

# Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**  
Open to Public Inspection

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

|  |  |   |
|--|--|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>UNITED WAY OF EAST CENTRAL IOWA</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>317 7TH AVE SE 401</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>CEDAR RAPIDS, IA 52401-1604</b><br><b>F</b> Name and address of principal officer: <b>KRISTIN ROBERTS</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>42-0861239</b><br><b>E</b> Telephone number<br><b>319-398-5372</b><br><b>G</b> Gross receipts \$ <b>7,699,854.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |   |
| <b>J</b> Website: <b>WWW.UWECI.ORG</b>   |  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |  | <b>L</b> Year of formation: <b>1962</b>   |
|  |  | <b>M</b> State of legal domicile: <b>IA</b>   |

**Part I Summary**

|                                    |                |   |  |  |  |
|------------------------------------|----------------|---|--|--|--|
|                                    | <b>1</b>       | Briefly describe the organization's mission or most significant activities: <b>UNITE THE CARING POWER OF COMMUNITIES TO INVEST IN EFFECTIVE SOLUTIONS TO IMPROVE LIVES.</b> |  |  |  |
|                                    | <b>2</b>       | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                     |  |  |  |
| <b>Activities &amp; Governance</b> | <b>3</b>       | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>   | <b>34</b>                                |  |
|                                    | <b>4</b>       | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | <b>33</b>                                |  |
|                                    | <b>5</b>       | Total number of individuals employed in calendar year 2022 (Part V, line 2a)  | <b>5</b>   | <b>32</b>                                |  |
|                                    | <b>6</b>       | Total number of volunteers (estimate if necessary)  | <b>6</b>   | <b>373</b>                               |  |
|                                    | <b>7a</b>      | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  | <b>0.</b>                                |  |
|                                    | <b>7b</b>      | Net unrelated business taxable income from Form 990-T, Part I, line 11  | <b>7b</b>  | <b>0.</b>                                |  |
|                                    | <b>Revenue</b> | <b>8</b>  | Contributions and grants (Part VIII, line 1h)                    | <b>Prior Year</b><br><b>6,411,172.</b>   | <b>Current Year</b><br><b>5,687,658.</b> |
| <b>9</b>                           |                | Program service revenue (Part VIII, line 2g)  | <b>438,692.</b>  | <b>391,426.</b>                          |  |
| <b>10</b>                          |                | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>126,973.</b>  | <b>327,778.</b>                          |  |
| <b>11</b>                          |                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>-20,059.</b>  | <b>-21,980.</b>                          |  |
| <b>12</b>                          |                | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>6,956,778.</b>  | <b>6,384,882.</b>                        |  |
| <b>Expenses</b>                    |                | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <b>4,069,602.</b>                        | <b>3,559,243.</b>                        |
|                                    |                | <b>14</b>   | Benefits paid to or for members (Part IX, column (A), line 4)    | <b>0.</b>                                | <b>0.</b>                                |
|                                    | <b>15</b>      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>1,415,831.</b>  | <b>1,501,226.</b>                        |  |
|                                    | <b>16a</b>     | Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0.</b>  | <b>0.</b>                                |  |
|                                    | <b>b</b>       | Total fundraising expenses (Part IX, column (D), line 25) <b>616,872.</b>   |  |  |  |
|                                    | <b>17</b>      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>1,651,584.</b>  | <b>1,485,824.</b>                        |  |
|                                    | <b>18</b>      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>7,137,017.</b>  | <b>6,546,293.</b>                        |  |
|                                    | <b>19</b>      | Revenue less expenses. Subtract line 18 from line 12  | <b>-180,239.</b>   | <b>-161,411.</b>                         |  |
| <b>Net Assets or Fund Balances</b> | <b>20</b>      | Total assets (Part X, line 16)  | <b>Beginning of Current Year</b><br><b>18,620,645.</b>           | <b>End of Year</b><br><b>18,818,509.</b> |  |
|                                    | <b>21</b>      | Total liabilities (Part X, line 26)   | <b>3,783,174.</b>  | <b>3,972,085.</b>                        |  |
|                                    | <b>22</b>      | Net assets or fund balances. Subtract line 21 from line 20  | <b>14,837,471.</b>   | <b>14,846,424.</b>                       |  |

**Part II Signature Block**

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

|                               |   |   |                               |   |                          |
|-------------------------------|---|---|-------------------------------|---|--------------------------|
| <b>Sign Here</b>              | Signature of officer<br><b>SARAH PETERS, CFO/VP OF FINANCE AND ADMIN.</b> | Date  |                               |   |                          |
|                               | Type or print name and title  |   |                               |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>BRIAN ARONSON, CPA</b>                   | Preparer's signature<br><b>BRIAN ARONSON, CPA</b> | Date<br><b>10/19/23</b>       | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P01425251</b> |
|                               | Firm's name<br><b>BERGANKDV, LTD.</b>                                     | Firm's EIN<br><b>41-1431613</b>                   | Phone no. <b>319-234-6885</b> |   |                          |
|                               | Firm's address<br><b>P.O. BOX 2100<br/>WATERLOO, IA 50704-2100</b>        |   |                               |   |                          |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
UNITE THE CARING POWER OF COMMUNITIES TO INVEST IN EFFECTIVE SOLUTIONS TO IMPROVE PEOPLE'S LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 3,053,708. including grants of \$ 3,053,708. ) (Revenue \$ )
UNITED WAY OF EAST CENTRAL IOWA (UWECI) HELPS TO FUND NONPROFIT PROGRAMS IN THEIR FIVE-COUNTY AREA THAT SUPPORT THEIR STRATEGIC FOCUS AREAS OF BUILDING ECONOMIC MOBILITY, FOSTERING CHILDHOOD SUCCESS, IMPROVING ACCESS TO HEALTHCARE AND SUPPORTING SAFETY NET SERVICES. INVESTMENTS IN THESE NONPROFIT PARTNERS ARE DETERMINED ON A THREE-YEAR CYCLE BY THE ORGANIZATION'S SOLUTIONS TEAMS AND ACCOUNTABILITY REVIEW TEAM, WHICH ARE MADE UP OF COMMUNITY-BASED VOLUNTEERS.

