	-		Return of Organization Exempt From		ublic Inspection OMB No. 1545-0047							
For	" 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (3 2022							
	-		Do not enter social security numbers on this form as it may		Open to Public							
Depa Inter	rtment o nal Reve	of the Treasury 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 Name		ED WAY OF EAST CENTRAL IOWA	42-086123	20							
	_chang 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 termii 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 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. Beginning of Current Year	-161,411. End of Year							
ts o		Total assists /	let V line 10)	18,620,645.	18,818,509.							
Asse	20 21	Total assets (F		3,783,174.	3,972,085.							
Net Assets or	21		(Part X, line 26) 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 _P	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	39.)
	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)/•)
	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			- 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 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> 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 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
0 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 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 5
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	 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		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		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 6
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 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? 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 b	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
9	Each committee with authority to act on behalf of the governing body? 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: 42-0861		ige 7
Part VII Compensation of Officers, D			tee	s, K	ley	Em	plo	oyees, Highest Co	mpensated		
Employees, and Independen			P			-				ſ	
Check if Schedule O contains a respo								· - ·		<u></u>	<u> </u>
Section A. Officers, Directors, Trustees, Key											
 1a Complete this table for all persons required to List all of the organization's current officers Enter -0- in columns (D), (E), and (F) if no compension 	s, directors, tru	stee						, ,	•		
 List all of the organization's current key em 	nployees, if any	. Se	e th	e ins	struc	ction	s foi	r definition of "key empl	oyee."		
 List the organization's five current highest c who received reportable compensation (box 5 of \$100,000 from the organization and any related o 	Form W-2, box										
• List all of the organization's former 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	,	•									
 List all of the organization's former directo more than \$10,000 of reportable compensation fr 									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 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 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 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 990 (2022)

Form 990 (2	022) UNITED WA	AY OF EA	ST	Ċ	EN	TTR	AT,	т	OWA	<mark>Pub</mark> 4 2 – 0 8		pection	Page 8
	Section A. Officers, Directors, Trus												r ugo -
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one I an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amour othe	ited it of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	compens from to organize and relations organize	sation he ation ated
(18) ANDR 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 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 former 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 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 week							from the	from related organizations	other 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 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 (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 function revenue Revented 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 from tax under sections 512 - 514
Building Source Building S	ts 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) 1e		138,972.				
Building Source Building S	tion S		f	All other contributions, gifts,	grant	s, and						
Building Source Building S	the			similar amounts not included	l abov	/e 1 f		5,502,229.				
Building	d O		g	Noncash contributions included in	lines 1	a-1f 1g	\$	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 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 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									
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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 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									
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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			()								
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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 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 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)

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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 Check if Schedule O contains a respons				
		(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising 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> 29,629.
9	Other employee benefits	80,833. 90,712.	35,533. 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> 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 990 (2022)

UNITED	WAY	OF	EAST	CENTRAL	IOWA
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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) Beginning of year		(B) 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> 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 28	1,906,032.
ЧB	28	Net assets with donor restrictions 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	
A 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 990 (2022)

Form 990 (2022)

			Public Inspection		
	990 (2022) UNITED WAY OF EAST CENTRAL IOWA	42-	0861239	Pa	_{ge} 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: 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	•									
g Pr	ovide the following information (i) Name of supported	i about the supporte (ii) EIN	d organization(s). (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 Yes	ng document? 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	 CENTRAI	-

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(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 [•]	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> 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 ction C. Computation of Publi						
	Public support percentage for 2022 (I		-	olumn (f))		14	88.78 %
	Public support percentage from 2021						88.85 %
	33 1/3% support test - 2022. If the o						
100	stop here. The organization qualifies	0					
b	33 1/3% support test - 2021. If the c		0				
	and stop here. 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) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) 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 stop here	-			•		,
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						%
	33 1/3% support tests - 2022. 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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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. 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). 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 Part VI how	_		
^	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

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

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Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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 5	
<u>5</u> 6	Qualified set-aside amounts (prior IRS approval required - pro Other distributions (<i>describe in</i> Part VI). 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 Part VI). 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 Pre-2022	5	Distributable 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 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 Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Pro	vide the ex 4c, 5a, 6,	xplanatior 9a, 9b, 9	ns requ c, 11a,	ired by Part II 11b, and 11c	, line 10; Part IV, S	ection B, lines 1	r 17b; Part III, line 12; 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 not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

