

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF CENTRAL IOWA</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1111 9TH STREET, SUITE 100</b> City or town, state or province, country, and ZIP or foreign postal code <b>DES MOINES, IA 50314-2500</b> <b>F</b> Name and address of principal officer: <b>MARY SELLERS</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>42-0680425</b> <b>E</b> Telephone number <b>(515) 246-6500</b> <b>G</b> Gross receipts \$ <b>27,407,811.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <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.UNITEDWAYDM.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>1918</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>IMPROVE LIVES BY UNITING THE CARING POWER OF COMMUNITY</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>38</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>38</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>99</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>12219</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> 29,540,750.
<b>9</b>		Program service revenue (Part VIII, line 2g)	605,525.	493,453.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106,841.	-46,884.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-89,358.	-112,539.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,163,758.	26,442,012.
<b>13</b>		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,690,970.	19,923,358.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>Expenses</b>	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,858,881.	5,855,785.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,714,577.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,276,242.	2,731,256.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,826,093.	28,510,399.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-662,335.	-2,068,387.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 41,931,356.	<b>End of Year</b> 37,480,917.
	<b>21</b>	Total liabilities (Part X, line 26)	3,164,223.	3,198,685.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	38,767,133.	34,282,232.

**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 <b>SARAH ROY, CHIEF OPERATING OFFICER</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>BRENT L. ALEXANDER, CPA</b>	Preparer's signature <b>BRENT L. ALEXANDER,</b>	Date <b>02/02/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00075113</b>
	Firm's name ▶ <b>BERGANKDV, LTD.</b>	Firm's EIN ▶ <b>41-1431613</b>			
	Firm's address ▶ <b>12100 MEREDITH DR, SUITE 200</b> <b>URBANDALE, IA 50323</b>		Phone no. <b>515-727-5700</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 [X]

1 Briefly describe the organization's mission: TO IMPROVE LIVES BY UNITING THE CARING POWER OF OUR COMMUNITY

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

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

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

4a (Code: ) (Expenses \$ 3,898,576. including grants of \$ 3,898,576. ) (Revenue \$ ) EDUCATION SUCCESS: CENTRAL IOWA STUDENTS NEED NOT ONLY TO GRADUATE FROM HIGH SCHOOL BUT SHOULD ALSO HAVE THE OPPORTUNITY TO GRADUATE WITH A PLAN FOR A SUCCESSFUL FUTURE. UNITED WAY WORKS WITH SCHOOLS AND PARTNERS TO IMPROVE READING SCORES AND PROVIDED WRAP-AROUND SERVICES TO OUR MOST VULNERABLE STUDENTS. OVER 1,300 CENTRAL IOWA CHILDREN RECEIVED TWO FREE PAIRS OF GLASSES THROUGH VISION TO LEARN.

4b (Code: ) (Expenses \$ 3,865,687. including grants of \$ 3,865,687. ) (Revenue \$ ) HEALTH & WELL-BEING: CENTRAL IOWANS NEED NOT ONLY ACCESS TO MEDICAL CARE, BUT ACCESS TO QUALITY, CULTURALLY APPROPRIATE CARE PROMOTING PHYSICAL AND EMOTIONAL WELL-BEING AND IMPROVING RESILIENCE. AMONG U.S. ADULTS, 50% SAY THEY PUT OFF OR SKIPPED SOME SORT OF HEALTHCARE IN THE PAST YEAR BECAUSE OF COST. OVER 32,000 INDIVIDUALS WERE SERVED BY MENTAL HEALTH, MEDICAL, AND DENTAL PROVIDERS FUNDED BY UNITED WAY. OF THOSE RECEIVING MENTAL HEALTH, MEDICAL AND DENTAL SERVICES, 81.4% EITHER MAINTAINED OR IMPROVED THEIR OVERALL HEALTH.

4c (Code: ) (Expenses \$ 3,672,818. including grants of \$ 3,672,818. ) (Revenue \$ ) ECONOMIC OPPORTUNITY: CENTRAL IOWANS NEED NOT ONLY TO BE SELF-SUFFICIENT BUT TO BE FINANCIALLY STABLE AND HAVE THE OPPORTUNITY TO BUILD WEALTH FOR THEIR FAMILY AND FUTURE GENERATIONS. UNITED WAY SUPPORTS TRAINING AND OTHER RESOURCES FOR PEOPLE TO SECURE GOOD JOBS PROVIDING SUFFICIENT INCOME AND OPPORTUNITIES TO BUILD WEALTH. 4,662 INDIVIDUALS WERE PROVIDED ACCESS TO ADULT BASIC EDUCATION, POST-SECONDARY EDUCATION, TRAINING, AND SUPPORTS REQUIRED FOR QUALITY JOBS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 13,206,149. including grants of \$ 8,486,277. ) (Revenue \$ 255,832.)

4e Total program service expenses 24,643,230.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 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> .....	<b>X</b>	
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....		<b>X</b>
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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 .....		<b>X</b>
<b>18</b> 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> .....		<b>X</b>
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	<b>X</b>	

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 40	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business 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 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> 38		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 38		
<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>10b</b>			
<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>12c</b>			
<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?		
<b>16b</b>			