4b (Code: ) (Expenses \$ 893,652. including grants of \$ ) (Revenue \$ 308,139. )
THE HUMAN SERVICES CAMPUS, A DISREGARDED ENTITY OF UWECI, OWNS AND OPERATES A FACILITY HOME TO SEVERAL LOCAL NONPROFIT AGENCIES FOCUSED ON PROVIDING HEALTH AND HUMAN SERVICES. NONPROFIT AGENCIES HOUSED IN THIS 65,000-SQUARE-FOOT BUILDING SERVE THOUSANDS OF CLIENTS MAKING A DAILY IMPACT WITHIN OUR FIVE-COUNTY REGION OF LINN, BENTON, CEDAR, IOWA AND JONES COUNTIES THAT IS WELL BEYOND THE REACH OF JUST CEDAR RAPIDS. THE FACILITY'S CONFERENCE AND TRAINING ROOMS ARE AVAILABLE FOR COMMUNITY USE, AND THE LOCATION IS CONVENIENTLY ACCESSIBLE BY CAR, BICYCLE, ON FOOT, OR VIA PUBLIC TRANSPORTATION. THE GOAL OF THIS SHARED FACILITY IS TO PROVIDE LOW-COST LEASES TO NONPROFIT AGENCIES SO THAT MORE RESOURCES CAN BE SPENT ON SERVICE DELIVERY TO CLIENT. THIS IS ACHIEVED BY RENTING OUT SPACE TO THESE AGENCIES AT 50% OF THE MARKET RENTAL RATE.

4c (Code: ) (Expenses \$ 1,357,593. including grants of \$ 505,534. ) (Revenue \$ 83,287. )
UWECI IS FOCUSED ON CONNECTING WITH THE COMMUNITY TO GET INVOLVED VIA UNITED WAY THROUGH VOLUNTEERING, INVESTING AND ADVOCATING EFFORTS THAT ALIGN WITH THEIR UNITE TO INSPIRE STRATEGIC FOCUS AREAS. THEIR IMPACT IN THE COMMUNITY INCLUDES CONNECTING VOLUNTEERS IN RURAL AREAS THROUGH THEIR VOLUNTEER CENTERS THROUGHOUT THEIR FIVE-COUNTY AREA, THE VITA (VOLUNTEER INCOME TAX ASSISTANCE) PROGRAM WHICH PROVIDES FREE TAX PREPARATION TO QUALIFIED INDIVIDUALS UTILIZING COMMUNITY VOLUNTEERS, AS WELL AS ADVOCACY WORK THROUGH THEIR CIVIC CIRCLE AND WOMEN UNITED LEADERSHIP SOCIETY AS WELL AS MANY OTHER INITIATIVES.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,304,953.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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>1a</b> 34   |     |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | <b>1b</b> 33   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |     | X  |

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
SARAH PETERS - 319-398-5372  
317 7TH AVENUE SE #401, CEDAR RAPIDS, IA 52401

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

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

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

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

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

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

| (A)<br>Name and title                | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|                                      |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) KRISTIN ROBERTS<br>PRESIDENT/CEO | 50.00   | X   |                       | X       |              |                              |        | 145,497.  | 0.   | 27,423.   |
| (2) SARAH PETERS<br>CFO/VP FIN/ADM   | 50.00   |   |                       | X       |              |                              |        | 95,828.   | 0.   | 9,430.  |
| (3) KARI COOLING<br>FORMER CHAIR     | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (4) TERI GIBSON<br>VICE CHAIR        | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (5) DEB GERTSEN<br>TREASURER         | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (6) DAVE SCHRECK<br>SECRETARY        | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (7) KIM BECICKA<br>DIRECTOR          | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (8) SARIKA BHAKTA<br>DIRECTOR        | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (9) MAYURI FARLINGER<br>DIRECTOR     | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (10) BRIAN FRESE<br>DIRECTOR         | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (11) PAUL MORF<br>DIRECTOR           | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (12) NICK NIELSEN<br>DIRECTOR        | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (13) MICHELLE NIERMANN<br>DIRECTOR   | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) WHITNEY PINO<br>DIRECTOR        | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (15) KELLEY MARCHBANKS<br>DIRECTOR   | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (16) MINDY SORG<br>DIRECTOR          | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (17) MELISSA WINTER<br>DIRECTOR      | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) ANDRE DAWSON<br>DIRECTOR                                  | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) DAN PULIS<br>DIRECTOR                                     | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) DIANA RODRIGUEZ<br>DIRECTOR                               | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (21) NANCY HILL-DAVIS<br>DIRECTOR                              | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (22) JESSICA HORANEY<br>DIRECTOR                               | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (23) CRISTIANE ABOUSSALY<br>DIRECTOR                           | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (24) MOLLY ALTORFER<br>DIRECTOR                                | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (25) ZACH BOHANNON<br>DIRECTOR                                 | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (26) KIM BORMANN<br>DIRECTOR                                   | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 241,325.  | 0.   | 36,853.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 241,325.  | 0.   | 36,853.   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