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) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (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 Page			
	rganization			Employer identification number			
UNITE Part III	D WAY OF EAST CENTRAL IOW Exclusively religious, charitable, etc., contributions from any one contributor. Complete columns (a) the 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. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held			
		(e) Transfer of gif	 t				
	Transferee's name, address, and	ZIP + 4	Relationship of tra	insferor to transferee			
(a) No. 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. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held			
		(e) Transfer of gif	 t				
	Transferee's name, address, and	ZIP + 4	Relationship of tra	Insferor to transferee			
(a) No. from 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 OMB No. 1545-0047
SCHEDULE D			al Financial Statements 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 al Revenue Service		ttach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection
	e of the organizati	on			identification number
_		UNITED WAY OF EAST			2-0861239
Ра		ations Maintaining Donor Advise 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		D Funds and	
1 2		nd of year 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 5		where property subject to conservation eas tion have a written policy regarding the per			
5	•	forcement of the conservation easements it			Yes No
6	,		handling of violations, and enforcing conservation		
-		3 , 1 , 3 ,	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 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 rt VI Land, Buildings, and Equipm		vment funds.						
Fa	rt VI Land, Buildings, and Equipm 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 basis (investm	. ,	or other (other)	• •	ccumulat preciation		(d) Book	value
10	Land		,	5,609.		preclation		1,555	609
	Land			8,796.	3	948,3	32	8,370	<u>,005.</u> 464
	Buildings 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) 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 2e from line 1			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 4a and 4b			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.) 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, n. 6,146,	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	Expenses per F	Return	າ.	
Pa	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 1 2	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	2a 2a	Expenses per F	Return	າ.	
Pa 1 2 a	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	2a	57,865.	Return	າ.	
Pa 1 2 a	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	22 22 22 22 22 22 22 22 22 22 22 22 22	Expenses per F	Return	n. <u>6,146</u> ,	.186.
Pa 1 2 a	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.)	2a 2b 2c 2d	57,865. 56,838.	Return	n. <u>6,146</u> , 114,	<u>. 186.</u>
Pa 1 2 b c 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 2b 2c 2d	57,865. 56,838.	1	n. <u>6,146</u> ,	<u>. 186.</u>
Pa 1 2 a b c d e	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.)	2a 2b 2c 2d	57,865. 56,838.	1 2e	n. <u>6,146</u> , 114,	<u>. 186.</u>
Pa 1 2 b c d 3	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:	2a 2b 2c 2d	57,865. 56,838. 9,275.	1 2e	n. <u>6,146</u> , 114,	<u>. 186.</u>
Pa 1 2 3 4	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	2a 2b 2c 2d	57,865. 56,838.	1 2e	n. <u>6,146,</u> <u>114</u> , <u>6,031</u> ,	
Pa 1 2 a b c d e 3 4 a	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	2a 2b 2c 2d 2d 4a 4b	57,865. 56,838. 9,275. 505,535.	1 2e	n. <u>6,146,</u> <u>114</u> , <u>6,031</u> , 514,	
Pa 1 2 a b c d e 3 4 a b c 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. 56,838. 9,275. 505,535.	1 2e 3	n. <u>6,146,</u> <u>114</u> , <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 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.
	Schedule D (Form 990) 2022

SCHEDULE G	Suppleme	ntal Infor	mation Re	egarding	Fund	Iraisi	ng or Gaming A	ctiv		ic Inspection OMB No. 1545-004
(Form 990)							eart IV, line 17, 18, o m 990-EZ, line 6a.	r 19,	or if the	2022
Department of the Treasury		_		Form 990 c						Open to Public Inspection
Internal Revenue Service 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?		Y	es No
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 or entity (fund			(ii) Activity		(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paic or retained by fundraiser ted in col. (i)	
					Yes	No				
-										
Total										
3 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

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. (c))
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 bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add 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	 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>
b An outside facility14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	. 13b		%
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
of gaming revenue retained by the third party \$			
c If "Yes," enter name and address of the third party:			
Name			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		V	Ν.
retain the state gaming license?		Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 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,