**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 ROY, CHIEF OPERATING OFFICER - 515-246-6500**  
**1111 9TH STREET, SUITE 100, DES MOINES, IA 50314**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) 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) ELISABETH BUCK-THRU. JULY 2021 PRESIDENT/CORP. SECRETARY	40.00			X				145,614.	0.	722.
(2) MARY SELLERS-BEG. JULY 2021 PRESIDENT/CORP. SECRETARY	40.00			X				123,829.	0.	7,814.
(3) SARAH ROY CHIEF OPERATING OFFICER	40.00			X				214,112.	0.	13,993.
(4) ANDY TEBOCKHORST CHIEF STRATEGIC COMMUNICAT	40.00					X		154,988.	0.	6,239.
(5) MELANIE CAMPBELL CHIEF DONOR ENGAGEMENT OFF	40.00					X		142,511.	0.	15,835.
(6) RENEE MILLER CHIEF COMMUNITY IMPACT OFF	40.00					X		153,822.	0.	758.
(7) ADAM WILDMAN IT DIRECTOR	40.00					X		111,015.	0.	14,258.
(8) DANIELLE MARTIN FINANCE OFFICER	40.00					X		108,278.	0.	9,268.
(9) SEAN VICENTE BOARD CHAIR	1.00	X		X				0.	0.	0.
(10) MARIA VOLANTE BOARD CHAIR ELECT	1.00	X		X				0.	0.	0.
(11) LYNN GRAVES VICE CHAIR-EDUCATION SUCCESS	1.00	X						0.	0.	0.
(12) TESSIE JOHNSON VICE CHAIR-FINANCE/AUDIT	1.00	X		X				0.	0.	0.
(13) CHRIS JONES VICE CHAIR-STRATEGIC COMMU	1.00	X						0.	0.	0.
(14) GERRY NEUGENT VICE CHAIR-GIVE	1.00	X						0.	0.	0.
(15) TIM MCCULLOH VICE CHAIR-VOL ENGAGEMENT	1.00	X						0.	0.	0.
(16) MICHAEL ABBOTT VICE CHAIR-ECONOMIC OPP	1.00	X						0.	0.	0.
(17) SUZANNE HECKENLAIBLE VICE CHAIR-HEALTH & WELL-BEING	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) 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) JOE MURPHY VICE CHAIR-PUBLIC POLICY	1.00	X						0.	0.	0.
(19) JACQUIE EASLEY MCGHEE VICE CHAIR-EARLY CHILDHOOD	1.00	X						0.	0.	0.
(20) JANELL PITTMAN VICE CHAIR-ESSENTIAL NEEDS	1.00	X						0.	0.	0.
(21) CHARLIE WISHMAN AT LARGE-LABOR	1.00	X						0.	0.	0.
(22) WENDY BATCHELDER DIRECTOR	1.00	X						0.	0.	0.
(23) NOLA CARTMILL DIRECTOR	1.00	X						0.	0.	0.
(24) MATT HANEY DIRECTOR	1.00	X						0.	0.	0.
(25) TODD MILLANG DIRECTOR	1.00	X						0.	0.	0.
(26) CHRISTINE HOLMES DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,154,169.	0.	68,887.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,154,169.	0.	68,887.

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 **8**

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) STEVE LACY DIRECTOR	1.00	X						0.	0.	0.
(28) DREW PORTER DIRECTOR	1.00	X						0.	0.	0.
(29) DON COFFIN DIRECTOR	1.00	X						0.	0.	0.
(30) GRANT KVALHEIM DIRECTOR	1.00	X						0.	0.	0.
(31) DAN PITCHER DIRECTOR	1.00	X						0.	0.	0.
(32) BOB WEISS DIRECTOR	1.00	X						0.	0.	0.
(33) ROB BARRON DIRECTOR	1.00	X						0.	0.	0.
(34) JEM GONG-BROWNE DIRECTOR	1.00	X						0.	0.	0.
(35) HEIDI MASON DIRECTOR	1.00	X						0.	0.	0.
(36) JOEL NELSON DIRECTOR	1.00	X						0.	0.	0.
(37) RENEE SCHAAF DIRECTOR	1.00	X						0.	0.	0.
(38) JEREMY STAUN DIRECTOR	1.00	X						0.	0.	0.
(39) BRENT VANDER WAAL DIRECTOR	1.00	X						0.	0.	0.
(40) PHIL HALL DIRECTOR	1.00	X						0.	0.	0.
(41) ABBY DELANEY DIRECTOR	1.00	X						0.	0.	0.
(42) LAURA HOWE DIRECTOR	1.00	X						0.	0.	0.
(43) ROSALIND FOX DIRECTOR	1.00	X						0.	0.	0.
(44) COLIN PENNYCOOKE DIRECTOR	1.00	X						0.	0.	0.
(45) TOM HARTY DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**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>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	831,911.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	25,276,071.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 304,154.				
	<b>h Total.</b> Add lines 1a-1f .....			26,107,982.			
Program Service Revenue	<b>2 a</b> SERVICE FEES	<b>Business Code</b>					
		812900	426,838.	426,838.			
	<b>b</b> OTHER REVENUE	561499	66,615.	66,615.			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			493,453.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		68,970.			68,970.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	727,576.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	849,343.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	-121,767.				
	<b>d</b> Net rental income or (loss) .....			-121,767.	-121,767.		
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	115,854.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-115,854.				
<b>d</b> Net gain or (loss) .....			-115,854.	-115,854.			
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>	9,830.					
<b>b</b> Less: direct expenses .....	<b>9b</b>	602.					
<b>c</b> Net income or (loss) from gaming activities .....			9,228.		9,228.		
<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 Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			26,442,012.	255,832.	0.	78,198.	