|  |  |  | (A)                      | (B)                                | (C)                        | (D)  |          |
|--|--|--|--------------------------|------------------------------------|----------------------------|--|----------|
|  |  |  | Total revenue            | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |          |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>   | Federated campaigns  | <b>1a</b>                |                                    |                            |  |          |
|  | <b>b</b>   | Membership dues  | <b>1b</b>                |                                    |                            |  |          |
|  | <b>c</b>   | Fundraising events   | <b>1c</b>                | 46,457.                            |                            |  |          |
|  | <b>d</b>   | Related organizations  | <b>1d</b>                |                                    |                            |  |          |
|  | <b>e</b>   | Government grants (contributions)  | <b>1e</b>                | 138,972.                           |                            |  |          |
|  | <b>f</b>   | All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>                | 5,502,229.                         |                            |  |          |
|  | <b>g</b>   | Noncash contributions included in lines 1a-1f                                  | <b>1g</b>                | \$ 57,986.                         |                            |  |          |
|  | <b>h</b>   | <b>Total.</b> Add lines 1a-1f  |                          | 5,687,658.                         |                            |  |          |
|  | Program Service Revenue  | <b>2 a</b>   | RENTAL INCOME            | <b>Business Code</b>               |                            |  |          |
|  |  |  | 531120                   | 308,139.                           | 308,139.                   |  |          |
| <b>b</b>   |  | DONOR DESIGNATION FEES   | 900099                   | 83,287.                            | 83,287.                    |  |          |
| <b>c</b>   |  |  |                          |                                    |                            |  |          |
| <b>d</b>   |  |  |                          |                                    |                            |  |          |
| <b>e</b>   |  |  |                          |                                    |                            |  |          |
| <b>f</b>   |  | All other program service revenue  |                          |                                    |                            |  |          |
| <b>g</b>   |  | <b>Total.</b> Add lines 2a-2f  |                          | 391,426.                           |                            |  |          |
| Other Revenue  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts)   |                          | 373,708.                           |                            | 373,708.   |          |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds                             |                          |                                    |                            |  |          |
|  | <b>5</b>   | Royalties  |                          |                                    |                            |  |          |
|  | <b>6 a</b>   | Gross rents  | (i) Real                 |                                    |                            |  |          |
|  |  |  | (ii) Personal            |                                    |                            |  |          |
|  |  |  |                          |                                    |                            |  |          |
|  | <b>b</b>   | Less: rental expenses  |                          |                                    |                            |  |          |
|  | <b>c</b>   | Rental income or (loss)  |                          |                                    |                            |  |          |
|  | <b>d</b>   | Net rental income or (loss)  |                          |                                    |                            |  |          |
|  | <b>7 a</b>   | Gross amount from sales of assets other than inventory                         | (i) Securities           |                                    |                            |  |          |
|  |  |  | (ii) Other               |                                    |                            |  |          |
|  |  |  |                          | 1,212,204.                         |                            |  |          |
|  | <b>b</b>   | Less: cost or other basis and sales expenses                                   |                          | 1,258,134.                         |                            |  |          |
|  | <b>c</b>   | Gain or (loss)   |                          | -45,930.                           |                            |  |          |
|  | <b>d</b>   | Net gain or (loss)   |                          | -45,930.                           |                            | -45,930.   |          |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ 46,457. of contributions reported on line 1c). See Part IV, line 18 |  | 34,858.                  |                                    |                            |  |          |
|  |  | <b>8a</b>  |                          |                                    |                            |  |          |
| <b>b</b>   | Less: direct expenses  | <b>8b</b>  | 56,838.                  |                                    |                            |  |          |
| <b>c</b>   | Net income or (loss) from fundraising events   |  | -21,980.                 |                                    | -21,980.                   |  |          |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19  |  |                          |                                    |                            |  |          |
|  |  | <b>9a</b>  |                          |                                    |                            |  |          |
| <b>b</b>   | Less: direct expenses  | <b>9b</b>  |                          |                                    |                            |  |          |
| <b>c</b>   | Net income or (loss) from gaming activities  |  |                          |                                    |                            |  |          |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances  |  |                          |                                    |                            |  |          |
|  |  | <b>10a</b>   |                          |                                    |                            |  |          |
|  |  | <b>b</b>   | Less: cost of goods sold | <b>10b</b>                         |                            |  |          |
| <b>c</b>   | Net income or (loss) from sales of inventory   |  |                          |                                    |                            |  |          |
| Miscellaneous Revenue                                  | <b>11 a</b>  |  | <b>Business Code</b>     |                                    |                            |  |          |
|  | <b>b</b>   |  |                          |                                    |                            |  |          |
|  | <b>c</b>   |  |                          |                                    |                            |  |          |
|  | <b>d</b>   | All other revenue  |                          |                                    |                            |  |          |
|  | <b>e</b>   | <b>Total.</b> Add lines 11a-11d  |                          |                                    |                            |  |          |
|  | <b>12</b>  | <b>Total revenue.</b> See instructions   |                          | 6,384,882.                         | 391,426.                   | 0.   | 305,798. |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   | 3,559,243.            | 3,559,243.                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   | 284,612.              | 59,668.                         | 145,203.                               | 79,741.                     |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   | 995,959.              | 395,254.                        | 260,046.                               | 340,659.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 49,110.               | 28,308.                         | 9,177.                                 | 11,625.                     |
