DIRECTOR              |   |  | Х  |                       |         |              |                                 |             | 0.  |   | 0.      |   | 0.                            |
| (25) ZACH             | BOHANNON  | 1.00   |  |                       |         |              |                                 |             |   |   |         |   |                               |
| DIRECTOR              |   |  | Х  |                       |         |              |                                 |             | 0.  |   | 0.      |   | 0.                            |
| (26) KIM I            | BORMANN   | 1.00   |  |                       |         |              |                                 |             |   |   |         |   |                               |
| DIRECTOR              |   |  | Х  |                       |         |              |                                 |             | 0.  |   | 0.      |   | 0.                            |
| 1b Subto              | otal  |  |  |                       |         |              |                                 |             | 241,325.  |   | 0.      | 36,8  | 353.                          |
| c Total               | from continuation sheets to Part VI   | I, Section A   |  |                       |         |              |                                 |             | 0.  |   | 0.      |   | 0.                            |
| d Total               | (add lines 1b and 1c)   |  |  |                       |         |              |                                 |             | 241,325.  |   | 0.      | 36,8  | 853.                          |
| 2 Total r             | number of individuals (including but n  | ot limited to th   | ose  | liste                 | d ab    | ove)         | ) wh                            | o re        | eceived more than \$100,                            | 000 of reportable                                 |         |   |                               |
| compe                 | ensation from the organization  |  |  |                       |         |              |                                 |             |   |   |         |   | 1                             |
| 3 Did th              | e organization list any <b>former</b> officer,                                      | director, trust  | ee, k  | ey e                  | empl    | oyee         | e, or                           | hig         | hest compensated emp                                | loyee on  | ſ       | Yes   |                               |
|                       | a? If "Yes," complete Schedule J for s  |  |  |                       |         |              |                                 |             |   |   |         | 3   | X                             |
|                       | ny individual listed on line 1a, is the su  |  |  |                       |         |              |                                 |             |   |   |         | 4 X   |                               |
|                       | elated organizations greater than \$150<br>ny person listed on line 1a receive or a |  |  |                       |         |              |                                 |             |   |   | ····  - | 4 1   |                               |
|                       | red to the organization? If "Yes," com  |  |  |                       |         |              |                                 |             |   |   |         | 5   | x                             |
|                       | Independent Contractors   | piele Schedule   | <u>e J I</u>   | JF SL                 |         | Jerso        | <u>on</u> .                     |             |   |   |         | 5   | 1                             |
|                       | lete this table for your five highest co  | mnensated inc  | lono   | nder                  | nt co   | ntra         | actor                           | e th        | nat received more than \$                           | 100 000 of comp                                   | ensati  | on from   |                               |
|                       | ganization. Report compensation for t   |  |  |                       |         |              |                                 |             |   |   | ciisati |   |                               |
|                       | ganization. heport compensation in (A)  | ine calendar ye  |  | nuii                  | ig w    |              |                                 |             | (B)   |   |         | (C)   |                               |
|                       | Name and business   | address  | NC   | ONE                   | 2       |              |                                 |             | Description of s                                    | ervices   | Co      | ompensat  | ion                           |
|                       |   |  |  |                       |         |              |                                 |             |   |   |         |   |                               |
|                       |   |  |  |                       |         |              |                                 |             |   |   |         |   |                               |
|                       |   |  |  |                       |         |              |                                 |             |   |   |         |   |                               |
|                       |   |  |  |                       |         |              |                                 |             |   |   |         |   |                               |
|                       |   |  |  |                       |         |              |                                 |             |   |   |         |   |                               |
|                       |   |  |  |                       |         |              |                                 |             |   |   |         |   |                               |
|                       |   |  |  |                       |         |              |                                 |             |   |   |         |   |                               |
|                       |   |  |  |                       |         |              |                                 |             |   |   |         |   |                               |
|                       |   |  |  |                       |         |              |                                 |             |   |   |         |   |                               |
|                       |   |  |  |                       |         |              |                                 |             |   |   |         |   |                               |
| 2 Total r             | number of independent contractors (ir   | ncludina but n   | ot lin   | niter                 | to      | thos         | e lis                           | ted         | above) who received mo                              | ore than  |         |   |                               |
|                       | 000 of compensation from the organiz  |  |  |                       |         | 0            |                                 |             | ,   |   |         |   |                               |

| Form 990 UNITED W                            | AY OF EA       | \S1                            | ' C                   | EN      | TR                    | AL                             | I      | OWA                 | 42-086                        |                       |
|--|----------------|--------------------------------|-----------------------|---------|-----------------------|--------------------------------|--------|---------------------|-------------------------------|-----------------------|
| Part VII Section A. Officers, Directors, Tru | ustees, Key Er | nplo                           | yee                   | s, a    | nd H                  | ligh                           | est (  | Compensated Employe | ees (continued)               |                       |
| (A)  | (B)            |                                |                       | (0      | C)                    |                                |        | (D)                 | (E)                           | (F)                   |
| Name and title                               | Average        |                                |                       | Pos     |                       |                                |        | Reportable          | Reportable                    | Estimated             |
|  | hours          | (check a                       |                       |         | check all that apply) |                                |        | compensation        | compensation                  | amount of             |
|  | per<br>week    |                                |                       |         |                       |                                |        | from<br>the         | from related<br>organizations | other<br>compensation |
|  | (list any      | tor                            |                       |         |                       | ploye                          |        | organization        | (W-2/1099-MISC)               | from the              |
|  | hours for      | r dire                         |                       |         |                       | ted en                         |        | (W-2/1099-MISC)     | , , ,                         | organization          |
|  | related        | stee o                         | rustee                |         |                       | oen sat                        |        |                     |                               | and related           |
|  | organizations  | al tru                         | onal t                |         | ploye                 | com                            |        |                     |                               | organizations         |
|  | below<br>line) | Individual trustee or director | Institutional trustee | Officer | Key employee          | Highest com pensated em ployee | Former |                     |                               |                       |
| (27) TIFFANI CONREY                          | 1.00           | -                              | -                     | 0       | ×                     | _ <u></u>                      | ш      |                     |                               |                       |
| DIRECTOR                                     |                | x                              |                       |         |                       |                                |        | 0.                  | 0.                            | 0.                    |
| (28) ANGIE CORCORAN                          | 1.00           |                                |                       |         |                       |                                |        |                     |                               |                       |
| DIRECTOR                                     |                | х                              |                       |         |                       |                                |        | 0.                  | 0.                            | 0.                    |
| (29) ETHAN DOMKE                             | 1.00           |                                |                       |         |                       |                                |        |                     |                               |                       |
| DIRECTOR                                     |                | Х                              |                       |         |                       |                                |        | 0.                  | 0.                            | 0.                    |
| (30) MERYN FLUKER                            | 1.00           |                                |                       |         |                       |                                |        |                     |                               |                       |
| DIRECTOR                                     |                | Х                              |                       |         |                       |                                |        | 0.                  | 0.                            | 0.                    |
| (31) PATRICK JACKSON                         | 1.00           |                                |                       |         |                       |                                |        |                     |                               |                       |
| DIRECTOR                                     |                | Х                              |                       |         |                       |                                |        | 0.                  | 0.                            | 0.                    |
| (32) NICHOLE KOOIKER                         | 1.00           |                                |                       |         |                       |                                |        |                     |                               | 0                     |
| DIRECTOR                                     | 1 0 0          | Х                              |                       |         |                       |                                |        | 0.                  | 0.                            | 0.                    |
| (33) THERESA LEWIS                           | 1.00           | v                              |                       |         |                       |                                |        | 0                   | 0                             | 0                     |
| DIRECTOR<br>(34) CHRISTINE VORHIES           | 1.00           | Х                              | -                     |         |                       | -                              |        | 0.                  | 0.                            | 0.                    |
| DIRECTOR                                     | 1.00           | x                              |                       |         |                       |                                |        | 0.                  | 0.                            | 0.                    |
| (35) REGGIE WARD                             | 1.00           |                                |                       |         |                       |                                |        | 0.                  | 0.                            | 0.                    |
| DIRECTOR                                     | 1.00           | x                              |                       |         |                       |                                |        | 0.                  | 0.                            | 0.                    |
|  |                |                                |                       |         |                       |                                |        |                     |                               | •••                   |
|  |                |                                |                       |         |                       |                                |        |                     |                               |                       |
|  |                |                                |                       |         |                       |                                |        |                     |                               |                       |
|  |                |                                |                       |         |                       |                                |        |                     |                               |                       |
|  |                |                                |                       |         |                       |                                |        |                     |                               |                       |
|  |                |                                |                       |         |                       |                                |        |                     |                               |                       |
|  |                | -                              |                       |         |                       |                                |        |                     |                               |                       |
|  |                |                                |                       |         |                       |                                |        |                     |                               |                       |
|  |                | -                              |                       |         |                       |                                |        |                     |                               |                       |
|  |                |                                |                       |         |                       |                                |        |                     |                               |                       |
|  |                |                                |                       |         |                       |                                |        |                     |                               |                       |
|  |                |                                |                       |         |                       |                                |        |                     |                               |                       |
|  |                | 1                              | L                     |         | L                     |                                |        |                     |                               |                       |
|  |                |                                |                       |         |                       |                                |        |                     |                               |                       |
|  |                |                                |                       |         |                       |                                |        |                     |                               |                       |
|  |                | 1                              |                       |         |                       |                                |        |                     |                               |                       |
|  |                | <u> </u>                       |                       |         | <u> </u>              |                                |        |                     |                               |                       |
|  |                | -                              |                       |         |                       |                                |        |                     |                               |                       |
|  |                |                                | -                     | -       | -                     | -                              |        |                     |                               |                       |
|  |                | 1                              |                       |         |                       |                                |        |                     |                               |                       |
|  | 1              | 1                              | I                     | I       | I                     | I                              | I      |                     |                               |                       |
| Total to Part VII, Section A, line 1c        |                |                                |                       |         |                       |                                |        |                     |                               |                       |
|  |                |                                |                       |         |                       |                                |        |                     | 1                             |                       |