**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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,497,658.	19,497,658.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	425,700.	425,700.		
<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	523,588.	85,220.	433,523.	4,845.
<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	4,556,029.	2,618,090.	887,649.	1,050,290.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	425,556.	253,599.	61,643.	110,314.
<b>10</b> Payroll taxes	350,612.	170,993.	103,282.	76,337.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	14,693.		14,693.	
<b>c</b> Accounting	63,580.	8,300.	55,280.	
<b>d</b> Lobbying	11,000.	11,000.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	762,758.	527,515.	207,865.	27,378.
<b>12</b> Advertising and promotion	203,841.	96,943.	37,020.	69,878.
<b>13</b> Office expenses				
<b>14</b> Information technology	424,962.	291,553.	94,698.	38,711.
<b>15</b> Royalties				
<b>16</b> Occupancy	210,394.	100,303.	74,986.	35,105.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	220,108.	119,153.	48,950.	52,005.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	464,173.	196,214.	67,386.	200,573.
<b>22</b> Depreciation, depletion, and amortization	126,986.	72,306.	32,506.	22,174.
<b>23</b> Insurance				
<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> <u>SUPPLIES, POSTAGE, AND</u>	171,802.	126,384.	25,345.	20,073.
<b>b</b> <u>ORGANIZATION DUES</u>	56,959.	42,299.	7,766.	6,894.
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	28,510,399.	24,643,230.	2,152,592.	1,714,577.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	214,940.	<b>1</b>	74,244.
	<b>2</b> Savings and temporary cash investments .....	11,404,100.	<b>2</b>	6,020,555.
	<b>3</b> Pledges and grants receivable, net .....	7,133,469.	<b>3</b>	6,634,031.
	<b>4</b> Accounts receivable, net .....	156,318.	<b>4</b>	65,903.
	<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 .....	283,237.	<b>9</b>	327,648.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,367,905.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,210,241.	2,600,255.	<b>10c</b> 2,157,664.
	<b>11</b> Investments - publicly traded securities .....	5,164,395.	<b>11</b>	9,461,535.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	14,974,642.	<b>15</b>	12,739,337.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	41,931,356.	<b>16</b>	37,480,917.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,221,964.	<b>17</b>	1,095,542.
	<b>18</b> Grants payable .....		<b>18</b>	
	<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 .....	1,942,259.	<b>25</b>	2,103,143.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,164,223.	<b>26</b>	3,198,685.
<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 .....	28,476,424.	<b>27</b>	24,989,919.
	<b>28</b> Net assets with donor restrictions .....	10,290,709.	<b>28</b>	9,292,313.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <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 .....	38,767,133.	<b>32</b>	34,282,232.
<b>33</b> Total liabilities and net assets/fund balances .....	41,931,356.	<b>33</b>	37,480,917.	

**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	26,442,012.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,510,399.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,068,387.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,767,133.
5	Net unrealized gains (losses) on investments	5	-170,649.
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	-2,245,865.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	34,282,232.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
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? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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 .....

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

<b>Name of the organization</b> UNITED WAY OF CENTRAL IOWA	<b>Employer identification number</b> 42-0680425
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	29295693.	29276292.	32448895.	29540750.	26107982.	146669612
<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 .....	29295693.	29276292.	32448895.	29540750.	26107982.	146669612
<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) .....						14348678.
<b>6 Public support.</b> Subtract line 5 from line 4.						132320934

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	29295693.	29276292.	32448895.	29540750.	26107982.	146669612
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	833,911.	960,170.	951,214.	842,986.	796,546.	4384827.
<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.) .....	55,896.	38,385.	13,207.	10,364.	9,830.	127,682.
<b>11 Total support.</b> Add lines 7 through 10						151182121
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,390,904.
<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 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	87.52	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	86.61	%
<b>16a 33 1/3% support test - 2021.</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 - 2020.</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 - 2021.</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 - 2020.</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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, 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.

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

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

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

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

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

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**GAMING REVENUE-RAFFLES**

Multiple horizontal lines for providing detailed explanations for other income.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

UNITED WAY OF CENTRAL IOWA

Employer identification number

42-0680425

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

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

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

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

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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  <b>UNITED WAY OF CENTRAL IOWA</b>	Employer identification number  <b>42-0680425</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>584,953.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,658,357.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>600,148.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>609,572.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF CENTRAL IOWA</b>	Employer identification number  <b>42-0680425</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization <b>UNITED WAY OF CENTRAL IOWA</b>	Employer identification number <b>42-0680425</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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>UNITED WAY OF CENTRAL IOWA</b>	Employer identification number <b>42-0680425</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	36,412.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	36,412.													
<b>d</b>	Other exempt purpose expenditures .....	28,473,987.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	28,510,399.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	29,510.	22,976.	18,913.	36,412.	107,811.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	<b>5</b>

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization UNITED WAY OF CENTRAL IOWA Employer identification number 42-0680425

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**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	14,974,642.	12,004,298.	12,152,841.	11,731,424.	11,040,937.
b Contributions	10,560.	21,660.	38,940.	164,112.	56,751.
c Net investment earnings, gains, and losses	-1,398,429.	3,569,771.	-14,689.	451,274.	871,507.
d Grants or scholarships					
e Other expenditures for facilities and programs	847,437.	-621,087.	172,794.	193,969.	237,771.
f Administrative expenses					
g End of year balance	12,739,336.	14,974,642.	12,004,298.	12,152,841.	11,731,424.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  70.2300 %
  - b Permanent endowment  28.2200 %
  - c Term endowment  1.5500 %
- 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? <input type="checkbox"/> | 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		98,275.		98,275.
b Buildings		7,871,667.	6,127,028.	1,744,639.
c Leasehold improvements				
d Equipment		1,397,963.	1,083,213.	314,750.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,157,664.

**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) BENEFICIAL INTEREST IN COMMUNITY FOUNDATION FUND	12,739,337.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	12,739,337.

**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) DEFERRED REVENUE	15,496.
(3) EMPOWERMENT REFUNDABLE ADVANCES	389,258.
(4) COMMUNITY INVESTMENTS AND DONOR	
(5) CHOICE	1,698,389.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,103,143.