| <b>9</b> Other employee benefits .....  | 80,833.               | 35,533.                         | 15,671.                                | 29,629.                     |
| <b>10</b> Payroll taxes .....   | 90,712.               | 33,128.                         | 26,764.                                | 30,820.                     |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   |                       |                                 |  |                             |
| <b>b</b> Legal .....  | 1,638.                |                                 | 1,638.                                 |                             |
| <b>c</b> Accounting .....   | 30,016.               | 4,500.                          | 25,516.                                |                             |
| <b>d</b> Lobbying .....   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....   | 9,275.                |                                 | 9,275.                                 |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 214,150.              | 174,384.                        | 29,362.                                | 10,404.                     |
| <b>12</b> Advertising and promotion .....   | 16,958.               | 6,307.                          | 3,582.                                 | 7,069.                      |
| <b>13</b> Office expenses .....   | 70,546.               | 26,826.                         | 12,058.                                | 31,662.                     |
| <b>14</b> Information technology .....  | 105,406.              | 71,531.                         | 18,422.                                | 15,453.                     |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   | 474,899.              | 469,105.                        | 2,782.                                 | 3,012.                      |
| <b>17</b> Travel .....  | 32,309.               | 27,939.                         | 4,275.                                 | 95.                         |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  | 12,364.               | 7,281.                          | 1,927.                                 | 3,156.                      |
| <b>20</b> Interest .....  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....  | 64,448.               | 25,406.                         | 20,077.                                | 18,965.                     |
| <b>22</b> Depreciation, depletion, and amortization .....   | 343,254.              | 337,221.                        | 2,887.                                 | 3,146.                      |
| <b>23</b> Insurance .....   | 4,196.                | 1,699.                          | 1,214.                                 | 1,283.                      |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| <b>a</b> <b>SPECIAL PROJECT</b>   | 67,389.               | 28,755.                         | 16,369.                                | 22,265.                     |
| <b>b</b> <b>MAINTENANCE</b>   | 15,042.               | 4,900.                          | 6,485.                                 | 3,657.                      |
| <b>c</b> _____  |                       |                                 |  |                             |
| <b>d</b> _____  |                       |                                 |  |                             |
| <b>e</b> All other expenses _____   | 23,934.               | 7,965.                          | 11,738.                                | 4,231.                      |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 6,546,293.            | 5,304,953.                      | 624,468.                               | 616,872.                    |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|  |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|--|--|--------------------------|-------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 200.                     | <b>1</b>    | 200.               |
|  | <b>2</b> Savings and temporary cash investments .....  | 3,751,191.               | <b>2</b>    | 3,519,465.         |
|  | <b>3</b> Pledges and grants receivable, net .....  | 1,237,248.               | <b>3</b>    | 1,349,034.         |
|  | <b>4</b> Accounts receivable, net .....  | 402,190.                 | <b>4</b>    | 732,127.           |
|  | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>    |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                    |
|  | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                    |
|  | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                    |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 60,030.                  | <b>9</b>    | 94,167.            |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 14,554,079.   |             |                    |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 4,534,587.    |             |                    |
|  | <b>11</b> Investments - publicly traded securities .....   | 10,362,916.              | <b>10c</b>  | 10,019,492.        |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 2,505,175.               | <b>11</b>   | 2,667,877.         |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 299,222.                 | <b>12</b>   | 312,618.           |
|  | <b>14</b> Intangible assets .....  |                          | <b>13</b>   |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   | 2,473.                   | <b>14</b>   |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 2,473.   | <b>15</b>                | 123,529.    |                    |
|  | 18,620,645.  | <b>16</b>                | 18,818,509. |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | 229,703.                 | <b>17</b>   | 249,156.           |
|  | <b>18</b> Grants payable .....   | 3,553,471.               | <b>18</b>   | 3,630,662.         |
|  | <b>19</b> Deferred revenue .....   |                          | <b>19</b>   |                    |
|  | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                    |
|  | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>   |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                    |
|  | <b>25</b> 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.                       | <b>25</b>   | 92,267.            |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 3,783,174.               | <b>26</b>   | 3,972,085.         |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                    |
|  | <b>27</b> Net assets without donor restrictions .....  | 12,784,580.              | <b>27</b>   | 12,940,392.        |
|  | <b>28</b> Net assets with donor restrictions .....   | 2,052,891.               | <b>28</b>   | 1,906,032.         |
|  | <b>Organizations that do not follow FASB ASC 958, check here</b> <b>and complete lines 29 through 33.</b>  |                          |             |                    |
|  | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                    |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                    |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                    |
|  | <b>32</b> Total net assets or fund balances .....  | 14,837,471.              | <b>32</b>   | 14,846,424.        |
|  | <b>33</b> Total liabilities and net assets/fund balances .....   | 18,620,645.              | <b>33</b>   | 18,818,509.        |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 6,384,882.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 6,546,293.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -161,411.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 14,837,471. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 141,638.    |
| 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  | 28,726.     |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 14,846,424. |