Schedule G	(FOIN 990) ONTIED WAT	0ŀ	TOADI	TOWY	42 0001252	Page 4
Part IV	Supplemental Information (continued)					

SCHEDULE I (Form 990) Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. 00MB No. 1545 Department of the Treasury 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 Inspection Name of the organization UNITED WAY OF EAST CENTRAL IOWA Employer identification r 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 number
Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Open to Put Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information. Open to Put Inspection Name of the organization UNITED WAY OF EAST CENTRAL IOWA Employer identification of 42-0861 Part I General Information on Grants and Assistance Employer	on number 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 number 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 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, (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 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

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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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGEHAVEN PREGNANCY SUPPORT							
CENTER - 701 CENTER POINT RD NE -							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.			, 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 if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWKEYE AREA COMMUNITY ACTION PROGRAM - P.O. BOX 490 - HIAWATHA, IA 52233-0490	42-0898405	501(C)(3)	240,592.	0.			PROGRAM SUPPORT, DISASTE RESPONSE, DONOR DESIGNATION SUPPORT
HORIZONS, A FAMILY SERVICE ALLIANCE – PO BOX 667 – CEDAR RAPIDS, IA 52406	42-1135083	501(C)(3)	207,879.	0.			PROGRAM SUPPORT, DISASTE RESPONSE, DONOR DESIGNATION SUPPORT
IOWA LEGAL AID 317 7TH AVE SE, STE 404 CEDAR RAPIDS, IA 52401	42-1079227	501(C)(3)	112,945.	0.			PROGRAM SUPPORT, DISASTEI RESPONSE, DONOR DESIGNATION SUPPORT
JANE BOYD COMMUNITY HOUSE 943 14TH AVE SE CEDAR RAPIDS, IA 52403	42-0680359	501(C)(3)	169,189.	0.			PROGRAM SUPPORT, DISASTEF RESPONSE, DONOR DESIGNATION SUPPORT
JUNIOR ACHIEVEMENT OF EAST CENTRAL IOWA - 324 THIRD ST SE #200 - CEDAR RAPIDS, IA 52401-1841	42-0919209	501(C)(3)	6,736.	0.			DONOR DESIGNATION SUPPOR
KIDS FIRST LAW CENTER 420 6TH ST SE, STE 160 CEDAR RAPIDS, IA 52401	20-2199649	501(C)(3)	65,104.	0.			PROGRAM SUPPORT, DISASTE RESPONSE, DONOR DESIGNATION SUPPORT
MATTHEW 25 MINISTRY HUB - CEDAR RAPIDS - 201 3RD AVE SW - CEDAR RAPIDS, IA 52404	26-0467321	501(C)(3)	6,965.	0.			DISASTER RESPONSE, DONOR DESIGNATION SUPPORT
RURAL EMPLOYMENT ALTERNATIVES 495 4TH AVE CONROY, IA 52220	42-1150011	501(C)(3)	23,143.	0.			DISASTER RESPONSE
SOUTHEAST LINN COMMUNITY CENTER 108 S WASHINGTON ST LISBON, IA 52253	43-1406317	501(C)(3)	8,522.	0.			PROGRAM SUPPORT, DISASTE RESPONSE, DONOR 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

42-0861239 Page 1

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

Public Inspection

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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 if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG PARENTS NETWORK 420 6TH ST SE STE 260							PROGRAM SUPPORT, DISASTER
CEDAR RAPIDS, IA 52401	42-1355480	501(C)(3)	138,063.	0.			RESPONSE, DONOR 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

Public Inspection 42-0861239 Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information 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 MB No. 1545-0047			
(Form 990) 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 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 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 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 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 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) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferre 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)								
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	(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								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts repor Form 990, Part VI	ted on	(d) Method of de 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 (PROGRAM PRIZES)	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 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.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HUMAN SERVICES CAMPUS, LLC	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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2022

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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) Name, address, and EIN of related organization	(b) Primary activity	ivity Legal Direct co		Direct controlling Predominant income		(g) Share of end-of-year	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing		(k) Percentage ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)	rom tax under 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr enti	i) :tion ɔ)(13) rolled .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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
<u>(3)</u>				
(4)				
<u>(5)</u>				
(6)				

Т

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

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

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

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.