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	18,978,629.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-170,649.	
b	Donated services and use of facilities	2b	33,127.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-2,245,865.	
e	Add lines 2a through 2d	2e	-2,383,387.	
3	Subtract line 2e from line 1	3	21,362,016.	
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		
b	Other (Describe in Part XIII.)	4b	5,079,996.	
c	Add lines 4a and 4b	4c	5,079,996.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	26,442,012.	

**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	23,463,530.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	33,127.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	602.	
e	Add lines 2a through 2d	2e	33,729.	
3	Subtract line 2e from line 1	3	23,429,801.	
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		
b	Other (Describe in Part XIII.)	4b	5,080,598.	
c	Add lines 4a and 4b	4c	5,080,598.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	28,510,399.	

**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:**

UNITED WAY OF CENTRAL IOWA HAS ADOPTED A DISTRIBUTION AND SPENDING POLICY TO ENSURE ADHERENCE TO DONOR RESTRICTIONS AND TO ALLOW USE OF A PORTION OF THE ENDOWMENT AS A FUNDING SOURCE TOWARD MAKING AND ADMINISTERING COMMUNITY INVESTMENTS IN EDUCATION, INCOME, AND HEALTH.

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

CHANGE IN VALUE OF BENEFICIAL INTEREST -2,245,865.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

GAMBLING ACTIVITIES - DIRECT EXPENSES -602.

DONOR CHOICE DESIG. RECOGNIZED AS A REDUCTION OF GROSS REV.



**Part XIII** Supplemental Information (continued)

ON FIN. STMTS. 5,080,598.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 5,079,996.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GAMBLING ACTIVITIES - DIRECT EXPENSES 602.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR CHOICE DESIG. RECOGNIZED AS A REDUCTION OF GROSS REV.

ON FIN. STMTS. 5,080,598.

**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.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF CENTRAL IOWA** Employer identification number **42-0680425**

**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
AFRICAN IMMIGRANTS AND REFUGEES TRANSITION SERVICES - 2175 NW 86TH ST #6A - CLIVE, IA 50325	83-3189422	501(C)(3)	20,000.	0.			EARLY CHILDHOOD SUCCESS
AFRICANS IN IOWA FOR EMPOWERMENT 3201 VILLA VISTA DRIVE DES MOINES, IA 50316	47-2280750	501(C)(3)	10,000.	0.			COMPUTER LITERACY SKILLS TRAINING PROGRAM
ALRAZI ACADEMY 1119 5TH STREET WEST DES MOINES, IA 50265	20-1317670	501(C)(3)	7,200.	0.			QUALITY EARLY LEARNING CENTER, SCHOLARSHIPS
AMOS INSTITUTE OF PUBLIC LIFE 3829 GRAND AVE DES MOINES, IA 50312	90-0730561	501(C)(3)	30,000.	0.			CRISIS SERVICES FOR KIDS
ANKENY COMMUNITY NETWORK PO BOX 182 ANKENY, IA 50021	85-1777779	501(C)(3)	5,900.	0.			JUNETEENTH FESTIVAL
ART FORCE IOWA PO BOX 1576 DES MOINES, IA 50305	80-0865313	501(C)(3)	80,000.	0.			CREATIVE PATHWAYS, DSM HEROES, J.E.D.I. TRAINING, COVID SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 115.**

**3** Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

Schedule I (Form 990) 2021

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**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
BIDWELL RIVERSIDE CHILD CARE CENTER - 1203 HARTFORD AVE. - DES MOINES, IA 50315-1450	42-0680259	501(C)(3)	57,200.	0.			EARLY LEARNING CENTER DIRECTOR SUPPORT, SCHOLARSHIPS, COVID SUPPORT
BIG BROTHERS BIG SISTERS OF CENTRAL IOWA - 9051 SWANSON BLVD. - CLIVE, IA 50325-6913	42-1184999	501(C)(3)	297,000.	0.			COMMUNITY-BASED MENTORING AND COVID SUPPORT
BLACK WOMEN 4 HEALTHY LIVING 1424 SAMPSON ST DES MOINES, IA 50316	85-3493307	501(C)(3)	14,500.	0.			BLACK WOMEN'S HEALTH COALITION
BOY SCOUTS OF AMERICA MID IOWA COUN - 6123 SCOUT TRAIL - DES MOINES, IA 50321	42-0981715	501(C)(3)	53,200.	0.			AFTER-SCHOOL SCOUTING
BOYS AND GIRLS CLUB OF CENTRAL IOWA - 1421 WALKER STREET - DES MOINES, IA 50316	42-6075138	501(C)(3)	383,500.	0.			BGCCI YOUTH DEVELOPMENT PROGRAMS, MCCOMBS EXTENSION CLUB, HIATT PROGRAMMING, AND COVID
BY DEGREES FOUNDATON PO BOX 41070 DES MOINES, IA 50311	42-1338832	501(C)(3)	80,000.	0.			DREAMER ACADEMY AT FINDLEY AND COVID SUPPORT
CAMP FIRE USA 5615 HICKMAN RD. DES MOINES, IA 50310-1157	42-0680459	501(C)(3)	225,000.	0.			CAMP FIRE YOUTH DEVELOPMENT PROGRAMS AND NAVIGATOR PROGRAM
CAN PLAY 5443 BEECHTREE DRIVE WEST DES MOINES, IA 50266	46-1443733	501(C)(3)	66,000.	0.			RECREATION PROGRAMMING
CAPITOL PARK EARLY LEARNING CENTER 800 E. 12TH ST. DES MOINES, IA 50316-4304	42-0941187	501(C)(3)	62,200.	0.			QUALITY EARLY LEARNING CENTER, SCHOLARSHIPS, CAP PARK EC QUALITY ASSURANCE COORD, CAP PARK SHARED