**Public Inspection** 

| Interview         Dustries         Ten take  | Pa           | rτ | VIII  |                                   |           |                |       |                     |            |                   |           |  |
|---|--------------|----|-------|-----------------------------------|-----------|----------------|-------|---------------------|------------|-------------------|-----------|--|
| Total revenue         Fielded or exempt<br>function revenue         Revented<br>busines revenue         Revented  |              |    |       | Check if Schedule O               | conta     | ains a resp    | onse  | or note to any line |            | (B)               | (C)       | (D)  |
| Boom         Membership dues         Ib           c         Fundaising events         Ib         46,457.1           d         Reader dragnizations         Ib         Ib         18,972.1           generating events         Ib         Ib         18,972.1         Ib           generating events         Ib         Ib         18,972.1         Ib           generating events         Ib         Ib         5,92,228.1         Ib           generating events         Ib         Ib         Ib         Ib         Ib           generating events         Ib         Ib         Ib         Ib         Ib         Ib           generating events         Ib         Ib<  |              |    |       |                                   |           |                |       |                     | • •        | Related or exempt | Unrelated | Revenue excluded<br>from tax under<br>sections 512 - 514 |
| Building Source         Building S  | ts<br>ts     | 1  | a     | Federated campaigns               |           | 1a             |       |                     |            |                   |           |  |
| Building Source         Building S  | ran          |    | b     | Membership dues                   |           | 1b             |       |                     |            |                   |           |  |
| Building Source         Building S  | ₽ŭ,          |    | с     | Fundraising events                |           | 1c             |       | 46,457.             |            |                   |           |  |
| Building Source         Building S  | ar /         |    | d     | Related organizations             |           | 1d             |       |                     |            |                   |           |  |
| Building Source         Building S  | s, o         |    | е     | Government grants (contr          | ributi    | ons) <b>1e</b> |       | 138,972.            |            |                   |           |  |
| Building Source         Building S  | tion<br>S    |    | f     | All other contributions, gifts,   | grant     | s, and         |       |                     |            |                   |           |  |
| Building Source         Building S  | the          |    |       | similar amounts not included      | l abov    | /e <b>1</b> f  |       | 5,502,229.          |            |                   |           |  |
| Building   | d O          |    | g     | Noncash contributions included in | lines 1   | a-1f <b>1g</b> | \$    | 57,986.             |            |                   |           |  |
| Sector         Sector<   | ရ ပိ         |    | h     | Total. Add lines 1a-1f            |           |                |       |                     | 5,687,658. |                   |           |  |
| B         DONOR DESIGNATION FEES         900099         83,287.         83,287.           c   |              |    |       |                                   |           |                |       |                     |            |                   |           |  |
| a         Total. Add lines 2a.21         391,426.           a         Investment income (including dividends, interest, and other similar amounts)         373,708.         373,           a         Investment income (including dividends, interest, and other similar amounts)         373,708.         373,708.           4         Income from investment of tax-exempt bond proceeds         Image: Comparison of the similar amounts)         373,708.         373,708.           5         Royatties         Image: Comparison of tax exempt bond proceeds           6         a         Gross rents         Image: Comparison of tax exempt bond proceeds         Image: Co  | e            | 2  | 2 a   |                                   |           |                |       |                     | -          |                   |           |  |
| 9         Total. Add lines 2a.21         391,426.           3         Investment income (including dividends, interest, and other similar amounts)         373,708.         373,708.           4         Income from investment of fax-exempt bond proceeds         5         70.000         373,708.         373,708.           5         Royalties         6         6         6         6         373,708.         373,708.           6         a Gross rents         6a         0         0         0         0         0           6         a Gross rents         6a         0 <td>ervi<br/>Je</td> <td></td> <td>b</td> <td>DONOR DESIGNATION F</td> <td>EES</td> <td></td> <td></td> <td>900099</td> <td>83,287.</td> <td>83,287.</td> <td></td> <td></td>  | ervi<br>Je   |    | b     | DONOR DESIGNATION F               | EES       |                |       | 900099              | 83,287.    | 83,287.           |           |  |
| a       Total. Add lines 2a.21       391,426.         3       Investment income (including dividends, interest, and other similar amounts)       373,708.         4       Income from investment of fax-exempt bond proceeds       373,708.         5       Royaties       6a         6 a       Gross rents       6a         7 a       Gross anout from sales of a investment of fax-exempt bond proceeds       and allow and proceeds         7 a       Gross anout from sales of a investment of fax-exempt bond proceeds       and allow and proceeds         7 a       Gross anout from sales of a investment of fax-exempt bond proceeds       and allow and proceeds         7 a       Gross anout from sales of a investment of fax-exempt bond proceeds       and allow and proceeds         a Gross anout from sales of a investment of fax-exempt bond proceeds       and proceeds       and proceeds         a Gross anout from sales of a investment of tax-exempt bond proceeds       and proceeds       and proceeds         a Gross anout from sales of a investment of tax-exempt bond proceeds       and proceeds       -45, 930.       -45, 930.         a Gross income from form gaming activities. See       Ba       34, 858.   | n Si         |    | С     |                                   |           |                |       |                     |            |                   |           |  |
| a       Total. Add lines 2a.21       391,426.         3       Investment income (including dividends, interest, and other similar amounts)       373,708.         4       Income from investment of fax-exempt bond proceeds       373,708.         5       Royaties       6a         6 a       Gross rents       6a         7 a       Gross anout from sales of a investment of fax-exempt bond proceeds       and allow and proceeds         7 a       Gross anout from sales of a investment of fax-exempt bond proceeds       and allow and proceeds         7 a       Gross anout from sales of a investment of fax-exempt bond proceeds       and allow and proceeds         7 a       Gross anout from sales of a investment of fax-exempt bond proceeds       and allow and proceeds         a Gross anout from sales of a investment of fax-exempt bond proceeds       and proceeds       and proceeds         a Gross anout from sales of a investment of tax-exempt bond proceeds       and proceeds       and proceeds         a Gross anout from sales of a investment of tax-exempt bond proceeds       and proceeds       -45, 930.       -45, 930.         a Gross income from form gaming activities. See       Ba       34, 858.   | Rev          |    | d     |                                   |           |                |       |                     |            |                   |           |  |
| 9         Total. Add lines 2a.21         391,426.           3         Investment income (including dividends, interest, and other similar amounts)         373,708.         373,708.           4         Income from investment of fax-exempt bond proceeds         5         70.000         373,708.         373,708.           5         Royalties         6         6         6         6         373,708.         373,708.           6         a Gross rents         6a         0         0         0         0         0           6         a Gross rents         6a         0 <td>roc_</td> <td></td>  | roc_         |    |       |                                   |           |                |       |                     |            |                   |           |  |
| 3         Investment income (including dividends, interest, and other similar amounts)         373,708, <td><u>۳</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>391 /26</td> <td></td> <td></td> <td></td>   | <u>۳</u>     |    |       |                                   |           |                |       |                     | 391 /26    |                   |           |  |
| other similar amounts)         373,708.         373,708  |              | 2  |       |                                   |           |                |       |                     | 551,420.   |                   |           |  |
| 9         Income from investment of tax-exempt bond proceeds         Image: constraint of tax-exempt bond proceeds         Image: constraint of tax-exempt bond proceeds           5         Royatties         Image: constraint of tax-exempt bond proceeds         Image: constax-exempt bond proceeds  |              | 3  | •     | •                                 | •         |                |       |                     | 373 708.   |                   |           | 373,708  |
| 5         Royatties         Image: constraint of the state of the st           |              | 4  | L     |                                   |           |                |       |                     |            |                   |           |  |
| Ga         Gross rents         Ga         (i) Real         (ii) Personal           b         Less: rental expenses         6b   |              |    | · · · |                                   |           |                |       |                     |            |                   |           |  |
| b         Less: rental expenses         6b         6c           c         Rental income or (loss)         6c         6c           d         Net rental income or (loss)         6c         6c           7         Gross amount from sales of assets other than inventory         7a         1, 212, 204.         7a           b         Less: cost or other basis and sales expenses         7b         1, 258, 134.         7b         1, 258, 134.           c         Gain or (loss)         7c         -45, 930.         -45, 930.         -45,           d         Net gain or (loss)         7c         -45, 930.         -45,           d         Net gain or (loss)         -46, 457. of contributions reported on line 1c). See Part IV, line 18         Ba         34, 858.           b         Less: direct expenses         Bb         56, 838.         -21, 980.         -21,           9         Gross income from gaming activities. See Part IV, line 19         9a         9a         -21, 980.         -21,           9         Gross sales of inventory, less returns and allowances         9b         -21, 980.         -21,           10         Gross sales of inventory, less returns and allowances         10a         -21,         -21,           0a         Gross sales of invent   |              | Ū  |       |                                   |           |                |       | (ii) Personal       |            |                   |           |  |
| b         Less: rental expenses         6b  |              | 6  | ба    | Gross rents                       | 6a        |                |       |                     |            |                   |           |  |
| a       Rental income or (loss)       6c  |              |    |       |                                   |           |                |       |                     |            |                   |           |  |
| 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses       7b 1, 258, 134.         7b 1, 258, 134.       7b 1, 258, 134.         7c -45, 930.       -45, 930.         d Net gain or (loss)       -45, 930.         g Gross income from fundraising events (not including \$46, 457. of contributions reported on line 1c). See Part IV, line 18       Ba 34, 858.         b Less: clirect expenses       Bb 56, 838.         c Net income or (loss) from fundraising events       -21, 980.         c Net income or (loss) from gaming activities.       -21, 980.         10 a Gross sales of inventory, less returns and allowances       10a         b Less: cloret expenses       10a         c Net income or (loss) from sales of inventory       0         c Net income or (loss) from sales of inventory       0         c Net income or (loss) from sales of inventory       0         c A thi norme or (loss) from sales of inventory       0         c A thi norme or (loss) from sales of inventory       0         c A thi norme or (loss) from sales of inventory       0         c A thi norme or (los   |              |    | с     | Rental income or (loss)           | 6c        |                |       |                     |            |                   |           |  |
| orgentiation from submit memory between than inventory between than inventory between than inventory between the inventory  |              |    | d     | Net rental income or (loss        | ) <u></u> |                |       |                     |            |                   |           |  |
| Bit Less: cost or other basis<br>and sales expenses         Th         1, 258, 134.           c         Gain or (loss)         -45, 930.         -45, 930.           d         Net gain or (loss)         -45, 930.         -45, 930.           d         Net gain or (loss)         -45, 930.         -45, 930.           d         Net gain or (loss)         -45, 930.         -45, 930.           d         Net gain or (loss)         -45, 930.         -45, 930.           d         Net gain or (loss)         -45, 930.         -45, 930.           f         Gain colding \$\subset or   |              | 7  | 'a    | Gross amount from sales of        |           | (i) Secur      | ities | (ii) Other          |            |                   |           |  |
| and sales expenses       7b       1,258,134.       -45,930.         c       Gain or (loss)       7c       -45,930.       -45,930.         d       Net gain or (loss)       -45,930.       -45,930.       -45,930.         a       Gross income from fundraising events (not including \$46,457. of contributions reported on line 1c). See Part IV, line 18       Ba       34,858.       -45,838.         b       Less: direct expenses       Bb       56,838.       -21,980.       -21,         9       a Gross income from gaming activities.       -21,980.       -21,         9       a Gross income from gaming activities.       -21,980.       -21,         9       a Gross alcoom from gaming activities.       -21,980.       -21,         9       a Gross alcoom from gaming activities.       -21,980.       -21,         9       a Gross sales of inventory, less returns and allowances       0a       -21,         0       a Gross sales of inventory, less returns and allowances       0a       -45,         0       .       .       .       .       .         11 a       .       .       .       .       .       .         c       .       .       .       .       .       .       .   |              |    |       | assets other than inventory       | 7a        | 1,212,         | 204.  |                     |            |                   |           |  |
| c       Gain or (loss)       7c       -45,930.       -45,930.       -45,930.         8       Gross income from fundraising events (not including \$46,457. of contributions reported on line 1c). See Part IV, line 18       8a       34,858.       -45,930.       -45,930.         b       Less: direct expenses       8b       56,838.       -21,980.       -21,980.       -21,         9 a       Gross income from gaming activities. See Part IV, line 19       9a       -21,980.       -21,         9 a       Gross income from gaming activities. See Part IV, line 19       9a       -21,980.       -21,         9 a       Gross sales of inventory, less returns and allowances       10a       -21,       -21,         10 a       Gross sales of inventory, less returns and allowances       10a       -45,       -45,         b  |              |    | b     |                                   |           |                |       |                     |            |                   |           |  |
| 8 a Gross income from fundraising events (not including \$46,457. of contributions reported on line 1c). See Part IV, line 18       8a 34,858.         b Less: direct expenses       8b 56,838.         c Net income or (loss) from fundraising events       -21,980.         9 a Gross income from gaming activities. See Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       9a         9 a Gross sales of inventory, less returns and allowances       9b         b Less: cost of goods sold       10a         c Net income or (loss) from sales of inventory       Business Code         11 a b c  | anu          |    |       |                                   |           |                |       |                     |            |                   |           |  |
| 8 a Gross income from fundraising events (not including \$46,457. of contributions reported on line 1c). See Part IV, line 188a 34,858.       a 34,858.         b Less: direct expenses8b 56,838.       c Net income or (loss) from fundraising events21,980.       -21,980.         9 a Gross income from gaming activities. See Part IV, line 198a9b       ga       -21,980.       -21,980.         9 a Gross income from gaming activities. See Part IV, line 19       ga       ga       -21,980.       -21,980.         9 a Gross income from gaming activities. See Part IV, line 19       ga       ga   | ver          |    |       | ( )                               |           |                |       |                     |            |                   |           |  |
| The second se | Å            |    |       |                                   |           |                |       |                     | -45,930.   |                   |           | -45,930  |
| contributions reported on line 1c). See       Ba       34,858.         b       Less: direct expenses       Bb       56,838.         c       Net income or (loss) from fundraising events       -21,980.       -21,         9 a       Gross income from gaming activities. See       9a       -21,980.       -21,         9 a       Gross income from gaming activities. See       9a       -21,980.       -21,         b       Less: direct expenses       9b       -21,980.       -21,         b       Less: direct expenses       9b       -21,980.       -21,         c       Net income or (loss) from gaming activities       -21,980.       -21,980.       -21,980.         c       Net income or (loss) from gaming activities       -21,980.       -21,980.       -21,980.         c       Net income or (loss) from gaming activities       -21,980.       -21,980.       -21,980.         c       Net income or (loss) from sales of inventory.       IOa       -21,980.       -21,980.       -21,980.         c       Net income or (loss) from sales of inventory       -21,980.       -21,980.       -21,980.       -21,980.       -21,980.       -21,980.       -21,980.       -21,980.       -21,980.       -21,980.       -21,980.       -21,980.       -21,980. </td <td>Othe</td> <td>8</td> <td>a</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   | Othe         | 8  | a     |                                   |           |                |       |                     |            |                   |           |  |
| Part IV, line 18       8a       34,858.         b       Less: direct expenses       8b       56,838.         c       Net income or (loss) from fundraising events       -21,980.       -21,         9 a       Gross income from gaming activities. See Part IV, line 19       9a       -21,980.       -21,980.         b       Less: direct expenses       9b       -21,980.       -21,980.       -21,980.         c       Net income or (loss) from gaming activities       9a       -21,980.       -21,980.       -21,980.         10 a       Gross sales of inventory, less returns and allowances       9b  |              |    |       |                                   |           |                |       |                     |            |                   |           |  |
| b       Less: direct expenses       8b       56,838.       -21,980.       -21,         9 a       Gross income from gaming activities. See Part IV, line 19       9a       9a       9a       9a         b       Less: direct expenses       9b       9b       9a       9a       9a         b       Less: direct expenses       9b       9b       9a       9a       9a         b       Less: direct expenses       9b       9b <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>8a</td><td>34,858.</td><td></td><td></td><td></td><td></td></t<>   |              |    |       |                                   |           |                | 8a    | 34,858.             |            |                   |           |  |
| c       Net income or (loss) from fundraising events       -21,980.       -21,         9 a       Gross income from gaming activities. See Part IV, line 19       9a       9b       -21,980.         b       Less: direct expenses       9b       9b       -21,980.       -21,980.         c       Net income or (loss) from gaming activities       9a       -21,980.       -21,980.         10 a       Gross sales of inventory, less returns and allowances       10a       -21,980.       -21,980.         b       Less: cost of goods sold       10a       -21,980.       -21,980.       -21,980.         s       In a       In a       In a       In a   |              |    | b     |                                   |           |                |       | 56,838.             |            |                   |           |  |
| Part IV, line 19       9a         b       Less: direct expenses         c       Net income or (loss) from gaming activities         10       a Gross sales of inventory, less returns and allowances         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         s       Business Code         11 a   |              |    |       |                                   |           |                |       |                     | -21,980.   |                   |           | -21,980  |
| b       Less: direct expenses       9b  |              | 9  | ) a   | Gross income from gamin           | ng ac     | tivities. Se   | e 🗌   |                     |            |                   |           |  |
| b       Less: direct expenses       9b  |              |    |       | Part IV, line 19                  |           |                | 9a    |                     |            |                   |           |  |
| 10 a Gross sales of inventory, less returns<br>and allowances       10a       Image: Constraint of the second                 |              |    | b     |                                   |           |                |       |                     |            |                   |           |  |
| and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       Image: Cost of goods sold         11 a        Business Code       Image: Cost of goods sold         b        Image: Cost of goods sold       Image: Cost of goods sold         b        Image: Cost of goods sold       Image: Cost of goods sold         b        Image: Cost of goods sold       Image: Cost of goods sold         c        Image: Cost of goods sold       Image: Cost of goods sold         c  |              |    | С     | Net income or (loss) from         | gami      | ing activiti   | es    |                     |            |                   |           |  |
| b Less: cost of goods sold 10b 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6  |              | 10 | ) a   |                                   |           |                |       |                     |            |                   |           |  |
| c       Net income or (loss) from sales of inventory       Business Code       Image: Code  |              |    |       |                                   |           |                |       |                     |            |                   |           |  |
| Business Code         Business Code           b   |              |    |       |                                   |           |                |       |                     |            |                   |           |  |
| 11 a  |              |    | С     | Net income or (loss) from         | sales     | s of invente   | ory   |                     |            |                   |           |  |
| e Total. Add lines 11a-11d  | sn           |    |       |                                   |           |                |       | Business Code       |            |                   |           |  |
| e Total. Add lines 11a-11d  | neo(         | 11 |       |                                   |           |                |       | ├                   |            |                   |           |  |
| e Total. Add lines 11a-11d  | ellar<br>ven |    |       |                                   |           |                |       |                     |            |                   |           |  |
| e Total. Add lines 11a-11d  | Be           |    |       |                                   |           |                |       |                     |            |                   |           |  |
|   | Ē            |    |       |                                   |           |                |       | L                   |            |                   |           |  |
| 12         Total revenue. See instructions         6,384,882.         391,426.         0.         305,  |              | 12 |       |                                   |           |                |       |                     | 6,384,882. | 391,426.          | 0.        | 305,798.   |

UNITED WAY OF EAST CENTRAL IOWA

Form 990 (2022)

**Public Inspection** 

42-0861239

Page 9

UNITED WAY OF EAST CENTRAL IOWA Part IX Statement of Functional Expenses

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

| 0000 | on 501(c)(3) and 501(c)(4) organizations must compi<br>Check if Schedule O contains a respons    |                    |   |                                 |                                       |
|------|--|--------------------|---|---------------------------------|---------------------------------------|
|      |  | (A)                |   | (C)                             | (D)                                   |
|      | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                       | Total expenses     | <b>(B)</b><br>Program service<br>expenses | Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1    | Grants and other assistance to domestic organizations  |                    | expenses                                  | general expenses                | ехрепзез                              |
| •    | and domestic governments. See Part IV, line 21   | 3,559,243.         | 3,559,243.                                |                                 |                                       |
| 2    | Grants and other assistance to domestic  | 5,555,245.         | 5,555,2450                                |                                 |                                       |
| 2    |  |                    |   |                                 |                                       |
| ~    | 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,   | 201 612            |   | 145 202                         | 70 7/1                                |
| -    | trustees, and key employees  | 284,612.           | 59,668.                                   | 145,203.                        | 79,741.                               |
| 6    | Compensation not included above to disqualified  |                    |   |                                 |                                       |
|      | persons (as defined under section 4958(f)(1)) and  |                    |   |                                 |                                       |
| _    | persons described in section 4958(c)(3)(B)   | 005 050            | 205 254                                   | 260 046                         | 240 650                               |
| 7    | Other salaries and wages   | 995,959.           | 395,254.                                  | 260,046.                        | 340,659.                              |
| 8    | Pension plan accruals and contributions (include   | 10 110             | 20 200                                    | 0 1 7 7                         | 11 605                                |
| -    | section 401(k) and 403(b) employer contributions)  | 49,110.            | 28,308.                                   | 9,177.                          | <u>11,625.</u><br>29,629.             |
| 9    | Other employee benefits  | 80,833.<br>90,712. | 35,533.<br>33,128.                        | 15,671.                         | <u> </u>                              |
| 10   | Payroll taxes  | 90,112.            | JJ,⊥28.                                   | 26,764.                         | 30,820.                               |
| 11   | Fees for services (nonemployees):  |                    |   |                                 |                                       |
| а    | Management   | 1 (20              |   | 1 (2)0                          |                                       |
| b    | Legal  | 1,638.             | 4 500                                     | 1,638.                          |                                       |
|      | Accounting   | 30,016.            | 4,500.                                    | 25,516.                         |                                       |
|      | Lobbying   |                    |   |                                 |                                       |
|      | Professional fundraising services. See Part IV, line 17  | 0 075              |   | 0.075                           |                                       |
| f    | Investment management fees   | 9,275.             |   | 9,275.                          |                                       |
| g    | Other. (If line 11g amount exceeds 10% of line 25,   | 014 150            | 104 204                                   |                                 | 10 404                                |
|      | column (A), amount, list line 11g expenses on Sch 0.)  | 214,150.           | 174,384.                                  | 29,362.                         | <u>   10,404.</u><br>7,069.           |
| 12   | Advertising and promotion  | 16,958.            | 6,307.                                    | 3,582.                          | 7,069.                                |
| 13   | Office expenses  | 70,546.            | 26,826.                                   | 12,058.                         | 31,662.                               |
| 14   | Information technology   | 105,406.           | 71,531.                                   | 18,422.                         | 15,453.                               |
| 15   | Royalties  | 454 000            | 460 105                                   |                                 |                                       |
| 16   | Occupancy  | 474,899.           | 469,105.                                  | 2,782.                          | 3,012.                                |
| 17   | Travel   | 32,309.            | 27,939.                                   | 4,275.                          | 95.                                   |
| 18   | Payments of travel or entertainment expenses   |                    |   |                                 |                                       |
|      | for any federal, state, or local public officials  | 10                 |   |                                 |                                       |
| 19   | Conferences, conventions, and meetings   | 12,364.            | 7,281.                                    | 1,927.                          | 3,156.                                |
| 20   | Interest   | <u> </u>           | 05 40 5                                   |                                 | 10.005                                |
| 21   | Payments to affiliates   | 64,448.            | 25,406.                                   | 20,077.                         | 18,965.                               |
| 22   | Depreciation, depletion, and amortization  | 343,254.           | 337,221.                                  | 2,887.                          | 3,146.                                |
| 23   | Insurance  | 4,196.             | 1,699.                                    | 1,214.                          | 1,283.                                |
| 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.)   | CE 000             | 00 ===                                    | 10.000                          | 0.0.055                               |
| а    | SPECIAL PROJECT  | 67,389.            | 28,755.                                   | 16,369.                         | 22,265.                               |
| b    | MAINTENANCE  | 15,042.            | 4,900.                                    | 6,485.                          | 3,657.                                |
| С    |  |                    |   |                                 |                                       |
| d    |  | 00 004             |   | 11 820                          | 4 001                                 |
|      | All other expenses   | 23,934.            | 7,965.                                    | 11,738.                         | 4,231.                                |
| 25   | Total functional expenses. Add lines 1 through 24e   | 6,546,293.         | 5,304,953.                                | 624,468.                        | 616,872.                              |
| 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)   |                    |   |                                 | Form <b>990</b> (2022)                |
|      |  |                    |   |                                 |                                       |

| UNITED | WAY | OF | EAST | CENTRAL | IOWA |
|--------|-----|----|------|---------|------|
|--------|-----|----|------|---------|------|