**Part XII Financial Statements and Reporting**

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

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



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 8522020. | 7884528. | 8083290. | 6411172. | 5687658. | 36588668. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 8522020. | 7884528. | 8083290. | 6411172. | 5687658. | 36588668. |
| <b>5</b> 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.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 33282236. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 8522020. | 7884528. | 8083290. | 6411172. | 5687658. | 36588668.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 127,583. | 150,146. | 153,502. | 126,973. | 327,778. | 885,982.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   | 11,712.  |          |          |          |          | 11,712.                  |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 37486362.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       | 2,164,015.               |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|   |           |       |                                     |
|---|-----------|-------|-------------------------------------|
| <b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 88.78 | %                                   |
| <b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....  | <b>15</b> | 88.85 | %                                   |
| <b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           |       | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           |       | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           |       | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           |       | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           |       | <input type="checkbox"/>            |

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

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

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

|   |  |  |  |
|---|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>   |  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |  |  |  |
| <b>2a</b>   |  |  |  |
| <b>2b</b>   |  |  |  |
| <b>3a</b>   |  |  |  |
| <b>3b</b>   |  |  |  |

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

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

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

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

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

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

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

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|---|---|--|---|
| 1   | Distributable amount for 2022 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2022   |  |   |
| a   | From 2017   |  |   |
| b   | From 2018   |  |   |
| c   | From 2019   |  |   |
| d   | From 2020   |  |   |
| e   | From 2021   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2022 distributable amount  |  |   |
| i   | Carryover from 2017 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2022 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2022 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, 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   | <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2018  |  |   |
| b   | Excess from 2019  |  |   |
| c   | Excess from 2020  |  |   |
| d   | Excess from 2021  |  |   |
| e   | Excess from 2022  |  |   |

**Part VI**

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

Horizontal lines for supplemental information input.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

Public Inspection  
OMB No. 1545-0047

**2022**

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA

Employer identification number

42-0861239

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

|  |   |
|--|---|
| Name of organization<br><br><b>UNITED WAY OF EAST CENTRAL IOWA</b> | Employer identification number<br><br><b>42-0861239</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u>   | <hr/> <hr/> <hr/>                 | \$ <u>550,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| <u>2</u>   | <hr/> <hr/> <hr/>                 | \$ <u>210,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| <u>3</u>   | <hr/> <hr/> <hr/>                 | \$ <u>123,908.</u>         | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| <u>4</u>   | <hr/> <hr/> <hr/>                 | \$ <u>200,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| <hr/>      | <hr/> <hr/> <hr/>                 | \$ _____                   | Person<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                     |
| <hr/>      | <hr/> <hr/> <hr/>                 | \$ _____                   | Person<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                     |

|  |   |
|--|---|
| Name of organization<br><br><b>UNITED WAY OF EAST CENTRAL IOWA</b> | Employer identification number<br><br><b>42-0861239</b> |
|--|---|

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

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



|  |   |
|--|---|
| Name of organization<br><b>UNITED WAY OF EAST CENTRAL IOWA</b> | Employer identification number<br><b>42-0861239</b> |
|--|---|

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Public Inspection OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization UNITED WAY OF EAST CENTRAL IOWA Employer identification number 42-0861239

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include whether art collections are reported and required amounts for revenue and assets.

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

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

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

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

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 2,804,397.       | 3,275,266.     | 2,057,007.         | 2,075,798.           | 2,032,162.          |
| b Contributions                                  |                  | 142,349.       | 736,463.           |                      | 29,079.             |
| c Net investment earnings, gains, and losses     | 191,428.         | -597,356.      | 497,047.           | -3,698.              | 104,794.            |
| d Grants or scholarships                         | 15,330.          | 15,862.        | 15,251.            | 15,093.              |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      | 83,514.             |
| f Administrative expenses                        |                  |                |                    |                      | 6,723.              |
| g End of year balance                            | 2,980,495.       | 2,804,397.     | 3,275,266.         | 2,057,007.           | 2,075,798.          |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 54.0000 %
  - b Permanent endowment 17.0000 %
  - c Term endowment 29.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  | X   |    |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____ | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                  |                                      | 1,555,609.                      |                              | 1,555,609.     |
| b Buildings              |                                      | 12,318,796.                     | 3,948,332.                   | 8,370,464.     |
| c Leasehold improvements |                                      |                                 |                              |                |
| d Equipment              |                                      | 679,674.                        | 586,255.                     | 93,419.        |
| e Other                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 10,019,492.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) LEASE LIABILITY   | 92,267.        |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 92,267.        |