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
CARLISLE COMMUNITY SCHOOLS 430 SCHOOL ST CARLISLE, IA 50047	42-0898003	GOVERNMENT	13,500.	0.			CARLISLE KICKSTART CAMP
CATHOLIC CHARITIES 601 GRAND AVE. DES MOINES, IA 50309-2501	42-0680464	501(C)(3)	116,000.	0.			CATHOLIC CHARITIES COUNSELING PROGRAM, REFUGEE SERVICES PROGRAM, ST. JOSEPH'S EMERGENCY
CENTRAL IOWA SHELTER & SERVICES 1420 MULBERRY ST DES MOINES, IA 50309	42-1394212	501(C)(3)	96,027.	0.			CISS COMMUNITY KITCHEN, JOB TRAINING PROGRAM, PATHWAYS TO PERMANENT HOUSING &
CHILDREN & FAMILY URBAN MOVEMENT PO BOX 41125 DES MOINES, IA 50311-0125	42-1396833	501(C)(3)	62,000.	0.			THE HAVEN & AWESOME SUMMER DAYS
CHILDREN AND FAMILIES OF IOWA 1111 UNIVERSITY AVE. DES MOINES, IA 50314-2329	42-0680416	501(C)(3)	562,000.	0.			COUNSELING SERVICES, QUALITY EARLY LEARNING CENTER & THERAPEUTIC SUPPORT, DOMESTIC
CHILDSERVE INC 5406 MERLE HAY RD JOHNSTON, IA 50131	42-1157665	501(C)(3)	184,000.	0.			OUTPATIENT THERAPY PROGRAM
CHRIST THE KING CHURCH 701 WALL AVE DES MOINES, IA 50315	42-0722697	501(C)(3)	7,200.	0.			CHRIST THE KING DAYCARE
CITY OF WEST DES MOINES 250 GEORGE M MILLS CIVIC PKWY WEST DES MOINES, IA 50265	42-6005359	GOVERNMENT	85,000.	0.			WEST DES MOINES YOUTH JUSTICE INITIATIVE
COMMUNITY YOUTH CONCEPTS 1446 MARTIN LUTHER KING JR PKWY DES MOINES, IA 50314	26-2996028	501(C)(3)	32,000.	0.			TEEN OUTREACH PROGRAM

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
CORINTHIAN BAPTIST COMMUNITY DEVELOPMENT CORPORATION - 814 SCHOOL ST - DES MOINES, IA 50309	81-4187857	501(C)(3)	30,000.	0.			CORINTHIAN CARES
COURAGEOUS ACCESS 1300 NE 56TH ST UNIT 57422 DES MOINES, IA 50317	86-2524876	501(C)(3)	15,000.	0.			EMPOWERMENT THROUGH THE ARTS, DV AWARENESS & SCREENING TRAINING, THRIVING SURVIVOR GROUP
DALLAS COUNTY AGRICULTURE EXTENSION - 28059 FAIRGROUND RD - ADEL, IA 50003	42-6021414	GOVERNMENT	65,000.	0.			DALLAS & WARREN COUNTY REACH FOR THE STARS
DALLAS COUNTY HEALTH DEPARTMENT 25747 N AVE SUITE C ADEL, IA 50003	42-6004172	GOVERNMENT	84,000.	0.			HEALTH NAVIGATION PROJECT
DENTAL CONNECTIONS 1111 NINTH ST. STE. 190 DES MOINES, IA 50314-2517	42-0680421	501(C)(3)	655,500.	0.			DENTAL CLINIC, LITTLE HEALTHY SMILES, SMILE SQUAD
DES MOINES AREA RELIGIOUS COUNCIL 1435 MULBERRY STREET DES MOINES, IA 50309-3624	42-0788211	501(C)(3)	125,000.	0.			DMARC - FOOD PANTRY & NIFCAP DATABASE
DES MOINES INDEPENDENT SCHOOL DISTRICT - 2100 FLUER DRIVE - DES MOINES, IA 50321	42-6001433	GOVERNMENT	881,000.	0.			COMMUNITY SCHOOLS & FAMILY SUPPORT SERVICES, RUNDISM, PLACE ACADEMY, ALTERNATIVE PATHWAYS
DES MOINES PARKS AND RECREATION FOUNDATION - 1551 E MARTIN LUTHER KING JR PKWY - DES MOINES, IA 50317	42-1390788	GOVERNMENT	54,975.	0.			EVELYN K DAVIS OUTDOOR BASKETBALL COURT
DES MOINES REFUGEE SUPPORT 1110 SOUTH AVE NORWALK, IA 50211	84-3102842	501(C)(3)	6,000.	0.			SUMMER CAMP FOR REFUGEE CHILDREN

Schedule I (Form 990)