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

|      | UNTLED | WAY | OF. | EAST | CENTRAL | TOMA |  |
|------|--------|-----|-----|------|---------|------|--|
| hoot |        |     |     |      |         |      |  |

|                             |     | Check if Schedule O contains a response or note to any line in this Part X                        | (A)<br>Beginning of year |          | <b>(B)</b><br>End of year    |
|-----------------------------|-----|---|--------------------------|----------|------------------------------|
|                             | 4   | Cash nan interact bearing   | 200.                     | 1        | 200.                         |
|                             | 1   | Cash - non-interest-bearing   | 3,751,191.               | 2        | 3,519,465.                   |
|                             | 3   | Savings and temporary cash investments  | 1,237,248.               | 2        | 1,349,034.                   |
|                             | 4   | Pledges and grants receivable, net  | 402,190.                 | 4        | 732,127.                     |
|                             | 5   | Accounts receivable, netLoans and other receivables from any current or former officer, director, | 402,190:                 | 4        | 152,127.                     |
|                             | 5   | trustee, key employee, creator or founder, substantial contributor, or 35%                        |                          |          |                              |
|                             |     |   |                          | 5        |                              |
|                             | 6   | controlled entity or family member of any of these persons  |                          | 5        |                              |
|                             | ľ   | under continue (OEQ/()(1)) and paragraphicating continue (0EQ/()(0)(D))                           |                          | 6        |                              |
|                             | 7   | Notes and loans receivable, net   |                          | 7        |                              |
| Assets                      | 8   | Inventories for sale or use   |                          | 8        |                              |
| Ass                         | 9   | Prepaid expenses and deferred charges   | 60,030.                  | 9        | 94,167.                      |
|                             |     | Land, buildings, and equipment: cost or other   |                          |          | 51/10/1                      |
|                             | 100 | basis. Complete Part VI of Schedule D   |                          |          |                              |
|                             | b   | Less: accumulated depreciation  | 10,362,916.              | 10c      | 10,019,492.                  |
|                             | 11  | Investments - publicly traded securities  | 2,505,175.               | 11       | 2,667,877.                   |
|                             | 12  | Investments - other securities. See Part IV, line 11  | 299,222.                 | 12       | 312,618.                     |
|                             | 13  | Investments - program-related. See Part IV, line 11   |                          | 13       |                              |
|                             | 14  | Intangible assets   |                          | 14       |                              |
|                             | 15  | Other assets. See Part IV, line 11  | 2,473.                   | 15       | 123,529.                     |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 33)   | 18,620,645.              | 16       | 18,818,509.                  |
|                             | 17  | Accounts payable and accrued expenses   | 229,703.                 | 17       | 249,156.                     |
|                             | 18  | Grants payable  | 3,553,471.               | 18       | 3,630,662.                   |
|                             | 19  | Deferred revenue  |                          | 19       |                              |
|                             | 20  | Tax-exempt bond liabilities   |                          | 20       |                              |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D                             |                          | 21       |                              |
| ŝ                           | 22  | Loans and other payables to any current or former officer, director,                              |                          |          |                              |
| Liabilities                 |     | trustee, key employee, creator or founder, substantial contributor, or 35%                        |                          |          |                              |
| iabi                        |     | controlled entity or family member of any of these persons  |                          | 22       |                              |
| _                           | 23  | Secured mortgages and notes payable to unrelated third parties                                    |                          | 23       |                              |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties                                      |                          | 24       |                              |
|                             | 25  | Other liabilities (including federal income tax, payables to related third                        |                          |          |                              |
|                             |     | parties, and other liabilities not included on lines 17-24). Complete Part X                      |                          |          |                              |
|                             |     | of Schedule D   | 0.3,783,174.             | 25       | <u>92,267.</u><br>3,972,085. |
|                             | 26  | Total liabilities. Add lines 17 through 25  | 5,705,174.               | 26       | 5,972,005.                   |
| ŝ                           |     | Organizations that follow FASB ASC 958, check here X  |                          |          |                              |
| nce                         | 07  | and complete lines 27, 28, 32, and 33.  | 12,784,580.              | 27       | 12,940,392.                  |
| ala                         | 27  | Net assets without donor restrictions   | 2,052,891.               | 27<br>28 | 1,906,032.                   |
| ЧB                          | 28  | Net assets with donor restrictions<br>Organizations that do not follow FASB ASC 958, check here   | 2,052,051.               | 20       | 1,500,052.                   |
| Net Assets or Fund Balances |     | and complete lines 29 through 33.   |                          |          |                              |
| <u>r</u>                    | 29  | Capital stock or trust principal, or current funds  |                          | 29       |                              |
| ets                         | 30  | Paid-in or capital surplus, or land, building, or equipment fund                                  |                          | 30       |                              |
| <b>A</b> ss                 | 31  | Retained earnings, endowment, accumulated income, or other funds                                  |                          | 31       |                              |
| let /                       | 32  | Total net assets or fund balances   | 14,837,471.              | 32       | 14,846,424.                  |
| Ż                           | 33  | Total liabilities and net assets/fund balances  | 18,620,645.              | 33       | 18,818,509.                  |
|                             | 00  |   |                          | 00       | Form <b>990</b> (2022)       |

Form 990 (2022)

|    |   |          | Public Inspection |     |                  |
|----|---|----------|-------------------|-----|------------------|
|    | 990 (2022) UNITED WAY OF EAST CENTRAL IOWA  | 42-      | 0861239           | Pa  | <sub>ge</sub> 12 |
| Pa | rt XI Reconciliation of Net Assets  |          |                   |     |                  |
|    | Check if Schedule O contains a response or note to any line in this Part XI   |          |                   |     | X                |
|    |   |          | 6 204             | •   | ~ ~              |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1        | 6,384             |     |                  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2        | 6,546             |     |                  |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3        | -161              |     |                  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4        | 14,837            |     |                  |
| 5  | Net unrealized gains (losses) on investments  | 5        | 141               | .,6 | 38.              |
| 6  | Donated services and use of facilities  | 6        |                   |     |                  |
| 7  | Investment expenses   | 7        |                   |     |                  |
| 8  | Prior period adjustments  | 8        |                   |     |                  |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)  | 9        | 28                | 3,7 | 26.              |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |          |                   | _   |                  |
| _  | column (B))   | 10       | 14,846            | 5,4 | 24.              |
| Pa | rt XII Financial Statements and Reporting   |          |                   |     |                  |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |          |                   |     |                  |
|    |   |          |                   | Yes | No               |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other  |          |                   |     |                  |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule        |          |                   |     |                  |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |          | 2a                |     | X                |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a     |                   |     |                  |
|    | separate basis, consolidated basis, or both:  |          |                   |     |                  |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |          |                   |     |                  |
| b  | Were the organization's financial statements audited by an independent accountant?                                    |          | 2b                | Х   |                  |
|    | 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    | e audit, |                   |     |                  |
|    | review, or compilation of its financial statements and selection of an independent accountant?                        |          | 2c                | Х   |                  |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Sch     | edule O  |                   |     |                  |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       |          |                   |     |                  |
|    | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |          | За                |     | X                |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | red audi | t                 |     |                  |
|    | or audits, explain why on Schedule Q and describe any steps taken to undergo such audits                              |          | 3b                |     |                  |

Form **990** (2022)

(Form 990)

Total

## **Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

Department of the Treasury Internal Revenue Service

### 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.

### N

| Name o      | f the organization   | 0                                |  |                        |                    |                 | Employer      | r identification number    |  |  |  |
|-------------|--|----------------------------------|--|------------------------|--------------------|-----------------|---------------|----------------------------|--|--|--|
|             |  |                                  | EAST CENTRAL                                     |                        |                    |                 |               | 2-0861239                  |  |  |  |
| Part I      | Reason for Public (  | Charity Status.                  | (All organizations must c                        | omplete th             | nis part.) S       | ee instructior  | IS.           |                            |  |  |  |
| The orga    | anization is not a private found   | ation because it is: (F          | or lines 1 through 12, cl                        | neck only (            | one box.)          |                 |               |                            |  |  |  |
| 1           | A church, convention of ch   | urches, or associatio            | n of churches described                          | in sectio              | n 170(b)(1         | l)(A)(i).       |               |                            |  |  |  |
| 2           | A school described in sect   | ion 170(b)(1)(A)(ii). (          | Attach Schedule E (Form                          | 1 990).)               |                    |                 |               |                            |  |  |  |
| 3           | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  |                                  |  |                        |                    |                 |               |                            |  |  |  |
| 4           | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, |                                  |  |                        |                    |                 |               |                            |  |  |  |
|             | city, and state:   |                                  |  |                        |                    |                 |               |                            |  |  |  |
| 5           | An organization operated for   |                                  | lege or university owned                         | or operate             | ed by a go         | vernmental u    | nit describe  | ed in                      |  |  |  |
|             | section 170(b)(1)(A)(iv). (C   |                                  |  |                        |                    |                 |               |                            |  |  |  |
| 6           | A federal, state, or local gov   | •                                |  |                        |                    | . ,             |               |                            |  |  |  |
| 7 X         | •  | •                                | ntial part of its support fr                     | om a gove              | ernmental          | unit or from th | ne general    | public described in        |  |  |  |
| -           | section 170(b)(1)(A)(vi). (C   | • •                              |  |                        |                    |                 |               |                            |  |  |  |
| 8           | A community trust describe   |                                  |  |                        |                    |                 |               |                            |  |  |  |
| 9           | An agricultural research org   | •                                |  |                        | -                  |                 | -             | -                          |  |  |  |
|             | or university or a non-land-g  | grant college of agric           | uiture (see instructions).                       | Enter the I            | name, city         | , and state of  | the college   | eor                        |  |  |  |
| 10          | university:<br>An organization that norma  | Illy reactives (1) more          | than 00 1/00/ of its own                         | art from a             | ontribution        | o momborob      | in face on    | d areas ressints from      |  |  |  |
| 10          | activities related to its exem   |                                  |  |                        |                    |                 |               |                            |  |  |  |
|             | income and unrelated busir   |                                  | -  |                        |                    |                 |               | -                          |  |  |  |
|             | See section 509(a)(2). (Con  |                                  |  |                        | ises acqui         |                 | Janization e  |                            |  |  |  |
| 11          | An organization organized a  |                                  | vely to test for public sat                      | etv See                | section 50         | )9(a)(4)        |               |                            |  |  |  |
| 12          | An organization organized a  |                                  | •  | •                      |                    |                 | rrv out the   | purposes of one or         |  |  |  |
|             | more publicly supported or   | •                                | •  | •                      |                    | -               | •             |                            |  |  |  |
|             | lines 12a through 12d that   | -                                |  |                        |                    |                 |               |                            |  |  |  |
| а           | Type I. A supporting orga  | • •                              |  |                        |                    |                 | -             | giving                     |  |  |  |
|             | the supported organization   | on(s) the power to reg           | gularly appoint or elect a                       | majority o             | f the direc        | tors or truste  | es of the su  | upporting                  |  |  |  |
|             | organization. You must o   | complete Part IV, Se             | ections A and B.                                 |                        |                    |                 |               |                            |  |  |  |
| b           | Type II. A supporting org  | anization supervised             | or controlled in connect                         | ion with its           | s supporte         | d organizatio   | n(s), by hav  | /ing                       |  |  |  |
|             | control or management o  | of the supporting orga           | anization vested in the sa                       | ame perso              | ns that co         | ntrol or mana   | ge the supp   | ported                     |  |  |  |
|             | organization(s). You mus   | t complete Part IV,              | Sections A and C.                                |                        |                    |                 |               |                            |  |  |  |
| с           | Type III functionally inte   | grated. A supporting             | g organization operated                          | in connect             | ion with, a        | and functional  | lly integrate | ed with,                   |  |  |  |
|             | its supported organization   | n(s) (see instructions)          | ). You must complete F                           | Part IV, Se            | ctions A,          | D, and E.       |               |                            |  |  |  |
| d           | Type III non-functionally  | <pre>/ integrated. A supp</pre>  | orting organization oper                         | ated in cor            | nnection w         | ith its suppo   | rted organiz  | zation(s)                  |  |  |  |
|             | that is not functionally int   | egrated. The organiz             | ation generally must sati                        | isfy a distr           | ibution rec        | luirement and   | an attentiv   | veness                     |  |  |  |
|             | requirement (see instructi   | ions). You must con              | nplete Part IV, Sections                         | A and D,               | and Part           | V.              |               |                            |  |  |  |
| е           | Check this box if the orga   |                                  |  |                        |                    | Туре I, Туре    | II, Type III  |                            |  |  |  |
|             | functionally integrated, or  |                                  | nally integrated supportir                       | ng organiz             | ation.             |                 |               | []                         |  |  |  |
|             | ter the number of supported of   | •                                |  |                        |                    |                 |               |                            |  |  |  |
| <b>g</b> Pr | ovide the following information<br>(i) Name of supported   | i about the supporte<br>(ii) EIN | d organization(s).<br>(iii) Type of organization | (iv) Is the orga       | inization listed   | (v) Amount o    | f monetary    | (vi) Amount of other       |  |  |  |
|             | organization   | () =                             | (described on lines 1-10                         | in your governi<br>Yes | ng document?<br>No | support (see in | ,             | support (see instructions) |  |  |  |
|             | -  |                                  | above (see instructions))                        | 165                    |                    |                 |               | · · · · · ·                |  |  |  |
|             |  |                                  |  |                        |                    |                 |               |                            |  |  |  |
|             |  |                                  |  |                        |                    |                 |               |                            |  |  |  |
|             |  |                                  |  |                        |                    |                 |               |                            |  |  |  |
|             |  |                                  |  |                        |                    |                 |               |                            |  |  |  |

**Public Inspection** 

OMB No. 1545-0047

2022

**Open to Public** 

Inspection

Section A. Public Support

Calendar year (or fiscal year beginning in)

| UNITED | WAY | OF | <br>CENTRAI | - |
|--------|-----|----|-------------|---|
|        |     |    |             |   |

**Public Inspection** 42-0861239 Page 2

(f) Total

(e) 2022

| Schedule A | (Form 990) | 2022 U         | JNITED   | WAY    | $\mathbf{OF}$ | EAST     | CENTRAL               | J IOWA         | 42-0861                 |
|------------|------------|----------------|----------|--------|---------------|----------|-----------------------|----------------|-------------------------|
| Part II    | Suppor     | t Schedule for | Organiza | ations | Desc          | ribed in | Sections <sup>•</sup> | 170(b)(1)(A)(i | v) and 170(b)(1)(A)(vi) |

**(b)** 2019

(a) 2018

(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.)

(c) 2020

(d) 2021

| 1   | Gifts, grants, contributions, and membership fees received. (Do not    |                     |  |                     |                    |                     |                             |
|-----|--|---------------------|--|---------------------|--------------------|---------------------|-----------------------------|
|     | include any "unusual grants.")   | 8522020.            | 7884528.                                     | 8083290.            | 6411172.           | 5687658.            | 36588668.                   |
| 2   | Tax revenues levied for the organ-                                     |                     |  |                     |                    |                     |                             |
|     | 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  |                     |  |                     |                    |                     |                             |
| 4   | Total. Add lines 1 through 3   | 8522020.            | 7884528.                                     | 8083290.            | 6411172.           | 5687658.            | 36588668.                   |
| 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)   |                     |  |                     |                    |                     | 3306432.                    |
|     | Public support. Subtract line 5 from line 4.                           |                     |  |                     |                    |                     | 33282236.                   |
| Sec | ction B. Total Support   |                     |  |                     | [                  |                     | [                           |
|     | ndar year (or fiscal year beginning in)                                | (a) 2018            | (b) 2019                                     | (c) 2020            | (d) 2021           | (e) 2022            | (f) Total                   |
| 7   | Amounts from line 4  | 8522020.            | 7884528.                                     | 8083290.            | 6411172.           | 5687658.            | 36588668.                   |
| 8   | Gross income from interest,  |                     |  |                     |                    |                     |                             |
|     | dividends, payments received on  |                     |  |                     |                    |                     |                             |
|     | securities loans, rents, royalties,                                    | 105 500             | 1 - 0 1 1 6                                  | 4 - 2 - 2 - 2 - 2   | 106 000            |                     |                             |
|     | and income from similar sources $\dots$                                | 127,583.            | 150,146.                                     | 153,502.            | 126,973.           | 327,778.            | 885,982.                    |
| 9   | Net income from unrelated business                                     |                     |  |                     |                    |                     |                             |
|     | activities, whether or not the   |                     |  |                     |                    |                     |                             |
|     | business is regularly carried on                                       |                     |  |                     |                    |                     |                             |
| 10  | Other income. Do not include gain                                      |                     |  |                     |                    |                     |                             |
|     | or loss from the sale of capital                                       | 11 710              |  |                     |                    |                     | 11 710                      |
|     | assets (Explain in Part VI.)   | 11,712.             |  |                     |                    |                     | <u>11,712.</u><br>37486362. |
|     | Total support. Add lines 7 through 10                                  |                     | <u>`````````````````````````````````````</u> |                     |                    |                     |                             |
|     | Gross receipts from related activities,                                |                     |  |                     |                    |                     | ,164,015.                   |
| 13  | First 5 years. If the Form 990 is for th                               |                     |  |                     |                    |                     |                             |
| Sec | organization, check this box and stor<br>ction C. Computation of Publi |                     |  |                     |                    |                     |                             |
|     | Public support percentage for 2022 (I                                  |                     | -  | olumn (f))          |                    | 14                  | 88.78 %                     |
|     | Public support percentage from 2021                                    |                     |  |                     |                    |                     | 88.85 %                     |
|     | <b>33 1/3% support test - 2022.</b> If the o                           |                     |  |                     |                    |                     |                             |
| 100 | stop here. The organization qualifies                                  | 0                   |  |                     |                    |                     |                             |
| b   | <b>33 1/3% support test - 2021.</b> If the c                           |                     | 0  |                     |                    |                     |                             |
|     | and <b>stop here.</b> The organization qual                            |                     |  |                     |                    |                     |                             |
| 17a | 10% -facts-and-circumstances test                                      |                     | •••  |                     |                    |                     |                             |
|     | and if the organization meets the fact                                 |                     |  |                     |                    |                     |                             |
|     | meets the facts-and-circumstances te                                   |                     |  | -                   |                    | 5                   |                             |
| b   | 10% -facts-and-circumstances test                                      | -                   |  |                     | -                  |                     |                             |
|     | more, and if the organization meets th                                 | •                   |  |                     |                    | -                   |                             |
|     | organization meets the facts-and-circu                                 |                     |  |                     |                    |                     |                             |
| 18  | Private foundation. If the organization                                | n did not check a l | box on line 13, 16a                          | a, 16b, 17a, or 17b | , check this box a | nd see instructions | s                           |
|     |  |                     |  |                     |                    | Schedule A          | (Form 990) 2022             |