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

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

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

|   |   |    |          |            |
|---|---|----|----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1        | 6,155,139. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |          |            |
| a | Net unrealized gains (losses) on investments                                    | 2a | 141,638. |            |
| b | Donated services and use of facilities  | 2b | 57,865.  |            |
| c | Recoveries of prior year grants   | 2c |          |            |
| d | Other (Describe in Part XIII.)  | 2d | 28,726.  |            |
| e | Add lines 2a through 2d   | 2e |          | 228,229.   |
| 3 | Subtract line 2e from line 1  | 3  |          | 5,926,910. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |          |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a | 9,275.   |            |
| b | Other (Describe in Part XIII.)  | 4b | 448,697. |            |
| c | Add lines 4a and 4b   | 4c |          | 457,972.   |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  |          | 6,384,882. |

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

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

|   |  |    |          |            |
|---|--|----|----------|------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1        | 6,146,186. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |          |            |
| a | Donated services and use of facilities   | 2a | 57,865.  |            |
| b | Prior year adjustments   | 2b |          |            |
| c | Other losses   | 2c |          |            |
| d | Other (Describe in Part XIII.)   | 2d | 56,838.  |            |
| e | Add lines 2a through 2d  | 2e |          | 114,703.   |
| 3 | Subtract line 2e from line 1   | 3  |          | 6,031,483. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |          |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a | 9,275.   |            |
| b | Other (Describe in Part XIII.)   | 4b | 505,535. |            |
| c | Add lines 4a and 4b  | 4c |          | 514,810.   |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  |          | 6,546,293. |

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE ENDOWMENTS OF THE ORGANIZATION CONSIST OF VARIOUS FUNDS ESTABLISHED TO SUPPORT THE GENERAL OPERATING NEEDS OF THE ORGANIZATION. ITS ENDOWMENTS CONSIST OF BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. NET ASSETS WITH DONOR RESTRICTIONS CONSISTS OF \$503,650 OF ENDOWMENTS WHICH MUST BE INVESTED IN PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE TO SUPPORT THE OPERATIONS OF THE ORGANIZATION. IN ADDITION, THE COMMUNITY FOUNDATION HOLDS \$3,443,176 OF DESIGNATED FUNDS OF WHICH ONLY INCOME IS AVAILABLE TO THE ORGANIZATION AT THE DISCRETION OF THE FOUNDATION.

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

**Part XIII** Supplemental Information (continued)

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.



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

|                 |  | (a) Event #1  | (b) Event #2 | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|--|---|--------------|------------------------|--|
|                 |  | POWER OF THE<br>PURSE<br>(event type)                       | (event type) | NONE<br>(total number) |  |
| 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.  |
| Direct Expenses | 4  | Cash prizes   |              |                        |  |
|                 | 5  | Noncash prizes  | 45,597.      |                        | 45,597.  |
|                 | 6  | Rent/facility costs   |              |                        |  |
|                 | 7  | Food and beverages  | 4,855.       |                        | 4,855.   |
|                 | 8  | Entertainment   |              |                        |  |
|                 | 9  | Other direct expenses                                       | 6,386.       |                        | 6,386.   |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |              |                        | 56,838.  |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |              | -21,980.               |  |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No  
 b If "Yes," explain: \_\_\_\_\_



- 11 Does the organization conduct gaming activities with nonmembers? ..... Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ..... Yes No

- 13 Indicate the percentage of gaming activity conducted in:
 

|                                     |            |   |
|-------------------------------------|------------|---|
| a The organization's facility ..... | <b>13a</b> | % |
| b An outside facility .....         | <b>13b</b> | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

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

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

\_\_\_\_\_

Director/officer                      Employee                      Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ..... Yes No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Public Inspection  
OMB No. 1545-0047  
**2022**  
Open to Public  
Inspection

Name of the organization **UNITED WAY OF EAST CENTRAL IOWA** Employer identification number **42-0861239**

**Part I General Information on Grants and Assistance**

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

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

| <b>1 (a)</b> Name and address of organization or government                           | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance                     |
|---|----------------|--|---------------------------------|---|--|--|---|
| AGING SERVICES, INC.<br>317 7TH AVE SE, STE 302B<br>CEDAR RAPIDS, IA 52401-1604       | 23-7085316     | 501(C)(3)                              | 271,994.                        | 0.                                      |  |  | PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT |
| AMERICAN CANCER SOCIETY C.R.<br>4080 FIRST AVENUE NE<br>CEDAR RAPIDS, IA 52402        | 42-0680353     | 501(C)(3)                              | 9,772.                          | 0.                                      |  |  | DONOR DESIGNATION SUPPORT                                     |
| AREA SUBSTANCE ABUSE COUNCIL<br>3601 16TH AVENUE SW<br>CEDAR RAPIDS, IA 52401         | 42-1114396     | 501(C)(3)                              | 322,334.                        | 0.                                      |  |  | PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT |
| BENTON COUNTY VOLUNTEER PROGRAM<br>1309 5TH AVE<br>BELLE PLAINE, IA 52208             | 42-1023730     | 501(C)(3)                              | 8,772.                          | 0.                                      |  |  | PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT |
| BIG BROTHERS BIG SISTERS<br>3151 E AVE NW STE 103<br>CEDAR RAPIDS, IA 52405           | 42-1170475     | 501(C)(3)                              | 119,108.                        | 0.                                      |  |  | PROGRAM SUPPORT, DISASTER RESPONSE                            |
| BOYS & GIRLS CLUB OF CEDAR RAPIDS<br>418 6TH ST SE, STE 240<br>CEDAR RAPIDS, IA 52399 | 42-1434054     | 501(C)(3)                              | 88,101.                         | 0.                                      |  |  | PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT |

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

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

Schedule I (Form 990) 2022

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

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

Schedule I (Form 990)

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

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of 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, DISASTER 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, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT |
| IOWA LEGAL AID<br>317 7TH AVE SE, STE 404<br>CEDAR RAPIDS, IA 52401                          | 42-1079227 | 501(C)(3)                     | 112,945.                 | 0.                               |   |  | PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT |
| JANE BOYD COMMUNITY HOUSE<br>943 14TH AVE SE<br>CEDAR RAPIDS, IA 52403                       | 42-0680359 | 501(C)(3)                     | 169,189.                 | 0.                               |   |  | PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT |
| JUNIOR ACHIEVEMENT OF EAST CENTRAL IOWA - 324 THIRD ST SE #200 - CEDAR RAPIDS, IA 52401-1841 | 42-0919209 | 501(C)(3)                     | 6,736.                   | 0.                               |   |  | DONOR DESIGNATION SUPPORT                                     |
| KIDS FIRST LAW CENTER<br>420 6TH ST SE, STE 160<br>CEDAR RAPIDS, IA 52401                    | 20-2199649 | 501(C)(3)                     | 65,104.                  | 0.                               |   |  | PROGRAM SUPPORT, DISASTER 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<br>495 4TH AVE<br>CONROY, IA 52220                             | 42-1150011 | 501(C)(3)                     | 23,143.                  | 0.                               |   |  | DISASTER RESPONSE   |
| SOUTHEAST LINN COMMUNITY CENTER<br>108 S WASHINGTON ST<br>LISBON, IA 52253                   | 43-1406317 | 501(C)(3)                     | 8,522.                   | 0.                               |   |  | PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT |

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

| (a) Name and address of organization or government                                  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of 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 SUPPORT                                     |
| ST. LUKE'S HEALTH CARE FOUNDATION<br>855 A AVENUE NE #105<br>CEDAR RAPIDS, IA 52402 | 42-1106819 | 501(C)(3)                     | 9,645.                   | 0.                               |   |  | PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT |
| ST. PAULS UNITED METHODIST CHURCH<br>1340 - 3RD AVENUE SE<br>CEDAR RAPIDS, IA 52403 | 42-0680303 | 501(C)(3)                     | 12,800.                  | 0.                               |   |  | DONOR DESIGNATION SUPPORT                                     |
| TANAGER PLACE<br>2309 C ST SW<br>CEDAR RAPIDS, IA 52404                             | 42-0688079 | 501(C)(3)                     | 76,147.                  | 0.                               |   |  | DISASTER RESPONSE, DONOR DESIGNATION SUPPORT                  |
| THE ARC OF EAST CENTRAL IOWA<br>680 2ND ST SE STE 200<br>CEDAR RAPIDS, IA 52401     | 42-0805377 | 501(C)(3)                     | 90,649.                  | 0.                               |   |  | PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT |
| THE STONE CHURCH<br>18141 222ND STREET<br>MANCHESTER, IA 52057                      | 42-0938125 | 501(C)(3)                     | 15,002.                  | 0.                               |   |  | DONOR DESIGNATION SUPPORT                                     |
| VOLUNTEER SERVICES OF CEDAR COUNTY<br>PO BOX 307<br>TIPTON, IA 52772                | 42-1341650 | 501(C)(3)                     | 7,714.                   | 0.                               |   |  | PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT |
| WAYPOINT SERVICES<br>318 5TH ST SE<br>CEDAR RAPIDS, IA 52401                        | 42-0680307 | 501(C)(3)                     | 350,757.                 | 0.                               |   |  | PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT |
| WILLIS DADY EMERGENCY SHELTER<br>1247 4TH AVE SE<br>CEDAR RAPIDS, IA 52403          | 42-1311668 | 501(C)(3)                     | 74,771.                  | 0.                               |   |  | PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government                                      | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of 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<br>420 6TH ST SE STE 260<br>CEDAR RAPIDS, IA 52401                | 42-1355480 | 501(C)(3)                     | 138,063.                 | 0.                               |   |  | PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT |
| ZACH JOHNSON FOUNDATION<br>PO BOX 2336<br>CEDAR RAPIDS, IA 52406                        | 27-2683100 | 501(C)(3)                     | 66,693.                  | 0.                               |   |  | PROGRAM SUPPORT, DISASTER RESPONSE, DONOR DESIGNATION SUPPORT |
| UNITED WAY OF CENTRAL IOWA<br>1111 9TH STREET, STE 100<br>DES MOINES, IA 50314          | 42-0680425 | 501(C)(3)                     | 176,021.                 | 0.                               |   |  | PROGRAM SUPPORT   |
| ANTIOCH CHRISTIAN CHURCH<br>PO BOX 187<br>MARION, IA 52302-0187                         | 42-1023557 | 501(C)(3)                     | 11,250.                  | 0.                               |   |  | PROGRAM SUPPORT   |
| MOUNT MERCY UNIVERSITY<br>1330 ELMHURST DR NE<br>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 -<br>CEDAR RAPIDS, IA 52402 | 42-1106819 | 501(C)(3)                     | 61,801.                  | 0.                               |   |  | PROGRAM SUPPORT   |
| TOGETHER WE ACHIEVE<br>1150 27TH AVE SW<br>CEDAR RAPIDS, IA 52404                       | 85-3107151 | 501(C)(3)                     | 5,775.                   | 0.                               |   |  | PROGRAM SUPPORT   |
|   |            |                               |                          |                                  |   |  |   |
|   |            |                               |                          |                                  |   |  |   |