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

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DMACC ANKENY 2006 S ANKENY BLVD ANKENY, IA 50023-6446	42-0926354	GOVERNMENT	930,004.	0.			ADULT BASIC EDUCATION AND TRAINING , MANUP IOWA MENTORING, EVELYN K. DAVIS CENTER FOR WORKING
DOROTHY'S HOUSE PO BOX 57672 DES MOINES, IA 50317	47-1202557	501(C)(3)	30,000.	0.			PHYSICAL AND EMOTIONAL RECOVERY FROM TRAFFICKING AND EXPLOITATION
EAT GREATER DES MOINES 501 SW 7TH, SUITE G2 DES MOINES, IA 50309	47-2914255	501(C)(3)	52,000.	0.			FOOD SYSTEMS COORDINATOR
ELLIPSIS INC 7225 NW 58TH STREET JOHNSTON, IA 50131	42-0680439	501(C)(3)	300,000.	0.			SHELTER AND MENTAL HEALTH SERVICES FOR CENTRAL IOWA YOUTH
EMBARC 2309 EUCLID AVE DES MOINES, IA 50310	46-1017191	501(C)(3)	182,500.	0.			JOB NAVIGATORS, HEALTH NAVIGATION
EVERYBODY WINS-IOWA P.O. BOX 691 DES MOINES, IA 50303-0691	81-0618641	501(C)(3)	60,000.	0.			POWER READ: READING MENTORSHIP PROGRAM
EVERYSTEP 1111 9TH ST. STE. 320 DES MOINES, IA 50314	42-0680446	501(C)(3)	846,500.	0.			5-2-1-0 LET'S GO, COMMUNITY HOME VISITING, CHILD CARE NURSE CONSULTANTS, ,
FOREST AVENUE OUTREACH 1600 6TH AVE DES MOINES, IA 50314	46-2131933	501(C)(3)	17,500.	0.			GOOD VIBES MOVEMENT
GENESIS YOUTH FOUNDATION 907 15TH STREET DES MOINES, IA 50314	80-0965193	501(C)(3)	66,000.	0.			OUT OF SCHOOL TIME PROGRAM FOR IMMIGRANT AND REFUGEE FAMILIES

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
GIGI'S PLAYHOUSE 6507 UNIVERSITY AVE WINDSOR HEIGHTS, IA 50324	61-1611262	501(C)(3)	10,000.	0.			LITERACY & MATH TUTORING FOR STUDENTS WITH DOWN SYNDROME
GIRL SCOUTS OF GREATER IOWA 10715 HICKMAN RD. DES MOINES, IA 50322-3798	42-0698218	501(C)(3)	75,000.	0.			GIRL SCOUTS YOUTH DEVELOPMENT
GOODWILL INDUSTRIES 5355 NW 86TH STREET JOHNSTON, IA 50131	42-0764469	501(C)(3)	130,939.	0.			WORK EXPERIENCE PROGRAM
GRACE FITNESS 2643 BEAVER AVE NUMBER 171 DES MOINES, IA 50310	83-4304621	501(C)(3)	21,258.	0.			STRATEGIC PLANNING AND CAPACITY BUILDING
GRAND VIEW CHILD DEVELOPMENT CENTER - 3004 E 38TH STREET - DES MOINES, IA 50317	42-1425170	501(C)(3)	37,200.	0.			CHILDCARE OPERATIONS, QUALITY RATING SYSTEMS
GREATER DES MOINES HABITAT FOR HUMANITY INC - 2200 E EUCLID - DES MOINES, IA 50317	42-1275330	501(C)(3)	80,000.	0.			SELF-HELP HOMEOWNERSHIP PROGRAMS AND FINANCIAL FOUNDATIONS
HAWTHORN HILL MINISTRIES 3001 GRAND AVE. STE. A DES MOINES, IA 50312-4206	42-1258470	501(C)(3)	92,665.	0.			NEW DIRECTIONS SHELTER, EDUCATION AND EMPLOYMENT SPECIALIST, HOPE FOR STABLE FAMILIES
HEALTHY BIRTH DAY PO BOX 71093 CLIVE, IA 50325	26-3998964	501(C)(3)	40,000.	0.			COUNT THE KICKS: EXPECTANT PARENT EDUCATION
HEART OF TRANSIT 2824 104TH STREET URBANDALE, IA 50322-3813	83-2734221	501(C)(3)	16,000.	0.			TRANSPORTATION IN DALLAS AND WARREN COUNTIES

Schedule I (Form 990)

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

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HIGHLAND PARK COMMUNITY DEVELOPMENT ASSOCIATION - 4101 AMHERST STREET - DES MOINES, IA 50313	83-3149036	501(C)(3)	10,000.	0.			PRECIOUS BEGINNINGS CHILDREN'S CENTER
HISPANIC EDUCATIONAL RESOURCES 828 EAST SCOTT ST DES MOINES, IA 50309-5054	42-1222154	501(C)(3)	82,200.	0.			QUALITY EARLY LEARNING CENTER, SCHOLARSHIPS
HOME INC. 1618 SIXTH AVENUE DES MOINES, IA 50314	42-0931497	501(C)(3)	381,749.	0.			COMMUNITY HOUSING SERVICES, HOPE FOR STABLE FAMILIES
HOUSE OF MERCY 1111 6TH AVENUE DES MOINES, IA 50314-2611	42-1323808	501(C)(3)	7,200.	0.			PRESCHOOL CLASSROOM ENVIRONMENT UPDATES: EMOTIONAL WELLBEING
HUNGER FREE DALLAS COUNTY 1024 2ND ST PERRY, IA 50220	83-0697596	501(C)(3)	31,000.	0.			FRESH FOOD FOCUS, POP UP PRODUCE
I'LL MAKE ME A WORLD IN IOWA 1620 PLEASANT STREET SUITE 210 DES MOINES, IA 50314	56-2528690	501(C)(3)	30,000.	0.			IOWA'S AFRICAN AMERICAN FESTIVAL
INVESTING IN MY FUTURE PO BOX 652 DES MOINES, IA 50303	27-3864691	501(C)(3)	20,000.	0.			MAKING COLLEGE A REALITY (MCAR)
IOWA ACES 360 501 SW 7TH ST, SUITE G DES MOINES, IA 50309	84-3720619	501(C)(3)	85,000.	0.			ACES 360 ADVOCACY & EDUCATION & PRENATAL ADVOCACY INITIATIVE
IOWA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN - 5525 MEREDITH DRIVE, SUITE F - DES MOINES, IA 50310	42-1135283	501(C)(3)	418,123.	0.			TEACH, EARLY CHILDHOOD QUALITY INITIATIVE, SOCIAL EMOTION & MENTAL HEALTH SERVICES