|      |  | NITED WAY            |                       |                      |                      | 42-086                 | 1239 Page 3                                    |
|------|--|----------------------|-----------------------|----------------------|----------------------|------------------------|--|
| Pa   | rt III Support Schedule for C  | 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  | I to qualify under F | art II. If the organiz | ation fails to                                 |
|      | qualify under the tests listed b   | elow, please comp    | olete Part II.)       |                      |                      |                        |  |
| Sec  | ction A. Public Support  |                      |                       | -                    | •                    |                        |  |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018             | <b>(b)</b> 2019       | (c) 2020             | (d) 2021             | (e) 2022               | (f) Total                                      |
| 1    | Gifts, grants, contributions, and  |                      |                       |                      |                      |                        |  |
|      | membership fees received. (Do not  |                      |                       |                      |                      |                        |  |
|      | include any "unusual grants.")   |                      |                       |                      |                      |                        |  |
| 2    | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                      |                       |                      |                      |                        |  |
| 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<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                      |                       |                      |                      |                        |  |
| c    | Add lines 7a and 7b  |                      |                       |                      |                      |                        |  |
|      | Public support. (Subtract line 7c from line 6.)  |                      |                       |                      |                      |                        |  |
| Sec  | ction B. Total Support   |                      |                       |                      |                      |                        |  |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018             | <b>(b)</b> 2019       | (c) 2020             | (d) 2021             | (e) 2022               | (f) Total                                      |
| 9    | Amounts from line 6  |                      |                       |                      |                      |                        |  |
| 10a  | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                      |                       |                      |                      |                        |  |
| b    | Unrelated business taxable income  |                      |                       |                      |                      |                        |  |
|      | (less section 511 taxes) from businesses   |                      |                       |                      |                      |                        |  |
|      | acquired after June 30, 1975   |                      |                       |                      |                      |                        |  |
| c    | Add lines 10a and 10b  |                      |                       |                      |                      |                        |  |
| 11   | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on   |                      |                       |                      |                      |                        |  |
| 12   | Other income. Do not include gain or loss from the sale of capital   |                      |                       |                      |                      |                        |  |
| 13   | assets (Explain in Part VI.)<br>Total support. (Add lines 9, 10c, 11, and 12.)   |                      |                       |                      |                      | 1                      |  |
|      | First 5 years. If the Form 990 is for th   | e organization's fir | rst. second. third.   | fourth, or fifth tax | vear as a section !  | 501(c)(3) organizatio  | )n.  |
|      | check this box and <b>stop here</b>  | -                    |                       |                      | •                    |                        | ,  |
| Sec  | ction C. Computation of Publi  | c Support Per        | centage               |                      |                      |                        |  |
|      | Public support percentage for 2022 (I  |                      |                       | column (f))          |                      | 15                     | %  |
|      | Public support percentage from 2021  |                      |                       |                      |                      | 16                     | %  |
|      | ction D. Computation of Inves  |                      |                       |                      |                      | 1 1                    | <u>, - , - , - , - , - , - , - , - , - , -</u> |
|      | Investment income percentage for 20  |                      | -                     | line 13, column (f)) |                      | 17                     | %  |
| 18   | Investment income percentage from  |                      |                       |                      |                      |                        | %  |
|      | <b>33 1/3% support tests - 2022.</b> If the  |                      |                       |                      |                      |                        |  |
|      | more than 33 1/3%, check this box ar   |                      |                       |                      |                      |                        |  |
| b    | 33 1/3% support tests - 2021. If the   |                      |                       |                      |                      |                        |  |
|      | line 18 is not more than 33 1/3%, che  | -                    |                       |                      |                      |                        |  |

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

**Public Inspection** 

# Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete

Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

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

10b Schedule A (Form 990) 2022

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

| Ра          | rt IV Supporting Organizations (continued)   |     |          | age :    |
|-------------|--|-----|----------|----------|
|             |  |     | Yes      | N        |
| 1           | 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 | <u> </u> | <u> </u> |
|             | A family member of a person described on line 11a above?   | 11b |          | <u> </u> |
| 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 |          |          |
| ec          | tion B. Type I Supporting Organizations  |     |          |          |
|             |  |     | Yes      | N        |
| 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,  |     |          |          |
| <u>````</u> | supervised, or controlled the supporting organization.<br>tion C. Type II Supporting Organizations   | 2   |          |          |
| bet         |  |     |          |          |
| 4           | Ware a majority of the examination's divertors of tructors during the tay year also a majority of the divertors  |     | Yes      | N        |
| 1           | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |     |          |          |
|             | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  |     |          |          |
|             | or management of the supporting organization was vested in the same persons that controlled or managed   |     |          |          |
| èer         | the supported organization(s).<br>tion D. All Type III Supporting Organizations  | 1   |          | L        |
|             |  |     | Yes      | N        |
| 1           | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |     | 163      |          |
| •           | 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   |          |          |
| 0           |  |     |          | <u> </u> |
| 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 <b>Part VI</b> 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   |     |          |          |

UNITED WAY OF EAST CENTRAL IOWA

#### supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| c 🗌 | ] The organization supported a governmental entity | Describe in Part VI how | you supported a g | overnmental entity | (see instruction <u>s).</u> |
|-----|--|-------------------------|-------------------|--------------------|-----------------------------|
|-----|--|-------------------------|-------------------|--------------------|-----------------------------|

2 Activities Test. Answer lines 2a and 2b below.

Schedule A (Form 990) 2022

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

3

2a

2b

3a

Yes No

**Public Inspection** 

42-0861239 Page 5

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

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

#### UNITED WAY OF EAST CENTRAL IOWA Schedule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

**Public Inspection** 42-0861239 Page **6** 

Schedule A (Form 990) 2022

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

instructions).

232026 12-09-22

7

| UNITED WAY OF EAST CENTRAL I |
|------------------------------|
|------------------------------|

| _             |  | EAST CENTRAL ]                |                                |            | 2-0861239 Page                   |
|---------------|--|-------------------------------|--------------------------------|------------|----------------------------------|
|               | t V Type III Non-Functionally Integrated 509(  | a)(3) Supporting Orga         | nizations (continue            | <u>əd)</u> | •                                |
|               | ion D - Distributions  |                               |                                |            | Current Year                     |
| 1             | Amounts paid to supported organizations to accomplish exer   |                               |                                | 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 | <u>;</u>                       | 3          |                                  |
| 4             | Amounts paid to acquire exempt-use assets  |                               |                                | 4<br>5     |                                  |
| <u>5</u><br>6 | Qualified set-aside amounts (prior IRS approval required - pro<br>Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions. | ovide details in Part VI)     |                                | 6          |                                  |
| 7             | Total annual distributions. Add lines 1 through 6.   |                               |                                | 7          |                                  |
| 8             | Distributions to attentive supported organizations to which the  | e organization is responsive  |                                | -          |                                  |
| Ŭ             | (provide details in <b>Part VI</b> ). See instructions.  | le organization le responsive |                                | 8          |                                  |
| 9             | Distributable amount for 2022 from Section C, line 6   |                               |                                | 9          |                                  |
| 10            | Line 8 amount divided by line 9 amount   |                               |                                | 10         |                                  |
|               | *  | (i)                           | (ii)                           |            | (iii)                            |
| Sect          | ion E - Distribution Allocations (see instructions)  | Excess Distributions          | Underdistributions<br>Pre-2022 | 5          | Distributable<br>Amount for 2022 |
|               |  |                               | FIC-ZUZZ                       |            |                                  |
| 1             | Distributable amount for 2022 from Section C, line 6   |                               |                                |            |                                  |
| 2             | Underdistributions, if any, for years prior to 2022 (reason-   |                               |                                |            |                                  |
|               | able cause required - explain in Part VI). See instructions.   |                               |                                |            |                                  |
| 3             | Excess distributions carryover, if any, to 2022  |                               |                                |            |                                  |
|               | From 2017  |                               |                                |            |                                  |
|               | From 2018  |                               |                                |            |                                  |
|               | From 2019  |                               |                                |            |                                  |
|               | From 2020  |                               |                                |            |                                  |
|               | From 2021  |                               |                                |            |                                  |
|               | Total of lines 3a through 3e   |                               |                                |            |                                  |
|               | Applied to underdistributions of prior years   |                               |                                |            |                                  |
|               | Applied to 2022 distributable amount<br>Carryover from 2017 not applied (see instructions)   |                               |                                |            |                                  |
|               | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.   |                               |                                |            |                                  |
| 4             | Distributions for 2022 from Section D,   |                               |                                |            |                                  |
| -             | line 7: \$   |                               |                                |            |                                  |
| a             | Applied to underdistributions of prior years   |                               |                                |            |                                  |
|               | Applied to 2022 distributable amount   |                               |                                |            |                                  |
|               | Remainder. Subtract lines 4a and 4b from line 4.   |                               |                                |            |                                  |
|               | Remaining underdistributions for years prior to 2022, if   |                               |                                |            |                                  |
|               | any. Subtract lines 3g and 4a from line 2. For result greater  |                               |                                |            |                                  |
|               | than zero, explain in Part VI. See instructions.   |                               |                                |            |                                  |
| 6             | Remaining underdistributions for 2022. Subtract lines 3h   |                               |                                |            |                                  |
|               | and 4b from line 1. For result greater than zero, explain in   |                               |                                |            |                                  |
|               | Part VI. See instructions.   |                               |                                |            |                                  |
| 7             | Excess distributions carryover to 2023. Add lines 3j   |                               |                                |            |                                  |
|               | and 4c.  |                               |                                |            |                                  |
| 8             | Breakdown of line 7:   |                               |                                |            |                                  |
|               | Excess from 2018   |                               |                                |            |                                  |
|               | Excess from 2019   |                               |                                |            |                                  |
|               | Excess from 2020   |                               |                                |            |                                  |
|               | Excess from 2021   |                               |                                |            |                                  |
| e             | Excess from 2022   |                               |                                |            |                                  |

Schedule A (Form 990) 2022

|            |   |                |                           |                         |                    |                                 |                       |                   | Public Inspection                                      |        |
|------------|---|----------------|---------------------------|-------------------------|--------------------|---------------------------------|-----------------------|-------------------|--|--------|
| Schedule A | (Form 990) 2022   | UNITED         | WAY (                     | OF EA                   | ST (               | CENTRAL                         | IOWA                  |                   | 42-0861239   | Page 8 |
| Part VI    | Supplemental Inform<br>Part IV, Section A, lines 1<br>line 1; Part IV, Section D, | mation. Pro    | vide the ex<br>4c, 5a, 6, | xplanatior<br>9a, 9b, 9 | ns requ<br>c, 11a, | ired by Part II<br>11b, and 11c | , line 10; Part IV, S | ection B, lines 1 | r 17b; Part III, line 12;<br>I and 2; Part IV, Sectior | n C,   |
|            | Section D, lines 5, 6, and (See instructions.)                                    | 8; and Part V, | Section E,                | lines 2, 5              | 5, and 6           | 5. Also comple                  | ete this par          | t for any additio | nal information.                                       | ,      |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |
|            |   |                |                           |                         |                    |                                 |                       |                   |  |        |

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Nome of the second the

## Name of the organization

## Schedule of Contributors

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

2022

Employer identification number

|                        | UNITED WAY OF EAST CENTRAL IOWA  | 42-0861239 |
|------------------------|--|------------|
| Organization type (che | eck one):  | ·          |
| Filers of:             | Section:   |            |
| Form 990 or 990-EZ     | $\fbox{X}$ 501(c)( 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   |            |

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

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

## **General Rule**

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

## **Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2022)

Name of organization

## UNITED WAY OF EAST CENTRAL IOWA

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 550,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 210,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person X Payroll 123,908. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 200,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

42-0861239

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed.                      |   |
|------------------------------|---|---|---|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate)<br>(See instructions.) |   |
|                              |   | \$  | _ |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate)<br>(See instructions.) |   |
|                              |   | \$  |   |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate)<br>(See instructions.) |   |
|                              |   | \$  |   |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate)<br>(See instructions.) |   |
|                              |   | \$  |   |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate)<br>(See instructions.) |   |
|                              |   | \$  | _ |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate)<br>(See instructions.) |   |
|                              |   |   |   |

Part II Noncach Property (and ationa) Llas duplicate conice of De 5 a. a. b.

42-0861239

Employer identification number

(d)

**Date received** 

(d)

Date received

(d)

**Date received** 

(d)

Date received

(d)

Date received

Schedule B (Form 990) (2022)

(d)

Date received

\$

## UNITED WAY OF EAST CENTRAL IOWA

| Schedule I                | B (Form 990) (2022)  |                                    |                       | Public Inspection<br>Page      |  |  |  |
|---------------------------|--|------------------------------------|-----------------------|--------------------------------|--|--|--|
|                           | rganization  |                                    |                       | Employer identification number |  |  |  |
| UNITE<br>Part III         | D WAY OF EAST CENTRAL IOW<br>Exclusively religious, charitable, etc., contributions<br>from any one contributor. Complete columns (a) the<br>completing Part III, enter the total of exclusively religious, char | s to organizations described in se | ry. For organizations |                                |  |  |  |
| (a) No.                   | Use duplicate copies of Part III if additional spa   | ace is needed.                     |                       |                                |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift                    | (d) Dese              | cription of how gift is held   |  |  |  |
|                           |  | (e) Transfer of gif                | <br>t                 |                                |  |  |  |
|                           | Transferee's name, address, and  | ZIP + 4                            | Relationship of tra   | insferor to transferee         |  |  |  |
| (a) No.<br>from           | (b) Purpose of gift  | (c) Use of gift                    | (d) Des               | cription of how gift is held   |  |  |  |
| Part I                    |  | (1) (1)                            |                       |                                |  |  |  |
|                           | (e) Transfer of gift   |                                    |                       |                                |  |  |  |
|                           | Transferee's name, address, and  | ZIP + 4                            | Relationship of tra   | Insferor to transferee         |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift                    | (d) Dese              | cription of how gift is held   |  |  |  |
|                           |  | (e) Transfer of gif                | <br>t                 |                                |  |  |  |
|                           | Transferee's name, address, and  | ZIP + 4                            | Relationship of tra   | Insferor to transferee         |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift                    | (d) Desc              | cription of how gift is held   |  |  |  |
|                           |  |                                    |                       |                                |  |  |  |
|                           | (e) Transfer of gift   |                                    |                       |                                |  |  |  |
|                           | Transferee's name, address, and  | ZIP + 4                            | Relationship of tra   | insferor to transferee         |  |  |  |
|                           |  |                                    |                       |                                |  |  |  |

| • •        |   | Supplement   | al Financial Statemente  | Pu                 | blic Inspection<br>OMB No. 1545-0047 |
|------------|---|--|--|--------------------|--------------------------------------|
| SCHEDULE D |   |  | al Financial Statements<br>nization answered "Yes" on Form 990,      |                    | クロクク                                 |
| (Fori      | m 990)                                      | Part IV, line 6, 7, 8, 9, 10   | 2022   |                    |                                      |
|            | tment of the Treasury<br>al Revenue Service |  | ttach to Form 990.<br>0 for instructions and the latest information. |                    | Open to Public<br>Inspection         |
|            | e of the organizati                         | on   |  |                    | identification number                |
| _          |   | UNITED WAY OF EAST   |  |                    | 2-0861239                            |
| Ра         |   | ations Maintaining Donor Advise<br>in answered "Yes" on Form 990, Part IV, lin             | d Funds or Other Similar Funds or Ac                                 | counts.            | Complete if the                      |
|            | organizatio                                 | iranswered fes off-offi 990, Fartiv, in  |  | b) Eurode and      | d other accounts                     |
| 4          | Total number at a                           | ad of year   |  | <b>D</b> Funds and |                                      |
| 1<br>2     |   | nd of year<br>f contributions to (during year)   |  |                    |                                      |
| 2          |   | f grants from (during year)  |  |                    |                                      |
| 4          |   | t end of year  |  |                    |                                      |
| 5          |   |  | writing that the assets held in donor advised fund                   | ls                 |                                      |
|            | -   |  | exclusive legal control?   |                    | Yes No                               |
| 6          |   |  | dvisors in writing that grant funds can be used or                   |                    |                                      |
|            | for charitable purp                         | ooses and not for the benefit of the donor o   | r donor advisor, or for any other purpose conferri                   | ng                 |                                      |
| _          | impermissible priv                          | ate benefit?   |  |                    | Yes No                               |
| Ра         |   |  | ganization answered "Yes" on Form 990, Part IV,                      | line 7.            |                                      |
| 1          |   | servation easements held by the organization   | · · · · · ·  |                    |                                      |
|            |   | n of land for public use (for example, recrea  | , <u> </u>   |                    |                                      |
|            |   | of natural habitat   | Preservation of a certil   | ried historic      | structure                            |
| 2          |   | of open space  | ied conservation contribution in the form of a cor                   | nservation e       | asement on the last                  |
| -          | day of the tax year                         |  |  |                    | at the End of the Tax Year           |
| а          | Total number of co                          | onservation easements  |  | 2a                 |                                      |
| b          | Total acreage rest                          |  |  | 2b                 |                                      |
| с          | Number of conser                            | vation easements on a certified historic stru  | ucture included in (a)   | 2c                 |                                      |
| d          | Number of conser                            | vation easements included in (c) acquired a  | after July 25,2006, and not on a                                     |                    |                                      |
|            |   |  |  | 2d                 |                                      |
| 3          | Number of conser                            | vation easements modified, transferred, rele   | eased, extinguished, or terminated by the organiz                    | zation during      | g the tax                            |
|            | year  |  |  |                    |                                      |
| 4<br>5     |   | where property subject to conservation eas<br>tion have a written policy regarding the per |  |                    |                                      |
| 5          | •   | forcement of the conservation easements it   |  |                    | Yes No                               |
| 6          | ,   |  | handling of violations, and enforcing conservation                   |                    |                                      |
| -          |   | <b>3</b> , <b>1</b> , <b>3</b> ,   | 5  |                    | 5 ,                                  |
| 7          | Amount of expens                            | ses incurred in monitoring, inspecting, hand   | lling of violations, and enforcing conservation eas                  | sements duri       | ing the year                         |
|            |   |  |  |                    |                                      |
| 8          | Does each conser                            | vation easement reported on line 2(d) above  | e satisfy the requirements of section 170(h)(4)(B)(                  | (i)                |                                      |
|            | and section 170(h)                          |  |  |                    | Yes No                               |
| 9          |   | •  | on easements in its revenue and expense stateme                      |                    |                                      |
|            |   |  | note to the organization's financial statements that                 | at describes       | the                                  |
| Pa         |   | ounting for conservation easements.  | Art, Historical Treasures, or Other Si                               | imilar Ass         | sets                                 |
|            |   | f the organization answered "Yes" on Form  |  |                    |                                      |
| 1a         |   |  | 8, not to report in its revenue statement and bala                   | ince sheet w       | vorks                                |
|            | •   |  | blic exhibition, education, or research in furtheran                 |                    |                                      |
|            |   | · · ·  | ncial statements that describes these items.                         | ,                  |                                      |
| b          | · •   |  | 8, to report in its revenue statement and balance                    | sheet works        | s of                                 |
|            | art, historical treas                       | sures, or other similar assets held for public   | exhibition, education, or research in furtherance                    | of public se       | rvice,                               |
|            | provide the followi                         | ing amounts relating to these items:   |  |                    |                                      |
|            |   |  |  |                    |                                      |
| -          |   |  |  |                    |                                      |
| 2          |   |  | asures, or other similar assets for financial gain, p                | provide            |                                      |
|            | the following amol                          | unts required to be reported under FASB A  | SU 930 relating to these items:                                      |                    |                                      |

| b | Assets included in Form 990, Part X             |
|---|---|
| а | Revenue included on Form 990, Part VIII, line 1 |
|   |   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