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

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

**PART I, LINE 2:**

DISASTER RESPONSE FUNDS: IN RESPONSE TO THE COVID-19 PANDEMIC AND THE 2020 DERECHO STORM DAMAGE SEEN IN IOWA COMMUNITIES, UWECI HAS RESPONDED TO IMMEDIATE 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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Public Inspection

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA

Employer identification number

42-0861239

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2022

**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.

| (A) Name and Title                   |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                                      |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) KRISTIN ROBERTS<br>PRESIDENT/CEO | (i)  | 145,497.   | 0.                                  | 0.                                  | 12,167.  | 15,256.                 | 172,920.                        | 0.  |
|                                      | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                      | (ii) |  |                                     |                                     |  |                         |                                 |   |



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

Public Inspection

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **UNITED WAY OF EAST CENTRAL IOWA** Employer identification number **42-0861239**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 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 ( <u>PROGRAM PRIZES</u> )                           | X                          | 180   | 51,236 . FMV   |   |
| 26 Other ( <u>OTHER</u> )                                    | X                          | 9   | 6,750 . FMV  |   |
| 27 Other ( _____ )   |                            |   |  |   |
| 28 Other ( _____ )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** **0**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....  
 b If "Yes," describe the arrangement in Part II.  
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....  
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  
 b If "Yes," describe in Part II.  
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  |     | X  |
| 32a |     | X  |

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

Schedule M (Form 990) 2022

**Part II** **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 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

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

Public Inspection  
OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF EAST CENTRAL IOWA

Employer identification number

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

|   |  |
|---|--|
| Name of the organization<br>UNITED WAY OF EAST CENTRAL IOWA | Employer identification number<br>42-0861239 |
|---|--|

ADDITION THE IOWA PRINCIPLES AND PRACTICES FOR CHARITABLE NONPROFIT EXCELLENCE RECOMMENDS THIS POLICY FOR GOOD NONPROFIT PRACTICE. IT IS THE POLICY OF UNITED WAY OF EAST CENTRAL IOWA THAT CONFLICTS OF INTEREST SHOULD BE DISCLOSED AND RESOLVED AT THE EARLIEST POSSIBLE TIME. EVERY UNITED WAY BOARD MEMBER, FINANCE OR COMMUNITY BUILDING COMMITTEE MEMBER AND EMPLOYEE IS REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY ANNUALLY. THESE ARE COLLECTED AND FILED BY THE EXECUTIVE ASSISTANT. EACH VOLUNTEER AND EMPLOYEE MUST DESIGNATE CONFLICTS THAT RELATE TO PARTNER AGENCY RELATIONSHIPS, BUSINESS AFFILIATIONS OR NEPOTISM. VOLUNTEERS THAT HAVE A CONFLICT OF INTEREST REGARDING A UNITED WAY ALLOCATION OR VENDOR RELATIONSHIP CANNOT SERVE IN A DECISIONS MAKING CAPACITY. THESE INDIVIDUALS MUST RECUSE THEMSELVES FROM ANY VOTING. THESE ACTIONS ARE DOCUMENTED IN THE MINUTES OF THE MEETINGS.

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

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

EXECUTIVE COMPENSATION REVIEW:

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



|   |  |
|---|--|
| Name of the organization<br>UNITED WAY OF EAST CENTRAL IOWA | Employer identification number<br>42-0861239 |
|---|--|

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. |
|---|---------|

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Public Inspection  
OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **UNITED WAY OF EAST CENTRAL IOWA** Employer identification number **42-0861239**

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

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

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

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

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

Schedule R (Form 990) 2022

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

Table with 11 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Direct controlling entity; (e) Predominant income (related, unrelated, excluded from tax under sections 512-514); (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065); (j) General or managing partner? (Yes/No); (k) Percentage ownership.

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.

Table with 10 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Direct controlling entity; (e) Type of entity (C corp, S corp, or trust); (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No).

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

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

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

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

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     |    |
| <b>1b</b> |     |    |
| <b>1c</b> |     |    |
| <b>1d</b> |     |    |
| <b>1e</b> |     |    |
| <b>1f</b> |     |    |
| <b>1g</b> |     |    |
| <b>1h</b> |     |    |
| <b>1i</b> |     |    |
| <b>1j</b> |     |    |
| <b>1k</b> |     |    |
| <b>1l</b> |     |    |
| <b>1m</b> |     |    |
| <b>1n</b> |     |    |
| <b>1o</b> |     |    |
| <b>1p</b> |     |    |
| <b>1q</b> |     |    |
| <b>1r</b> |     |    |
| <b>1s</b> |     |    |

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

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

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

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

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