Schedule I (Form 990)



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

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IOWA CENTER FOR CHILDREN'S JUSTICE 501 SW 7TH STREET, SUITE G DES MOINES, IA 50309	85-0809774	501(C)(3)	15,000.	0.			CHILD-FOCUSED MEDIATION AND ALTERNATIVE DISPUTE RESOLUTION
IOWA COMMUNITY CAPITAL 915 8TH STREET, SUITE 205 BOONE, IA 50036	42-1502371	501(C)(3)	80,000.	0.			SOLIDARITY MICROFINANCE PROGRAM
IOWA CONGOLESE ORGANIZATION AND CENTER FOR HEALING - 509 SE PETERSON DRIVE - ANKENY, IA 50021	82-4386292	501(C)(3)	141,000.	0.			OUT OF SCHOOL / ECONOMIC UPSKILLING, BIRTH TO FIVE PROGRAM
IOWA HEALTHIEST STATE INITIATIVE 301 GRAND AVE DES MOINES, IA 50309	45-4570642	501(C)(3)	30,000.	0.			IOWA DOUBLE UP FOOD BUCKS EMERGENCY HOUSING PROGRAM, POST SECONDARY EDUCATION RETENTION PROGRAM
IOWA HOMELESS YOUTH CENTER 612 LOCUST STREET DES MOINES, IA 50309	42-1051609	501(C)(3)	177,000.	0.			IOWA DOUBLE UP FOOD BUCKS EMERGENCY HOUSING PROGRAM, POST SECONDARY EDUCATION RETENTION PROGRAM
IOWA JAG INC 1111 9TH STREET, SUITE 268 DES MOINES, IA 50314	42-1492988	501(C)(3)	59,500.	0.			IJAG - STUDENT JOB TRAINING PROGRAM
IOWA LEGAL AID 1111 9TH ST STE. 230 DES MOINES, IA 50314-2517	42-1079227	501(C)(3)	216,000.	0.			IOWA LEGAL AID CIVIL LEGAL ASSISTANCE, EVICTION SUPPORT, EXPUNGEMENT AND EMPLOYMENT
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD AMES, IA 50010-2230	42-1143702	501(C)(3)	110,000.	0.			SCIENCE BOUND: STEM EDUCATION
ISISERETTES 1432 21ST ST. DES MOINES, IA 50311-3210	42-1495759	501(C)(3)	32,000.	0.			ISISERETTES DRILL & DRUM CORPS AND COVID 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.)

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JOHNSTON PARTNERSHIP FOR A HEALTHY PO BOX 975 JOHNSTON, IA 50131	02-0576603	501(C)(3)	28,000.	0.			JOHNSTON YOUTH MENTORING PROGRAM AND COVID SUPPORT
LATINAS LATINOS AL EXITO INC PO BOX 93531 DES MOINES, IA 50393	27-0933503	501(C)(3)	60,000.	0.			AL EXITO DES MOINES & PERRY, MOVIMIENTO, HOME MENTORSHIP PROGRAM
LINK ASSOCIATES 1452 29TH ST WEST DES MOINES, IA 50266	42-0815363	501(C)(3)	62,327.	0.			LEISURE SERVICES FOR CLIENTS WITH DISABILITIES AND COVID SUPPORT
LUTHERAN SERVICES IN IOWA 3125 COTTAGE GROVE AVENUE DES MOINES, IA 50311	42-0698267	501(C)(3)	434,000.	0.			PARENTING INITIATIVE, REFUGEE CHILDCARE PROVIDERS, REFUGEE ELL & CAREER, GLOBAL GREENS,
NATIONAL ALLIANCE ON MENTAL ILLNESS OF GREATER DES MOINES - 511 EAST SIXTH STREET, STE. B - DES MOINES, IA 50309	42-1333379	501(C)(3)	45,000.	0.			EDUCATION, OUTREACH AND COVID SUPPORT
NEW OPPORTUNITIES, INC 23751 HWY 30 CARROLL, IA 51401	42-0923412	501(C)(3)	25,000.	0.			DALLAS COUNTY FAMILY DEVELOPMENT CENTER, FOUR CORNERSTONES FINANCIAL EDUCATION, AND COVID
OAKRIDGE NEIGHBORHOOD SERVICES 1401 CENTER ST DES MOINES, IA 50314	42-1311721	501(C)(3)	634,806.	0.			QUALITY EARLY LEARNING, FAMILY DEVELOPMENT, ADULT & FAMILY RESOURCES, SCHOLARSHIPS, HOPE FOR
ONE IOWA 950 OFFICE PARK ROAD, SUITE 240 WEST DES MOINES, IA 50265	72-1613927	501(C)(3)	47,595.	0.			REDUCING SOCIAL ISOLATION FOR LGBTQ IOWANS AND LGBTQ INCLUSIVITY TRAINING
ORCHARD PLACE 2116 GRAND AVE DES MOINES, IA 50312	42-1463736	501(C)(3)	903,960.	0.			DIRECT CLINICAL SERVICES, PACE, SCHOOL BASED MENTAL HEALTH TRAINING, REACH FOR THE STARS, CHILDREN'S

Schedule I (Form 990)