\$ \$

|    |   |                                  |                       |                     |            |                        |            | Inspection | _ 0                 |
|----|---|----------------------------------|-----------------------|---------------------|------------|------------------------|------------|------------|---------------------|
|    | t III Organizations Maintaining C   | WAY OF EAST<br>ollections of Art |                       |                     | Othe       |                        |            | 61239      |                     |
| 3  | Using the organization's acquisition, accession                                     |                                  |                       |                     |            |                        |            | Continu    | eu)                 |
| -  | collection items (check all that apply):  |                                  | ,                     | enering that        |            | gimeant                |            |            |                     |
| а  | Public exhibition   | d                                | Loan or exc           | hange progra        | ım         |                        |            |            |                     |
| b  | Scholarly research  | е                                |                       | 51 5                |            |                        |            |            |                     |
| с  | Preservation for future generations   |                                  |                       |                     |            |                        |            |            |                     |
| 4  | Provide a description of the organization's co                                      | ellections and explain           | how they further th   | ne organizatio      | n's exer   | npt purpc              | se in Part | XIII.      |                     |
| 5  | During the year, did the organization solicit o                                     |                                  |                       |                     |            |                        |            |            |                     |
|    | to be sold to raise funds rather than to be ma                                      |                                  | •                     |                     |            |                        |            | Yes        | No                  |
| Pa | rt IV Escrow and Custodial Arrang   |                                  |                       |                     |            |                        |            | line 9, or |                     |
|    | reported an amount on Form 990, Par   |                                  | -                     |                     |            |                        |            |            |                     |
| 1a | Is the organization an agent, trustee, custodi                                      | an or other intermedi            | ary for contribution  | s or other ass      | ets not    | included               |            |            |                     |
|    | on Form 990, Part X?  |                                  |                       |                     |            |                        |            | Yes        | No                  |
| b  | If "Yes," explain the arrangement in Part XIII                                      | and complete the foll            | owing table:          |                     |            |                        | -          |            |                     |
|    |   |                                  |                       |                     |            |                        |            | Amount     |                     |
| с  | Beginning balance   |                                  |                       |                     |            | . <u>1c</u>            |            |            |                     |
| d  | Additions during the year   |                                  |                       |                     |            | . 1d                   |            |            |                     |
| е  | Distributions during the year   |                                  |                       |                     |            | . 1e                   |            |            |                     |
| f  | Ending balance  |                                  |                       |                     |            | . 1f                   |            |            |                     |
| 2a | Did the organization include an amount on Fe  | orm 990, Part X, line 2          | 21, for escrow or cu  | ustodial accou      | unt liabil | ity?                   |            | Yes        | No                  |
|    | If "Yes," explain the arrangement in Part XIII.                                     | Check here if the exp            | planation has been    | provided on F       | Part XIII  |                        |            |            |                     |
| Ра | rt V Endowment Funds. Complete i  |                                  |                       |                     |            |                        | <u> </u>   |            | <u> </u>            |
|    |   | (a) Current year                 | (b) Prior year        | (c) Two year        |            | .,                     | years back | ., ,       |                     |
| 1a | Beginning of year balance   | 2,804,397.                       | 3,275,266.            |                     | ,007.      | 2,0                    | 75,798.    |            | 32,162.             |
| b  | Contributions   | 4.04, 4.00                       | 142,349.              |                     | ,463.      |                        |            |            | 29,079.             |
| С  | Net investment earnings, gains, and losses  | 191,428.                         | -597,356.             |                     | ,047.      |                        | -3,698.    | 1          | 04,794.             |
| d  | Grants or scholarships  | 15,330.                          | 15,862.               | 15                  | 5,251.     |                        | 15,093.    |            |                     |
| е  | Other expenditures for facilities   |                                  |                       |                     |            |                        |            |            |                     |
|    | and programs  |                                  |                       |                     |            |                        |            |            | 83,514.             |
| f  | Administrative expenses   |                                  |                       |                     |            |                        |            |            | 6,723.              |
| g  | End of year balance   | 2,980,495.                       | 2,804,397.            | ,                   | 5,266.     | 2,0                    | 57,007.    | 2,0        | 75,798.             |
| 2  | Provide the estimated percentage of the curr  |                                  | (line 1g, column (a)  | ) held as:          |            |                        |            |            |                     |
| а  | Board designated or quasi-endowment   | 54.0000                          | _%                    |                     |            |                        |            |            |                     |
| b  | Permanent endowment 17.0000   | %                                |                       |                     |            |                        |            |            |                     |
| С  | Term endowment 29.0000  |                                  |                       |                     |            |                        |            |            |                     |
|    | The percentages on lines 2a, 2b, and 2c show  |                                  |                       |                     |            |                        |            |            |                     |
| 3a | Are there endowment funds not in the posse  | ssion of the organizat           | tion that are held ar | nd administer       | ed for th  | ne                     |            |            |                     |
|    | organization by:  |                                  |                       |                     |            |                        |            |            | 'es No              |
|    | (i) Unrelated organizations   |                                  |                       |                     |            |                        |            |            | X                   |
|    | (ii) Related organizations  |                                  |                       |                     |            |                        |            | 3a(ii)     | <u> </u>            |
| b  | If "Yes" on line 3a(ii), are the related organiza                                   |                                  |                       |                     |            |                        |            | 3b         |                     |
| 4  | Describe in Part XIII the intended uses of the<br>rt VI Land, Buildings, and Equipm |                                  | vment funds.          |                     |            |                        |            |            |                     |
| Fa | rt VI Land, Buildings, and Equipm<br>Complete if the organization answered          |                                  | Dort IV line 11e S    | oo Form 000         | Dort V     | lino 10                |            |            |                     |
|    |   |                                  |                       |                     |            |                        |            | ( ) D      |                     |
|    | Description of property   | (a) Cost or ot<br>basis (investm | . ,                   | or other<br>(other) | • •        | ccumulat<br>preciation |            | (d) Book   | value               |
| 10 | Land  |                                  | ,                     | 5,609.              |            | preclation             |            | 1,555      | 609                 |
|    | Land  |                                  |                       | 8,796.              | 3          | 948,3                  | 32         | 8,370      | <u>,005.</u><br>464 |
|    | Buildings<br>Leasehold improvements   |                                  | 12,51                 | <u> </u>            | 5,         | <u>, 10, 5</u>         |            | 5,570      | / = \ = •           |
|    | Equipment   |                                  | 67                    | 9,674.              |            | 586,2                  | 55.        | 93         | ,419.               |
|    | Other   |                                  |                       |                     |            |                        |            |            | , > •               |
|    | I. Add lines 1a through 1e. (Column (d) must e                                      |                                  | ( column (P) line 1   |                     |            |                        | 1          | 0,019      | .492.               |
|    |   | quai i Unn 330, Fall /           |                       | <i></i>             |            |                        |            | D (Form 9  | •                   |

| (a) Description of security or category (including name of security) | (b) Book value             | (c) Method of valuation: Cost or end       | -of-year market value |
|--|----------------------------|--|-----------------------|
| (1) Financial derivatives  |                            |  |                       |
| (2) Closely held equity interests                                    |                            |  |                       |
| (3) Other  |                            |  |                       |
| (A)  |                            |  |                       |
| (B)  |                            |  |                       |
| (C)  |                            |  |                       |
| (D)  |                            |  |                       |
| (E)  |                            |  |                       |
| (F)  |                            |  |                       |
| (G)  |                            |  |                       |
| (H)  |                            |  |                       |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)     |                            |  |                       |
| Part VIII Investments - Program Related.                             |                            |  |                       |
| Complete if the organization answered "Yes" of                       | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13.        |                       |
| (a) Description of investment  | (b) Book value             | (c) Method of valuation: Cost or end       | -of-year market value |
| (1)  |                            |  |                       |
| (2)  |                            |  |                       |
| (3)  |                            |  |                       |
| (4)  |                            |  |                       |
| (5)  |                            |  |                       |
| (6)  |                            |  |                       |
| (7)  |                            |  |                       |
| (8)  |                            |  |                       |
| (9)  |                            |  |                       |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)     |                            |  |                       |
| Part IX Other Assets.  |                            |  |                       |
| Complete if the organization answered "Yes" of                       | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15.        |                       |
| (a)  | Description                |  | (b) Book value        |
| (1)  |                            |  |                       |
| (2)  |                            |  |                       |
| (3)  |                            |  |                       |
| (4)  |                            |  |                       |
| (5)  |                            |  |                       |
| (6)  |                            |  |                       |
| (7)  |                            |  |                       |
| (8)  |                            |  |                       |
| (9)  |                            |  |                       |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line        | 15)                        |  |                       |
| Part X Other Liabilities.  | 10.)                       |  |                       |
| Complete if the organization answered "Yes" of                       | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. |                       |
| 1. (a) Description of liability                                      | , ,                        |  | (b) Book value        |
| (1) Federal income taxes   |                            |  | .,                    |
| (2) LEASE LIABILITY  |                            |  | 92,267.               |
| (3)  |                            |  | 5272070               |
| (4)  |                            |  |                       |
| (5)  |                            |  |                       |
| (6)  |                            |  |                       |
|  |                            |  |                       |
| (7)(9)   |                            |  |                       |
| <u>(8)</u>   |                            |  |                       |
| (9)<br>Total (0, ( , , , ( )))                                       | 05.)                       |  | 92,267.               |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line        | 25.)                       |  | 74,407.               |

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

# Schedule D (Form 990) 2022 UNITED WAY OF EAST CENTRAL IOWA Part VII Investments - Other Securities.

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

|   | edule D (Form 990) 2022 UNITED WAY OF EAST CENTRAL   |   |  |              | 0861239   | Page 4        |
|---|--|---|--|--------------|---|---------------|
| Pa  | rt XI Reconciliation of Revenue per Audited Financial Stateme  | ents With R                                     | evenue per Re                            | turn.        |   |               |
|   | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a   | a.  |  |              |   |               |
| 1   | Total revenue, gains, and other support per audited financial statements   |   |  | 1            | 6,155,  | <u>,139.</u>  |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |   |  |              |   |               |
| а   | Net unrealized gains (losses) on investments   | . 2a  | 141,638.                                 |              |   |               |
| b   | Donated services and use of facilities   | 2b  | 57,865.                                  |              |   |               |
| с   | Recoveries of prior year grants  | 2c  |  |              |   |               |
| d   |  |   | 28,726.                                  |              |   |               |
| е   | Add lines 2a through 2d  |   |  | 2e           |   | <u>,229.</u>  |
| 3   | Subtract line <b>2e</b> from line <b>1</b>   |   |  | 3            | 5,926,  | <u>,910.</u>  |
| 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  | 9,275.                                   |              |   |               |
| b   | Other (Describe in Part XIII.)   | . 4b  | 448,697.                                 |              |   |               |
| с   | Add lines <b>4a</b> and <b>4b</b>  |   |  | 4c           |   | <u>,972.</u>  |
|   |  |   |  |              | C 204   | 000           |
| 5   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |   |  | 5            | 6,384,  | ,882.         |
|   | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)<br>rt XII Reconciliation of Expenses per Audited Financial Statem  | ents With                                       | Expenses per F                           |              | <u> </u>  | 882.          |
|   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a  | ents With                                       | Expenses per F                           |              | າ.  |               |
|   | rt XII Reconciliation of Expenses per Audited Financial Statem   | a.  | Expenses per F                           |              | 6,384,<br>n.<br>6,146,  |               |
| Pa  | rt XII Reconciliation of Expenses per Audited Financial Statem<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a   | a.  | Expenses per F                           | Return       | າ.  |               |
| <b>Pa</b>   | rt XII         Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements   | a.  | Expenses per F                           | Return       | າ.  |               |
| Pa<br>1<br>2  | <b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities   | 2a 2a   | Expenses per F                           | Return       | າ.  |               |
| Pa<br>1<br>2<br>a   | <b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments  | 2a  | 57,865.                                  | Return       | າ.  |               |
| Pa<br>1<br>2<br>a   | <b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities   | 22 22 22 22 22 22 22 22 22 22 22 22 22          | Expenses per F                           | Return       | n.<br><u>6,146</u> ,  | .186.         |
| Pa<br>1<br>2<br>a   | <b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)  | 2a<br>2b<br>2c<br>2d                            | 57,865.<br>56,838.                       | Return       | n.<br><u>6,146</u> ,<br>114,                                  | <u>. 186.</u> |
| Pa<br>1<br>2<br>b<br>c<br>d   | rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d   | 2a<br>2b<br>2c<br>2d                            | 57,865.<br>56,838.                       | 1            | n.<br><u>6,146</u> ,  | <u>. 186.</u> |
| Pa<br>1<br>2<br>a<br>b<br>c<br>d<br>e                               | <b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)  | 2a<br>2b<br>2c<br>2d                            | 57,865.<br>56,838.                       | 1<br>2e      | n.<br><u>6,146</u> ,<br>114,                                  | <u>. 186.</u> |
| Pa<br>1<br>2<br>b<br>c<br>d<br>3                                    | <b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:  | 2a<br>2b<br>2c<br>2d                            | 57,865.<br>56,838.<br>9,275.             | 1<br>2e      | n.<br><u>6,146</u> ,<br>114,                                  | <u>. 186.</u> |
| Pa<br>1<br>2<br>3<br>4  | <b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b   | 2a 2b 2c 2d | 57,865.<br>56,838.                       | 1<br>2e      | n.<br><u>6,146,</u><br><u>114</u> ,<br><u>6,031</u> ,         |               |
| Pa<br>1 2 a b c d e 3 4 a   | <b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b   | 2a<br>2b<br>2c<br>2d<br>2d<br>4a<br>4b          | 57,865.<br>56,838.<br>9,275.<br>505,535. | 1<br>2e      | n.<br><u>6,146,</u><br><u>114</u> ,<br><u>6,031</u> ,<br>514, |               |
| Pa<br>1<br>2<br>a<br>b<br>c<br>d<br>e<br>3<br>4<br>a<br>b<br>c<br>5 | rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.) | 2a 2b 2c 2d | 57,865.<br>56,838.<br>9,275.<br>505,535. | 1<br>2e<br>3 | n.<br><u>6,146,</u><br><u>114</u> ,<br><u>6,031</u> ,         |               |

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           |
| \$3,443,176 OF DESIGNATED FUNDS OF WHICH ONLY INCOME IS AVAILABLE TO THE   |
| ORGANIZATION AT THE DISCRETION OF THE FOUNDATION.                          |
|  |

**Public Inspection** 

| Schedule D (Form 990) 2022 UNITED WAY OF EAST CENTRAL IOWA Part XIII Supplemental Information (continued) | Public Inspection<br>42-0861239 Page 5 |
|---|--|
| CHANGE IN BENEFICIAL INTEREST IN COMMUNITY FOUNDATION   | 28,726.                                |
| PART XI, LINE 4B - OTHER ADJUSTMENTS:   |  |
| DONOR OPTION ALLOCATIONS  | 505,535.                               |
| SPECIAL EVENT EXPENSES  | -56,838.                               |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B   | 448,697.                               |
| PART XII, LINE 2D - OTHER ADJUSTMENTS:  |  |
| SPECIAL EVENT EXPENSES  | 56,838.                                |
| PART XII, LINE 4B - OTHER ADJUSTMENTS:  |  |
| DONOR OPTION ALLOCATIONS  | 505,535.                               |
|   |  |
|   |  |
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|   | Schedule D (Form 990) 2022             |

| SCHEDULE G   | Suppleme             | ntal Infor      | mation Re      | egarding       | Fund   | Iraisi             | ng or Gaming A                                | ctiv    |  | ic Inspection<br>OMB No. 1545-004 |
|--|----------------------|-----------------|----------------|----------------|--|--------------------|---|---------|--|-----------------------------------|
| (Form 990)   |                      |                 |                |                |  |                    | eart IV, line 17, 18, o<br>m 990-EZ, line 6a. | r 19,   | or if the  | 2022                              |
| Department of the Treasury                           |                      | _               |                | Form 990 c     |  |                    |   |         |  | Open to Public<br>Inspection      |
| Internal Revenue Service<br>Name of the organization |                      | o www.irs.g     | ov/Form990     | ) for instruc  | tions  | and th             | ne latest information                         | n.      | Employer i   | dentification num                 |
| Name of the organization                             | UNITED               | WAV OF          | ፔአሮጥ (         | י ג מיתאים י   | г. тс  | ע גער              |   |         | 42-086   |                                   |
| Part I Fundrais                                      |                      |                 |                |                |  |                    | n Form 990, Part IV, I                        | ino 1   |  |                                   |
|  | complete this part   | t.              | the organiza   | alion answe    | reu r  | 65 01              | 1 FOIIII 990, Fait IV, 1                      | ine i   | 7. FUIII 990-  | EZ IIIEIS ale not                 |
| 1 Indicate whether th                                |                      |                 | ough anv of    | the followin   | a activ  | ities. (           | Check all that apply.                         |         |  |                                   |
| a Mail solicitat                                     |                      |                 | e              |                |  |                    | overnment grants                              |         |  |                                   |
| b Internet and                                       | email solicitations  | i               | f              |                |  | -                  | nment grants                                  |         |  |                                   |
| c Phone solici                                       | tations              |                 | g              | Special        |  |                    |   |         |  |                                   |
| d In-person so                                       | licitations          |                 |                |                |  |                    |   |         |  |                                   |
| 2 a Did the organization                             | on have a written o  | r oral agreer   | nent with an   | y individual   | (includ  | ling of            | ficers, directors, trus                       | tees,   | or   |                                   |
| key employees list                                   | ed in Form 990, Pa   | art VII) or ent | ity in conne   | ction with p   | ofessi   | onal fu            | undraising services?                          |         | <b>Y</b>   | es No                             |
| <b>b</b> If "Yes," list the 10                       | ) highest paid indiv | viduals or ent  | tities (fundra | isers) pursu   | ant to   | agreer             | ments under which th                          | ne fur  | ndraiser is to   | be                                |
| compensated at le                                    | east \$5,000 by the  | organization    |                |                |  |                    |   |         |  |                                   |
| (i) Name and addres<br>or entity (fund               |                      |                 | (ii) Activity  |                | (iii)<br>fundr<br>have c<br>or con<br>contribu | ustody<br>itrol of | (iv) Gross receipts from activity             | tò (o   | Amount paic<br>or retained by<br>fundraiser<br>ted in col. (i) |                                   |
|  |                      |                 |                |                | Yes  | No                 |   |         |  |                                   |
|  |                      |                 |                |                |  |                    |   |         |  |                                   |
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|  |                      |                 |                |                |  |                    |   |         |  |                                   |
| Total  |                      |                 |                |                |  |                    |   |         |  |                                   |
| <b>3</b> List all states in wh or licensing.         | ich the organizatio  | n is registere  | ed or license  | d to solicit c | ontrib   | utions             | or has been notified                          | it is ( | exempt from  | registration                      |
|  |                      |                 |                |                |  |                    |   |         |  |                                   |
|  |                      |                 |                |                |  |                    |   |         |  |                                   |
|  |                      |                 |                |                |  |                    |   |         |  |                                   |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

|                 |      |  | PURSE                   |  |                  |   |
|-----------------|------|--|-------------------------|--|------------------|---|
| ۵               |      |  | (event type)            | (event type)                                     | (total number)   | col. <b>(c)</b> )                                   |
| Revenue         | 1    | Gross receipts                                   | 81,315.                 |  |                  | 81,315.   |
|                 | 2    | Less: Contributions                              | 46,457.                 |  |                  | 46,457.   |
|                 | 3    | Gross income (line 1 minus line 2)               | 34,858.                 |  |                  | 34,858.   |
|                 | 4    | Cash prizes                                      |                         |  |                  |   |
|                 | 5    | Noncash prizes                                   | 45,597.                 |  |                  | 45,597.   |
| Direct Expenses | 6    | Rent/facility costs                              |                         |  |                  |   |
| rect Ex         | 7    | Food and beverages                               | 4,855.                  |  |                  | 4,855.  |
| ā               | 8    | Entertainment                                    |                         |  |                  |   |
|                 | 9    | Other direct expenses                            |                         |  |                  | 6,386.  |
|                 | 10   | Direct expense summary. Add lines 4 through      |                         |  |                  | 56,838.   |
|                 |      | Net income summary. Subtract line 10 from li     |                         |  |                  | -21,980.  |
| Pa              |      |  |                         |  |                  | <u></u>   |
|                 |      | \$15,000 on Form 990-EZ, line 6a.                |                         |  |                  |   |
| Revenue         |      |  | (a) Bingo               | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add<br>col. (a) through col. (c)) |
| Reve            | 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                                  | <br>No                  | No   | No               |   |
|                 | 7    | Direct expense summary. Add lines 2 through      | 15 in column (d)        |  |                  |   |
|                 | 8    | Net gaming income summary. Subtract line 7       | from line 1, column (d) |  |                  |   |
|                 |      |  |                         |  |                  |   |
|                 |      | ter the state(s) in which the organization condu |                         |  |                  |   |
|                 |      | he organization licensed to conduct gaming ac    |                         | states?  |                  | Yes No  |
| U               |      | No," explain:                                    |                         |  |                  |   |
|                 |      |  |                         |  |                  |   |
|                 |      | ere any of the organization's gaming licenses re |                         |  | vear?            | Yes No  |
| b               | lf " | Yes," explain:                                   |                         |  |                  |   |
|                 | _    |  |                         |  |                  |   |
| 23208           | 2 10 | -27-22   |                         |  | Sche             | dule G (Form 990) 2022                              |
|                 |      |  |                         |  |                  |   |

Part II

UNITED WAY OF EAST CENTRAL IOWA

(a) Event #1

POWER OF THE

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

(b) Event #2

**Public Inspection** 

(d) Total events

(add col. (a) through

42-0861239 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

(c) Other events

NONE

|  | ublic Insp    |          |          |
|--|---------------|----------|----------|
|  | -0861         |          | Page 3   |
| 11 Does the organization conduct gaming activities with nonmembers?  |               | Yes      | No       |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed   |               |          |          |
| to administer charitable gaming?   |               | Yes      | No       |
| 13 Indicate the percentage of gaming activity conducted in:  | 10-           | I        | 0/       |
| a The organization's facility  |               |          | <u>%</u> |
| <ul><li>b An outside facility</li><li>14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:</li></ul>             | . <b>13b</b>  |          | %        |
|  |               |          |          |
| Name   |               |          |          |
| Address  |               |          |          |
| <b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?  |               | Yes      | No       |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount   |               |          |          |
| of gaming revenue retained by the third party \$   |               |          |          |
| c If "Yes," enter name and address of the third party:   |               |          |          |
|  |               |          |          |
| Name   |               |          |          |
| Address  |               |          |          |
|  |               |          |          |
| 16 Gaming manager information:   |               |          |          |
| Name   |               |          |          |
| Gaming manager compensation \$   |               |          |          |
|  |               |          |          |
| Description of services provided   |               |          |          |
|  |               |          |          |
|  |               |          |          |
| Director/officer Employee Independent contractor   |               |          |          |
|  |               |          |          |
| 17 Mandatory distributions:  |               |          |          |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to  |               | <b>V</b> | Ν.       |
| retain the state gaming license?   |               | Yes      | No       |
| <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the  |               |          |          |
| organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I | Dort III, lin |          | 106      |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.   | art m, mi     | 63 3, 31 | , 100,   |
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| Schedule G | (FOIN 990) ONTIED WAT                | 0ŀ | TOADI | TOWY | 42 0001252 | Page 4 |
|------------|--------------------------------------|----|-------|------|------------|--------|
| Part IV    | Supplemental Information (continued) |    |       |      |            |        |
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| SCHEDULE I<br>(Form 990)       Grants and Other Assistance to Organizations,<br>Governments, and Individuals in the United States<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.       00MB No. 1545         Department of the Treasury<br>Internal Revenue Service       Attach to Form 990.       00 Form 990.         Name of the organization       Go to www.irs.gov/Form990 for the latest information.       00 pen to Put<br>Inspection         Name of the organization       UNITED WAY OF EAST CENTRAL IOWA       Employer identification r<br>42 - 0861         Part I       General Information on Grants and Assistance       Inspection         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | on<br>number        |
|--|---------------------|
| Department of the Treasury<br>Internal Revenue Service     Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.     Open to Put<br>Internal Revenue Service       Name of the organization     Go to www.irs.gov/Form990 for the latest information.     Open to Put<br>Inspection       Name of the organization     UNITED WAY OF EAST CENTRAL IOWA     Employer identification of<br>42-0861       Part I     General Information on Grants and Assistance     Employer   | on<br>number<br>239 |
| Internal Revenue Service     Go to www.irs.gov/Form990 for the latest information.     Inspection       Name of the organization     UNITED WAY OF EAST CENTRAL IOWA     42-0861       Part I     General Information on Grants and Assistance     UNITED WAY OF EAST CENTRAL IOWA   | on<br>number<br>239 |
| Name of the organization     Employer identification r       UNITED WAY OF EAST CENTRAL IOWA     42-0861       Part I     General Information on Grants and Assistance   | number<br>239       |
| UNITED WAY OF EAST CENTRAL IOWA       42-0861         Part I       General Information on Grants and Assistance  | .239                |
| Part I General Information on Grants and Assistance  |                     |
|  | No                  |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection   | No                  |
|  | No                  |
| criteria used to award the grants or assistance?   |                     |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  |                     |
| Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.   |                     |
| 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of gran  |                     |
| or government (b) EIN (c) Inc section (d) Amount of valuation (book,<br>(if applicable) (if applicable) (if applicable) (if applicable) (cash grant assistance or assistance or assistance or assistance or assistance or assistance other)  | n                   |
|  |                     |
| AGING SERVICES, INC. PROGRAM SUPPORT, DIS  | SASTER              |
| 317 7TH AVE SE, STE 302B RESPONSE, DONOR   |                     |
| CEDAR RAPIDS, IA 52401-1604         23-7085316         501(C)(3)         271,994.         0.         DESIGNATION SUPPORT   |                     |
|  |                     |
| AMERICAN CANCER SOCIETY C.R.   |                     |
| 4080 FIRST AVENUE NE   |                     |
| CEDAR RAPIDS, IA 52402         42-0680353         501(C)(3)         9,772.         0.         DONOR DESIGNATION SU   | JPPORT              |
|  |                     |
| AREA SUBSTANCE ABUSE COUNCIL PROGRAM SUPPORT, DIS<br>3601 16TH AVENUE SW RESPONSE, DONOR   | SASTER              |
| 3601 16TH AVENUE SW         RESPONSE, DONOR           CEDAR RAPIDS, IA 52401         42-1114396 501(C)(3)         322,334.         0.         DESIGNATION SUPPORT  |                     |
| CEDAR RAFIDS, IR 52401         42-1114550         501(C/(5))         522,554.         0.         DESIGNATION SUPPORT   |                     |
| BENTON COUNTY VOLUNTEER PROGRAM PROGRAM SUPPORT, DI  | SASTER              |
| 1309 5TH AVE   |                     |
| BELLE PLAINE, IA 52208         42-1023730         501(C)(3)         8,772.         0.  |                     |
|  |                     |
| BIG BROTHERS BIG SISTERS   |                     |
| 3151 E AVE NW STE 103 PROGRAM SUPPORT, DIS   | SASTER              |
| CEDAR RAPIDS, IA 52405 42-1170475 501(C)(3) 119,108. 0. RESPONSE   |                     |
|  |                     |
| BOYS & GIRLS CLUB OF CEDAR RAPIDS PROGRAM SUPPORT, DIS   | SASTER              |
| 418 6TH ST SE, STE 240 RESPONSE, DONOR   |                     |
| CEDAR RAPIDS, IA 52399       42-1434054       501(C)(3)       88,101.       0.       DESIGNATION SUPPORT         2       Enter total number of section 501(s)(2) and severament ergenizations listed in the line 1 table       0.       0.       0.  |                     |

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

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

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

# Schedule I (Form 990) UNITED WAY OF EAST CENTRAL IOWA Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

Public Inspection

42-0861239 Page 1

| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|--------------------------|---|---|---|---------------------------------------|
| BRIDGEHAVEN PREGNANCY SUPPORT                      |                |                                  |                          |   |   |   |                                       |
| CENTER - 701 CENTER POINT RD NE -                  |                |                                  |                          |   |   |   | DISASTER RESPONSE, DONOR              |
| CEDAR RAPIDS, IA 52402                             | 42-1203675     | 501(C)(3)                        | 9,492.                   | 0.  |   |   | DESIGNATION SUPPORT                   |
|  | 42 1203073     | 501(0)(3)                        | 5,452.                   | · · ·   |   |   |                                       |
| CATHERINE MCAULEY CENTER                           |                |                                  |                          |   |   |   | PROGRAM SUPPORT, DISASTER             |
| 1220 5TH AVE SE                                    |                |                                  |                          |   |   |   | RESPONSE, DONOR                       |
| CEDAR RAPIDS, IA 52403                             | 42-1342872     | 501(C)(3)                        | 100,652.                 | ٥.  |   |   | DESIGNATION SUPPORT                   |
|  | 42 1342072     | 501(0)(3)                        | 100,052.                 |   |   |   |                                       |
| COMMUNITY HEALTH FREE CLINIC                       |                |                                  |                          |   |   |   | PROGRAM SUPPORT, DISASTER             |
| 947 14TH AVENUE SE                                 |                |                                  |                          |   |   |   | RESPONSE, DONOR                       |
| CEDAR RAPIDS, IA 52403                             | 13-4228071     | 501(C)(3)                        | 71,879.                  | ٥.  |   |   | DESIGNATION SUPPORT                   |
|  |                |                                  | ,                        |   |   |   |                                       |
| EASTERN IOWA HEALTH CENTER                         |                |                                  |                          |   |   |   |                                       |
| 1201 3RD AVE SE                                    |                |                                  |                          |   |   |   | PROGRAM SUPPORT, DISASTER             |
| CEDAR RAPIDS, IA 52403                             | 20-2405575     | 501(C)(3)                        | 95,150.                  | ٥.  |   |   | ,<br>RESPONSE                         |
| ,  |                |                                  | , -                      |   |   |   |                                       |
| FIRST LUTHERAN CHURCH                              |                |                                  |                          |   |   |   |                                       |
| 313 E FAYETTE ST                                   |                |                                  |                          |   |   |   |                                       |
| MANCHESTER, IA 52057                               | 42-1229133     | 501(C)(3)                        | 6,663.                   | ٥.  |   |   | DONOR DESIGNATION SUPPORT             |
|  |                |                                  | ,                        |   |   |   |                                       |
| FOUNDATION 2                                       |                |                                  |                          |   |   |   | PROGRAM SUPPORT, DISASTER             |
| 1714 JOHNSON AVE NW                                |                |                                  |                          |   |   |   | RESPONSE, DONOR                       |
| CEDAR RAPIDS, IA 52405                             | 42-1078444     | 501(C)(3)                        | 280,928.                 | ٥.  |   |   | DESIGNATION SUPPORT                   |
|  |                |                                  |                          |   |   |   |                                       |
| FOUR OAKS FAMILY AND CHILDREN                      |                |                                  |                          |   |   |   |                                       |
| SERVICES - 5400 KIRKWOOD BLVD SW -                 |                |                                  |                          |   |   |   |                                       |
| CEDAR RAPIDS, IA 52404                             | 42-0998726     | 501(C)(3)                        | 9,012.                   | ٥.  |   |   | DONOR DESIGNATION SUPPORT             |
|  |                |                                  |                          |   |   |   |                                       |
| GOODWILL INDUSTRIES OF THE                         |                |                                  |                          |   |   |   |                                       |
| HEARTLAND - 1410 S. 1ST AVE - IOWA                 |                |                                  |                          |   |   |   | PROGRAM SUPPORT, DISASTER             |
| CITY, IA 52240                                     | 42-0923563     | 501(C)(3)                        | 46,329.                  | ٥.  |   |   | RESPONSE                              |
|  |                |                                  |                          |   |   |   |                                       |
| HARVEST EVANGELICAL CHURCH                         |                |                                  |                          |   |   |   |                                       |
| 1235 W. WICKS LANE                                 |                |                                  |                          |   |   |   |                                       |
| BILLINGS, MT 59105                                 | 81-0533005     | 501(C)(3)                        | 6,663.                   | ٥.  |   |   | DONOR DESIGNATION SUPPORT             |

Schedule I (Form 990)

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

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                               |
|--|------------|----------------------------------|--------------------------|--|---|--|---|
| HAWKEYE AREA COMMUNITY ACTION<br>PROGRAM - P.O. BOX 490 - HIAWATHA,<br>IA 52233-0490               | 42-0898405 | 501(C)(3)                        | 240,592.                 | 0.                                     |   |  | PROGRAM SUPPORT, DISASTE<br>RESPONSE, DONOR<br>DESIGNATION SUPPORT  |
| HORIZONS, A FAMILY SERVICE<br>ALLIANCE – PO BOX 667 – CEDAR<br>RAPIDS, IA 52406                    | 42-1135083 | 501(C)(3)                        | 207,879.                 | 0.                                     |   |  | PROGRAM SUPPORT, DISASTE<br>RESPONSE, DONOR<br>DESIGNATION SUPPORT  |
| IOWA LEGAL AID<br>317 7TH AVE SE, STE 404<br>CEDAR RAPIDS, IA 52401                                | 42-1079227 | 501(C)(3)                        | 112,945.                 | 0.                                     |   |  | PROGRAM SUPPORT, DISASTEI<br>RESPONSE, DONOR<br>DESIGNATION SUPPORT |
| JANE BOYD COMMUNITY HOUSE<br>943 14TH AVE SE<br>CEDAR RAPIDS, IA 52403                             | 42-0680359 | 501(C)(3)                        | 169,189.                 | 0.                                     |   |  | PROGRAM SUPPORT, DISASTEF<br>RESPONSE, DONOR<br>DESIGNATION SUPPORT |
| JUNIOR ACHIEVEMENT OF EAST CENTRAL<br>IOWA - 324 THIRD ST SE #200 -<br>CEDAR RAPIDS, IA 52401-1841 | 42-0919209 | 501(C)(3)                        | 6,736.                   | 0.                                     |   |  | DONOR DESIGNATION SUPPOR  |
| KIDS FIRST LAW CENTER<br>420 6TH ST SE, STE 160<br>CEDAR RAPIDS, IA 52401                          | 20-2199649 | 501(C)(3)                        | 65,104.                  | 0.                                     |   |  | PROGRAM SUPPORT, DISASTE<br>RESPONSE, DONOR<br>DESIGNATION SUPPORT  |
| MATTHEW 25 MINISTRY HUB - CEDAR<br>RAPIDS - 201 3RD AVE SW - CEDAR<br>RAPIDS, IA 52404             | 26-0467321 | 501(C)(3)                        | 6,965.                   | 0.                                     |   |  | DISASTER RESPONSE, DONOR<br>DESIGNATION SUPPORT                     |
| RURAL EMPLOYMENT ALTERNATIVES<br>495 4TH AVE<br>CONROY, IA 52220                                   | 42-1150011 | 501(C)(3)                        | 23,143.                  | 0.                                     |   |  | DISASTER RESPONSE   |
| SOUTHEAST LINN COMMUNITY CENTER<br>108 S WASHINGTON ST<br>LISBON, IA 52253                         | 43-1406317 | 501(C)(3)                        | 8,522.                   | 0.                                     |   |  | PROGRAM SUPPORT, DISASTE<br>RESPONSE, DONOR<br>DESIGNATION SUPPORT  |

Schedule I (Form 990)

# Schedule I (Form 990) UNITED WAY OF EAST CENTRAL IOWA Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

Public Inspection

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| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|--------------------------|---|---|--|---------------------------------------|
| ST. ELIZABETH ANN SETON CATHOLIC                   |                |                                  |                          |   |   |  |                                       |
| CHURCH - 1350 LYNDHURST DRIVE -                    |                |                                  |                          |   |   |  |                                       |
| HIAWATHA, IA 52233                                 | 42-1338119     | 501(C)(3)                        | 5,580.                   | 0.  |   |  | DONOR DESIGNATION SUPPOR              |
|  | 42 1330119     | 501(0)(3)                        | 5,500.                   |   |   |  | BONON BEDIONNIION BOITON              |
| ST. LUKE'S HEALTH CARE FOUNDATION                  |                |                                  |                          |   |   |  | PROGRAM SUPPORT, DISASTE              |
| 855 A AVENUE NE #105                               |                |                                  |                          |   |   |  | RESPONSE, DONOR                       |
| CEDAR RAPIDS, IA 52402                             | 42-1106819     | 501(C)(3)                        | 9,645.                   | 0.  |   |  | DESIGNATION SUPPORT                   |
|  |                |                                  |                          |   |   |  |                                       |
| ST. PAULS UNITED METHODIST CHURCH                  |                |                                  |                          |   |   |  |                                       |
| 1340 - 3RD AVENUE SE                               |                |                                  |                          |   |   |  |                                       |
| CEDAR RAPIDS, IA 52403                             | 42-0680303     | 501(C)(3)                        | 12,800.                  | 0.  |   |  | DONOR DESIGNATION SUPPOR              |
|  |                |                                  | ,                        |   |   |  |                                       |
| TANAGER PLACE                                      |                |                                  |                          |   |   |  |                                       |
| 2309 C ST SW                                       |                |                                  |                          |   |   |  | DISASTER RESPONSE, DONOR              |
| CEDAR RAPIDS, IA 52404                             | 42-0688079     | 501(C)(3)                        | 76,147.                  | 0.  |   |  | DESIGNATION SUPPORT                   |
|  |                |                                  |                          |   |   |  |                                       |
| THE ARC OF EAST CENTRAL IOWA                       |                |                                  |                          |   |   |  | PROGRAM SUPPORT, DISASTE              |
| 680 2ND ST SE STE 200                              |                |                                  |                          |   |   |  | RESPONSE, DONOR                       |
| CEDAR RAPIDS, IA 52401                             | 42-0805377     | 501(C)(3)                        | 90,649.                  | 0.  |   |  | DESIGNATION SUPPORT                   |
|  |                |                                  |                          |   |   |  |                                       |
| THE STONE CHURCH                                   |                |                                  |                          |   |   |  |                                       |
| 18141 222ND STREET                                 |                |                                  |                          |   |   |  |                                       |
| MANCHESTER, IA 52057                               | 42-0938125     | 501(C)(3)                        | 15,002.                  | 0.  |   |  | DONOR DESIGNATION SUPPORT             |
| VALINMEED GENUIDES OF GENER COUNTY                 |                |                                  |                          |   |   |  |                                       |
| VOLUNTEER SERVICES OF CEDAR COUNTY                 |                |                                  |                          |   |   |  | PROGRAM SUPPORT, DISASTE              |
| PO BOX 307   | 42 1241650     | E01(0)(2)                        | 7 714                    | 0.  |   |  | RESPONSE, DONOR                       |
| TIPTON, IA 52772                                   | 42-1341650     | 501(C)(3)                        | 7,714.                   | 0.  |   |  | DESIGNATION SUPPORT                   |
| WAYPOINT SERVICES                                  |                |                                  |                          |   |   |  | PROGRAM SUPPORT, DISASTER             |
| 318 5TH ST SE                                      |                |                                  |                          |   |   |  | RESPONSE, DONOR                       |
| CEDAR RAPIDS, IA 52401                             | 42-0680307     | 501(C)(3)                        | 350,757.                 | 0.  |   |  | DESIGNATION SUPPORT                   |
| 522111, Mil 125, 11 52401                          | 12 0000307     |                                  |                          | 0.  |   |  | Distontion Soffort                    |
| WILLIS DADY EMERGENCY SHELTER                      |                |                                  |                          |   |   |  | PROGRAM SUPPORT, DISASTE              |
| 1247 4TH AVE SE                                    |                |                                  |                          |   |   |  | RESPONSE, DONOR                       |
| CEDAR RAPIDS, IA 52403                             | 42-1311668     | 501(C)(3)                        | 74,771.                  | 0.  |   |  | DESIGNATION SUPPORT                   |

Schedule I (Form 990)

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

hedule I (Form 990)

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|  |                    | CENTRAL IO                       |                             |  |   |  | 12-0861239 Page                        |
|--|--------------------|----------------------------------|-----------------------------|--|---|--|--|
| Part II Continuation of Grants and Othe            | r Assistance to Do | mestic Organizations             | and Domestic Go             | Schernments (Sche                      | edule I (Form 990), Pa  | art II.)                               |  |
| (a) Name and address of organization or government | (b) EIN            | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance  |
|  |                    |                                  |                             |  |   |  |  |
| YOUNG PARENTS NETWORK<br>420 6TH ST SE STE 260     |                    |                                  |                             |  |   |  | PROGRAM SUPPORT, DISASTER              |
| CEDAR RAPIDS, IA 52401                             | 42-1355480         | 501(C)(3)                        | 138,063.                    | 0.                                     |   |  | RESPONSE, DONOR<br>DESIGNATION SUPPORT |
| CEDAR RAFIDS, IA 52401                             | 42-1355480         | 501(0)(3)                        | 138,003.                    | ۰.                                     |   |  | DESIGNATION SUFFORT                    |
| ZACH JOHNSON FOUNDATION                            |                    |                                  |                             |  |   |  | PROGRAM SUPPORT, DISASTER              |
| PO BOX 2336  |                    |                                  |                             |  |   |  | RESPONSE, DONOR                        |
| CEDAR RAPIDS, IA 52406                             | 27-2683100         | 501(C)(3)                        | 66,693.                     | 0.                                     |   |  | DESIGNATION SUPPORT                    |
| · · · · · ·  |                    |                                  | , -                         |  |   |  |  |
| UNITED WAY OF CENTRAL IOWA                         |                    |                                  |                             |  |   |  |  |
| 1111 9TH STREET, STE 100                           |                    |                                  |                             |  |   |  |  |
| DES MOINES, IA 50314                               | 42-0680425         | 501(C)(3)                        | 176,021.                    | ٥.                                     |   |  | PROGRAM SUPPORT                        |
|  |                    |                                  |                             |  |   |  |  |
| ANTIOCH CHRISTIAN CHURCH                           |                    |                                  |                             |  |   |  |  |
| PO BOX 187   |                    |                                  |                             |  |   |  |  |
| MARION, IA 52302-0187                              | 42-1023557         | 501(C)(3)                        | 11,250.                     | ٥.                                     |   |  | PROGRAM SUPPORT                        |
|  |                    |                                  |                             |  |   |  |  |
| MOUNT MERCY UNIVERSITY                             |                    |                                  |                             |  |   |  |  |
| 1330 ELMHURST DR NE                                |                    |                                  |                             |  |   |  |  |
| CEDAR RAPIDS, IA 52402                             | 42-0681046         | 501(C)(3)                        | 5,980.                      | 0.                                     |   |  | PROGRAM SUPPORT                        |
| THE DR. RHYS B. JONES DENTAL                       |                    |                                  |                             |  |   |  |  |
|  |                    |                                  |                             |  |   |  |  |
| HEALTH - 855 A AVE NE, STE LL1 -                   | 42-1106819         | 501(C)(3)                        | 61 001                      | 0.                                     |   |  | PROGRAM SUPPORT                        |
| CEDAR RAPIDS, IA 52402                             | 42-1100019         | 501(C)(3)                        | 61,801.                     | 0.                                     |   |  | PROGRAM SUPPORT                        |
| TOGETHER WE ACHIEVE                                |                    |                                  |                             |  |   |  |  |
| 1150 27TH AVE SW                                   |                    |                                  |                             |  |   |  |  |
| CEDAR RAPIDS, IA 52404                             | 85-3107151         | 501(C)(3)                        | 5,775.                      | 0.                                     |   |  | PROGRAM SUPPORT                        |
|  |                    |                                  | · · · · · ·                 |  |   |  |  |
|  |                    |                                  |                             |  |   |  |  |
|  |                    |                                  |                             |  |   |  |  |
|  |                    |                                  |                             |  |   |  |  |
|  |                    |                                  |                             |  |   |  |  |
|  |                    |                                  |                             |  |   |  |  |
|  |                    |                                  |                             |  |   |  |  |
|  |                    |                                  |                             |  |   |  |  |

Schedule I (Form 990) 2022

#### UNITED WAY OF EAST CENTRAL IOWA

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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance                              | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
| Part IV Supplemental Information. Provide the information re | equired in Part I, lir   | ne 2; Part III, column   | (b); and any other ac                 | Iditional information.  | 1                                     |

PART I, LINE 2:

DISASTER RESPONSE FUNDS: IN RESPONSE TO THE COVID-19 PANDEMIC AND THE 2020

DERECHO STORM DAMAGE SEEN IN IOWA COMMUNITIES, UWECI HAS RESPONDED TO

IMMINENT NEEDS BY CREATING THE DISASTER RECOVERY FUND. THESE FUNDS ARE

GRANTED IN RESPONSE TO THE EMERGING NEEDS OF THE MOST VULNERABLE

INDIVIDUALS IN OUR COMMUNITY TO 501C3 ORGANIZATIONS PROVIDING COVID-19 OR

DISASTER RECOVERY SERVICES 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.

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.

|  |                    |   |            |           | Spection<br>MB No. 1545-0047 |          |  |  |
|--|--------------------|---|------------|-----------|------------------------------|----------|--|--|
| (Form 990)<br>Department of the Treasury |                    | For certain Officers, Directors, Trustees, Key Employees, and Highest                           |            | 202       | 22                           |          |  |  |
|  |                    | Complete if the organization answered "Yes" on Form 990. Part IV. line 23.                      |            |           |                              |          |  |  |
|  |                    | Attach to Form 990.   |            | Open to   |                              |          |  |  |
|  | enue Service       | Go to www.irs.gov/Form990 for instructions and the latest information.                          |            | Inspec    |                              |          |  |  |
| vame of                                  | the organizatior   |   | Employer i |           |                              | ber      |  |  |
| Part I                                   | Question           | UNITED WAY OF EAST CENTRAL IOWA<br>s Regarding Compensation                                     | 42-0       | 861239    |                              |          |  |  |
| raiti                                    | Question           |   |            |           | Yes I                        |          |  |  |
| 1a Che                                   | ock the appropri   | ate box(es) if the organization provided any of the following to or for a person listed on Form | 000        |           |                              | No       |  |  |
|  |                    | line 1a. Complete Part III to provide any relevant information regarding these items.           | 330,       |           |                              |          |  |  |
| i an                                     | First-class or c   |   | naluse     |           |                              |          |  |  |
|  | Travel for com     |   |            |           |                              |          |  |  |
|  |                    | ation and gross-up payments Health or social club dues or initiation fee                        |            |           |                              |          |  |  |
|  |                    | spending account Personal services (such as maid, chauffel                                      |            |           |                              |          |  |  |
|  | Discretionary      |   |            |           |                              |          |  |  |
| <b>b</b> If an                           | v of the boxes     | on line 1a are checked, did the organization follow a written policy regarding payment or       |            |           |                              |          |  |  |
|  | -                  | rovision of all of the expenses described above? If "No," complete Part III to explain          |            | 1b        |                              |          |  |  |
|  |                    | require substantiation prior to reimbursing or allowing expenses incurred by all directors,     |            |           |                              |          |  |  |
|  | •                  | rs, including the CEO/Executive Director, regarding the items checked on line 1a?               |            | 2         |                              |          |  |  |
|  | ,                  |   |            |           |                              |          |  |  |
| 3 Indi                                   | cate which, if ar  | y, of the following the organization used to establish the compensation of the organization's   |            |           |                              |          |  |  |
| CEC                                      | D/Executive Dire   | ctor. Check all that apply. Do not check any boxes for methods used by a related organization   | on to      |           |                              |          |  |  |
| esta                                     | blish compensa     | ation of the CEO/Executive Director, but explain in Part III.                                   |            |           |                              |          |  |  |
|  | Compensatior       | committee Written employment contract   |            |           |                              |          |  |  |
|  | Independent c      | ompensation consultant X Compensation survey or study   |            |           |                              |          |  |  |
| X  | Form 990 of o      | her organizations X Approval by the board or compensation c                                     | ommittee   |           |                              |          |  |  |
|  |                    |   |            |           |                              |          |  |  |
| 4 Duri                                   | ing the year, did  | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing         |            |           |                              |          |  |  |
| orga                                     | anization or a re  | lated organization:   |            |           |                              |          |  |  |
| a Rec                                    | eive a severanc    | e payment or change-of-control payment?   |            | 4a        |                              | X        |  |  |
| <b>b</b> Part                            | icipate in or rec  | eive payment from a supplemental nonqualified retirement plan?                                  |            | 4b        |                              | X        |  |  |
| c Part                                   | icipate in or rec  | eive payment from an equity-based compensation arrangement?                                     |            | 4c        |                              | X        |  |  |
| lf "Y                                    | 'es" to any of lir | es 4a-c, list the persons and provide the applicable amounts for each item in Part III.         |            |           |                              |          |  |  |
|  |                    |   |            |           |                              |          |  |  |
| Only                                     | y section 501(c    | )(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                          |            |           |                              |          |  |  |
| 5 For                                    | persons listed o   | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio    | n          |           |                              |          |  |  |
|  | tingent on the r   |   |            |           |                              |          |  |  |
| a The                                    | organization?      |   |            | 5a        |                              | <u>X</u> |  |  |
| <b>b</b> Any                             | related organiz    | ation?  |            | 5b        |                              | <u>X</u> |  |  |
|  |                    | r 5b, describe in Part III.   |            |           |                              |          |  |  |
| 6 For                                    | persons listed o   | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio    | n          |           |                              |          |  |  |
|  | tingent on the n   | 6   |            |           |                              |          |  |  |
| a The                                    | organization?      |   |            | <u>6a</u> |                              | <u>X</u> |  |  |
| <b>b</b> Any                             | related organiz    | ation?  |            | 6b        |                              | <u>X</u> |  |  |
|  |                    | r 6b, describe in Part III.   |            |           |                              |          |  |  |
|  |                    | n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments    |            |           |                              |          |  |  |
| not                                      | described on lir   | es 5 and 6? If "Yes," describe in Part III  |            | 7         |                              | X        |  |  |
| 8 Wer                                    | e any amounts      | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th   | ne         |           |                              |          |  |  |
| initia                                   | al contract exce   | ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III          |            | 8         |                              | <u>X</u> |  |  |
| 9 If "Y                                  | ′es" on line 8, d  | d the organization also follow the rebuttable presumption procedure described in                |            |           |                              |          |  |  |
|  |                    | 53.4958-6(c)?   |            | . 9       |                              |          |  |  |

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

Schedule J (Form 990) 2022

## Schedule J (Form 990) 2022 UNITED WAY OF EAST CENTRAL IOWA

## 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.

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-MIS<br>compensation       | C and/or 1099-NEC                         | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                            |  |
|---------------------------|-------------|---------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|--|--|
| <b>(A)</b> Name and Title |             | (i) Base compensation     | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                      |                         |                                    | reported as deferre<br>on prior Form 990 |  |
| (1) KRISTIN ROBERTS       | (i)         | 145,497.                  | 0.  | 0.  | 12,167.                           | 15,256.                 | 172,920.                           | 0.                                       |  |
| PRESIDENT/CEO             | (ii)        | 0.                        | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0  |  |
|                           | (i)         |                           |   |   |                                   |                         |                                    |  |  |
|                           | (ii)        |                           |   |   |                                   |                         |                                    |  |  |
|                           | (i)         |                           |   |   |                                   |                         |                                    |  |  |
|                           | (ii)        |                           |   |   |                                   |                         |                                    |  |  |
|                           | (i)         |                           |   |   |                                   |                         |                                    |  |  |
|                           | (ii)        |                           |   |   |                                   |                         |                                    |  |  |
|                           | (i)         |                           |   |   |                                   |                         |                                    |  |  |
|                           | (ii)        |                           |   |   |                                   |                         |                                    |  |  |
|                           | (i)         |                           |   |   |                                   |                         |                                    |  |  |
|                           | (ii)        |                           |   |   |                                   |                         |                                    |  |  |
|                           | (i)         |                           |   |   |                                   |                         |                                    |  |  |
|                           | (ii)        |                           |   |   |                                   |                         |                                    |  |  |
|                           | (i)         |                           |   |   |                                   |                         |                                    |  |  |
|                           | (ii)        |                           |   |   |                                   |                         |                                    |  |  |
|                           | (i)         |                           |   |   |                                   |                         |                                    |  |  |
|                           | (ii)        |                           |   |   |                                   |                         |                                    |  |  |
|                           | (i)         |                           |   |   |                                   |                         |                                    |  |  |
|                           | (ii)        |                           |   |   |                                   |                         |                                    |  |  |
|                           | (i)         |                           |   |   |                                   |                         |                                    |  |  |
|                           | (ii)        |                           |   |   |                                   |                         |                                    |  |  |
|                           | (i)<br>(ii) |                           |   |   |                                   |                         |                                    |  |  |
|                           |             |                           |   |   |                                   |                         |                                    |  |  |
|                           | (i)<br>(ii) |                           |   |   |                                   |                         |                                    |  |  |
|                           | (i)         |                           |   |   |                                   |                         |                                    |  |  |
|                           | (ii)        |                           |   | L   |                                   |                         |                                    |  |  |
|                           | (i)         |                           |   |   |                                   |                         |                                    |  |  |
|                           | (ii)        |                           |   |   |                                   |                         |                                    |  |  |
|                           | (i)         |                           |   |   |                                   |                         |                                    |  |  |
|                           | (ii)        |                           |   |   |                                   |                         |                                    |  |  |

Page 2

Schedule J (Form 990) 2022

42-0861239

## Part III Supplemental Information

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

Schedule J (Form 990) 2022

232141 09-09-22

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Name of the organization

## UNITED WAY OF EAST CENTRAL IOWA

| Pa  | rt I Types of Property                             |                                      |   |   |             |   |          |        |      |
|-----|--|--------------------------------------|---|---|-------------|---|----------|--------|------|
|     |  | <b>(a)</b><br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contri<br>amounts repor<br>Form 990, Part VI | ted on      | (d)<br>Method of de<br>noncash contribu | etermini | •      | 5    |
| 1   | Art - Works of art                                 |                                      |   | ,   | .,          |   |          |        |      |
| 2   | Art - Historical treasures                         |                                      |   |   |             |   |          |        |      |
| 3   | Art - Fractional interests                         |                                      |   |   |             |   |          |        |      |
| 4   | Books and publications                             |                                      |   |   |             |   |          |        |      |
| 5   | Clothing and household goods                       |                                      |   |   |             |   |          |        |      |
|     |  |                                      |   |   |             |   |          |        |      |
| 6   | Cars and other vehicles                            |                                      |   |   |             |   |          |        |      |
| 7   | Boats and planes                                   |                                      |   |   |             |   |          |        |      |
| 8   | Intellectual property                              |                                      |   |   |             |   |          |        |      |
| 9   | Securities - Publicly traded                       |                                      |   |   |             |   |          |        |      |
| 10  | Securities - Closely held stock                    |                                      |   |   |             |   |          |        |      |
| 11  | Securities - Partnership, LLC, or                  |                                      |   |   |             |   |          |        |      |
|     | trust interests                                    |                                      |   |   |             |   |          |        |      |
| 12  | Securities - Miscellaneous                         |                                      |   |   |             |   |          |        |      |
| 13  | Qualified conservation contribution -              |                                      |   |   |             |   |          |        |      |
|     | Historic structures                                |                                      |   |   |             |   |          |        |      |
| 14  | Qualified conservation contribution - Other        |                                      |   |   |             |   |          |        |      |
| 15  | Real estate - Residential                          |                                      |   |   |             |   |          |        |      |
| 16  | Real estate - Commercial                           |                                      |   |   |             |   |          |        |      |
| 17  | Real estate - Other                                |                                      |   |   |             |   |          |        |      |
| 18  | Collectibles                                       |                                      |   |   |             |   |          |        |      |
| 19  | Food inventory                                     |                                      |   |   |             |   |          |        |      |
| 20  | Drugs and medical supplies                         |                                      |   |   |             |   |          |        |      |
| 21  | Taxidermy  |                                      |   |   |             |   |          |        |      |
| 22  | Historical artifacts                               |                                      |   |   |             |   |          |        |      |
| 23  | Scientific specimens                               |                                      |   |   |             |   |          |        |      |
| 24  | Archeological artifacts                            |                                      |   |   |             |   |          |        |      |
| 25  | Other ( <b>PROGRAM PRIZES</b> )                    | Х                                    | 180   | 51  | ,236.       | FMV                                     |          |        |      |
| 26  | Other (OTHER)                                      | Х                                    | 9   | 6   | ,750.       | FMV                                     |          |        |      |
| 27  | Other ()   |                                      |   |   |             |   |          |        |      |
| 28  | Other (  |                                      |   |   |             |   |          |        |      |
| 29  | Number of Forms 8283 received by the organiz       | ation during                         | g the tax year for co                                     | ontributions  |             |   |          |        |      |
|     | for which the organization completed Form 828      | 3, Part V, D                         | onee Acknowledg   | ement   | 29          |   |          | 0      |      |
|     |  |                                      |   |   |             |   |          | Yes    | No   |
| 30a | During the year, did the organization receive by   | contributio                          | n any property rep  | orted in Part I, line                                       | s 1 throug  | h 28, that it                           |          |        |      |
|     | must hold for at least 3 years from the date of t  |                                      |   |   |             |   |          |        |      |
|     | exempt purposes for the entire holding period?     |                                      |   | ·   |             |   | 30a      |        | Х    |
| b   | If "Yes," describe the arrangement in Part II.     |                                      |   |   |             |   |          |        |      |
| 31  | Does the organization have a gift acceptance p     | olicy that re                        | equires the review of                                     | of any nonstandard  | d contribut | tions?                                  | 31       |        | х    |
|     | Does the organization hire or use third parties of | •                                    | -   | -   |             |   |          |        |      |
|     | contributions?                                     |                                      | •   |   |             |   | 32a      |        | х    |
| b   | If "Yes," describe in Part II.                     |                                      |   |   |             |   | 024      |        |      |
| 33  | If the organization didn't report an amount in co  | olumn (c) fo                         | r a type of property                                      | for which column  | (a) is che  | sked                                    |          |        |      |
|     | describe in Part II.                               |                                      |   |   |             |   |          |        |      |
| LHA | For Paperwork Reduction Act Notice, see 1          | the Instruct                         | tions for Form 990  | 1   |             | Schedule M                              | / (Forn  | n 900\ | 2022 |
|     | · · · · upor more modelion Act Notice, see         |                                      |   |   |             | Schedule h                              |          |        |      |



| Public | Inspection |
|--------|------------|
|        |            |

Employer identification number

42-0861239

OMB No. 1545-0047

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

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

42-0861239 Page 2

**Public Inspection** 

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

UNITED WAY OF EAST CENTRAL IOWA



42-0861239

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

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

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

 232211 10-28-22

|  | Public Inspection                        |
|--|--|
| Schedule O (Form 990) 2022 Name of the organization        | Page 2<br>Employer identification number |
| UNITED WAY OF EAST CENTRAL IOWA                            | 42-0861239                               |
| ADDITION THE IOWA PRINCIPLES AND PRACTICES FOR CHARITABLE  | NONPROFIT                                |
| EXCELLENCE RECOMMENDS THIS POLICY FOR GOOD NONPROFIT PRACT | ICE. IT IS THE                           |
| POLICY OF UNITED WAY OF EAST CENTRAL IOWA THAT CONFLICTS O | F INTEREST SHOULD                        |
| BE DISCLOSED AND RESOLVED AT THE EARLIEST POSSIBLE TIME. E | VERY UNITED WAY                          |
| BOARD MEMBER, FINANCE OR COMMUNITY BUILDING COMMITTEE MEMB | ER AND EMPLOYEE                          |
| IS REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY ANNUALLY | . THESE ARE                              |
| COLLECTED AND FILED BY THE EXECUTIVE ASSISTANT. EACH VOLUN | TEER AND EMPLOYEE                        |
| MUST DESIGNATE CONFLICTS THAT RELATE TO PARTNER AGENCY REL | ATIONSHIPS,                              |
| BUSINESS AFFILIATIONS OR NEPOTISM. VOLUNTEERS THAT HAVE A  | CONFLICT OF                              |
| INTEST REGARDING A UNITED WAY ALLOCATION OR VENDOR RELATIO | NSHIP CANNOT                             |
| SERVE IN A DECISIONS MAKING CAPACITY. THESE INDIVIDUALS MU | ST RECUSE                                |
| THEMSELVES FROM ANY VOTING. THESE ACTIONS ARE DOCUMENTED I | N THE MINUTES OF                         |
| 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

Employer identification number

42-0861239

Page 2

Schedule O (Form 990) 2022 Name of the organization

UNITED WAY OF EAST CENTRAL IOWA

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.

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

CHANGE IN BENEFICIAL INTEREST IN COMMUNITY FOUNDATION

28,726.

232212 10-28-22

# 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.

Public Inspection OMB No. 1545-0047 2022

Employer identification number 42 - 0861239

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

## UNITED WAY OF EAST CENTRAL IOWA

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

| <b>(a)</b><br>Name, address, and EIN (if applicable)<br>of disregarded entity | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile (state or<br>foreign country) | <b>(d)</b><br>Total income | (e)<br>End-of-year assets | <b>(f)</b><br>Direct controlling<br>entity |
|---|--------------------------------|--|----------------------------|---------------------------|--|
| HUMAN SERVICES CAMPUS, LLC  | OWNS AND OPERATES A            |  |                            |                           |  |
| 317 7TH AVENUE SE   | FACILITY LEASED TO LOCAL       |  |                            |                           | UNITED WAY OF EAST                         |
| CEDAR RAPIDS, IA 52401  | NONPROFITS                     | IOWA   | 319,399.                   | 10,751,990.               | CENTRAL IOWA, INC.                         |
|   |                                |  |                            |                           |  |
|   |                                |  |                            |                           |  |
|   |                                |  |                            |                           |  |

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

| (a)<br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | <b>(d)</b><br>Exempt Code<br>section | <b>(e)</b><br>Public charity<br>status (if section | <b>(f)</b><br>Direct controlling<br>entity | cont | <b>g)</b><br>512(b)(13)<br>rolled<br>tity? |
|--|--------------------------------|---|--------------------------------------|--|--|------|--|
|  |                                |   |                                      | 501(c)(3))   |  | Yes  | No   |
|  |                                |   |                                      |  |  |      |  |
|  |                                |   |                                      |  |  |      |  |
|  |                                |   |                                      |  |  |      |  |
|  |                                |   |                                      |  |  |      |  |

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

Schedule R (Form 990) 2022

## Public Inspection 42-0861239 Page 2

## Schedule R (Form 990) 2022 UNITED WAY OF EAST CENTRAL IOWA

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

| (a)<br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | ivity Legal Direct co |  | Direct controlling Predominant income                                |                             | <b>(g)</b><br>Share of<br>end-of-year | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing |       | (k)<br>Percentage<br>ownership |
|--|--------------------------------|-----------------------|--|--|-----------------------------|---------------------------------------|---|----|---|-------------------------------|-------|--------------------------------|
|  |                                | foreign<br>country)   |  | (related, unrelated,<br>excluded from tax under<br>sections 512-514) | rom tax under<br>s 512-514) | assets                                |   | No | K-1 (Form 1065)   | Yes                           | es No |                                |
|  |                                |                       |  |  |                             |                                       |   |    |   |                               |       |                                |
|  |                                |                       |  |  |                             |                                       |   |    |   |                               |       |                                |
|  |                                |                       |  |  |                             |                                       |   |    |   |                               |       |                                |
|  |                                |                       |  |  |                             |                                       |   |    |   |                               | -     |                                |
|  |                                |                       |  |  |                             |                                       |   |    |   |                               |       |                                |
|  |                                |                       |  |  |                             |                                       |   |    |   |                               |       |                                |
|  |                                |                       |  |  |                             |                                       |   |    |   |                               |       |                                |
|  |                                |                       |  |  |                             |                                       |   |    |   |                               |       |                                |
|  |                                |                       |  |  |                             |                                       |   |    |   |                               |       |                                |
|  |                                |                       |  |  |                             |                                       |   |    |   |                               |       |                                |
|  |                                |                       |  |  |                             |                                       |   |    |   |                               |       |                                |
|  |                                |                       |  |  |                             |                                       |   |    |   |                               |       |                                |
|  |                                |                       |  |  |                             |                                       |   |    |   |                               |       |                                |
|  |                                |                       |  |  |                             |                                       |   |    |   |                               |       |                                |

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

| (a)<br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign | <b>(d)</b><br>Direct controlling<br>entity | <b>(e)</b><br>Type of entity<br>(C corp, S corp,<br>or trust) | <b>(f)</b><br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i<br>Sec<br>512(t<br>contr<br>enti | i)<br>:tion<br>ɔ)(13)<br>rolled<br>.ity? |
|--|--------------------------------|---|--|---|--|---|--------------------------------|-------------------------------------|--|
|  |                                | country)                                      |  | 01 1 400  |  |   |                                |                                     | No                                       |
|  |                                |   |  |   |  |   |                                |                                     |  |
|  |                                |   |  |   |  |   |                                |                                     |  |
|  |                                |   |  |   |  |   |                                |                                     |  |
|  |                                |   |  |   |  |   |                                |                                     |  |
|  |                                |   |  |   |  |   |                                |                                     |  |
|  |                                |   |  |   |  |   |                                |                                     |  |
|  |                                |   |  |   |  |   |                                |                                     |  |
|  |                                |   |  |   |  |   |                                |                                     |  |
|  |                                |   |  |   |  |   |                                |                                     |  |
|  |                                |   |  |   |  |   |                                |                                     |  |
|  |                                |   |  |   |  |   |                                |                                     |  |
|  |                                |   |  |   |  |   |                                |                                     |  |
|  | 1                              |   |  |   |  |   |                                |                                     |  |
|  | 1                              |   |  |   |  |   |                                |                                     |  |

## Schedule R (Form 990) 2022 UNITED WAY OF EAST CENTRAL IOWA

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

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   |    | Yes | No |
|-----|--|----|-----|----|
| 1   | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                          |    |     |    |
| а   | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  | 1a |     |    |
|     | Gift, grant, or capital contribution to related organization(s)  | 1b |     |    |
|     | Gift, grant, or capital contribution from related organization(s)  | 1c |     |    |
|     | Loans or loan guarantees to or for related organization(s)   | 1d |     |    |
|     | 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 |     |    |
| Т   | Performance of services or membership or fundraising solicitations for related organization(s)   | 11 |     |    |
| m   | Performance of services or membership or fundraising solicitations by related organization(s)  | 1m |     |    |
| n   | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | 1n |     |    |
|     | Sharing of paid employees with related organization(s)   | 10 |     |    |
|     |  |    |     |    |
| р   | Reimbursement paid to related organization(s) for expenses   | 1p |     |    |
|     | Reimbursement paid by related organization(s) for expenses   | 1q |     |    |
| -   |  |    |     |    |
| r   | Other transfer of cash or property to related organization(s)  | 1r |     |    |
| s   | Other transfer of cash or property from related organization(s)  | 1s |     |    |
| 2   | If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. |    |     |    |

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

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42-0861239

## Schedule R (Form 990) 2022 UNITED WAY OF EAST CENTRAL IOWA

### 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)                           | (b)              | (c)               | (d)  | (0)  | (f)          | (g)         | (h                        |       | (i)              | (j)       | (k)       |
|-------------------------------|------------------|-------------------|--|--|--------------|-------------|---------------------------|-------|------------------|-----------|-----------|
| (a)<br>Name, address, and EIN | Primary activity | Legal domicile    | Predominant income   | (e)<br>Are all<br>partners s<br>501(c)(3<br>orgs.? | ec. Share of |             |                           | nnor- |                  | General o |           |
| of entity                     | Finnary activity | (state or foreign | (related, unrelated,   | 501(c)(3   | total        | end-of-year | Dispro<br>tion<br>allocat | ate   | amount in box 20 | managing  | ownership |
| or onady                      |                  | country)          | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | orgs.?   |              |             |                           | ions? |                  | partner?  |           |
|                               |                  |                   | 360110113 3 12-3 14)   | Yes N  | 0            |             | Yes                       | No    |                  | Yes NO    | ·         |
|                               |                  |                   |  |  |              |             |                           |       |                  |           |           |
|                               |                  |                   |  |  |              |             |                           |       |                  |           |           |
|                               |                  |                   |  |  |              |             |                           |       |                  |           |           |
|                               |                  |                   |  |  |              |             |                           |       |                  |           |           |
|                               |                  |                   |  |  |              |             |                           |       |                  |           |           |
|                               |                  |                   |  |  |              |             |                           |       |                  |           |           |
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Schedule R (Form 990) 2022

# Schedule R (Form 990) 2022 UNIT Part VII Supplemental Information

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