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

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PERRY CHILD DEVELOPMENT CENTER 920 18TH ST PERRY, IA 50220	20-0546512	501(C)(3)	46,352.	0.			QUALITY EARLY LEARNING SCHOLARSHIPS AND COVID SUPPORT
PERRY COMMUNITY SCHOOL DISTRICT 1102 WILLIS AVE STE 2020 PERRY, IA 50220	42-6021533	GOVERNMENT	25,000.	0.			PACES AND COVID SUPPORT
PLEASE PASS THE LOVE PO BOX 66024 WEST DES MOINES, IA 50265	46-4492345	501(C)(3)	50,000.	0.			SCHOOL-BASED MENTAL HEALTH OUTREACH
PRIMARY HEALTH CARE 9943 HICKMAN RD STE105 URBANDALE, IA 50322	42-1350092	501(C)(3)	75,000.	0.			HEALTH CLINIC AT SCAVO, OUTREACH AND CASE MANAGEMENT, CENTRALIZED INTAKE, AND COVID SUPPORT
PROJECT IOWA 1420 MULBERRY DES MOINES, IA 50309	80-0731028	501(C)(3)	121,000.	0.			PROJECT IOWA PROGRAMMING, OPEN DOORS PLANNING, PURPOSE PROGRAM, AND COVID SUPPORT
PURSUIT OF INNOVATION 4300 BEAVER AVE DES MOINES, IA 50310	47-1895137	501(C)(3)	37,500.	0.			PI 515 - SOFTWARE CODING PROGRAM AND COVID SUPPORT
SHORT YEARS PARTNERSHIP 515 N JEFFERSON WAY, SUITE F INDIANOLA, IA 50125	20-8621440	501(C)(3)	32,000.	0.			PARENT/GUARDIAN EDUCATION PROGRAMMING
THE DIRECTORS COUNCIL PO BOX 264 DES MOINES, IA 50301	42-1524040	501(C)(3)	50,000.	0.			ONE ECONOMY - FINANCIAL OPPORTUNITY RESEARCH AND EDUCATION
THE HELPING HAND PO BOX 45 INDIANOLA, IA 50125	42-1187262	501(C)(3)	15,000.	0.			FOOD PANTRY AND COVID SUPPORT

Schedule I (Form 990)

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U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS INC - 1200 UNIVERSITY AVE, STE 205 - DES MOINES, IA 50314	13-1878704	501(C)(3)	70,000.	0.			REFUGEE MENTAL HEALTH PROGRAM
URBAN DREAMS 601 FOREST AVENUE DES MOINES, IA 50314-2828	42-1225264	501(C)(3)	80,000.	0.			COMMUNITY ENGAGEMENT/CONNECTIVITY INITIATIVE, POCKET PARK, AND COVID SUPPORT.
WELIFT 106 EAST 2ND AVE INDIANOLA, IA 50125	46-5357566	501(C)(3)	72,000.	0.			WORKFORCE PROGRAM
WESLEY COMMUNITY SERVICES INC 5508 NW 88TH STREET JOHNSTON, IA 50131-3005	20-3970256	501(C)(3)	194,738.	0.			WESLEY MEALS ON WHEELS, HOME CARE AIDE, AND COVID SUPPORT
WEST DES MOINES COMMUNITY SCHOOLS 3550 GEORGE MILLS CIVIC PARKWAY WEST DES MOINES, IA 50265	42-6004027	GOVERNMENT	10,000.	0.			CRESTVIEW SUMMER SCHOLARS
WILLKIE HOUSE 900 17TH ST. DES MOINES, IA 50314-1187	42-0680433	501(C)(3)	222,000.	0.			AFTER-SCHOOL PROGRAM, SUMMER DAY CAMP, AND COVID SUPPORT
WONDER YEARS CHILDCARE 3838 ML KING JR PARKWAY DES MOINES, IA 50310	26-3984058	501(C)(3)	27,200.	0.			QUALITY EARLY LEARNING CENTER, SCHOLARSHIPS
YMCA OF GREATER DES MOINES 501 GRAND AVE DES MOINES, IA 50309	42-0680438	501(C)(3)	349,001.	0.			AFTER SCHOOL PROGRAM, YMCA SUPPORTIVE HOUSING, SUMMER LEARNING LOSS PREVENTION PROGRAM,
YOUNG WOMENS RESOURCE CENTER 818 5TH AVE DES MOINES, IA 50309-1307	51-0186073	501(C)(3)	385,000.	0.			COUNSELING AND THERAPEUTIC PROGRAM, WOMEN'S EMPOWERMENT PROGRAM, CHILDBIRTH

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
YOUTH LAW CENTER 300 WALNUT ST. STE. 295 DES MOINES, IA 50309-4026	42-1085654	501(C)(3)	325,000.	0.			MULTI-DISCIPLINARY LEGAL REPRESENTATION
YOUTH POLICY INSTITUTE OF IOWA 6200 AURORA AVE STE 206E DES MOINES, IA 50322	42-1509945	501(C)(3)	25,000.	0.			OPPORTUNITY PASSPORT - FINANCIAL EDUCATION
IOWA MIGRANT MOVEMENT FOR JUSTICE 2024 FOREST AVENUE DES MOINES, IA 50311	85-0869579	501(C)(3)	15,000.	0.			POLK COUNTY DIRECT SERVICE AND LEADERSHIP DEVELOPMENT PROJECT
IOWA SAFE SCHOOLS 600 EAST COURT AVE STE 160 DES MOINES, IA 50309	73-1710056	501(C)(3)	30,000.	0.			THE IOWA GSA NETWORK
JEWELS ACADEMY 1620 PLEASANT ST STE 216 DES MOINES, IA 50314	46-0783293	501(C)(3)	7,500.	0.			PROJECT EMERALD: STEM PROGRAMMING FOR GIRLS
KNOCK AND DROP IOWA 1000 E 14TH STREET DES MOINES, IA 50316	85-0633938	501(C)(3)	32,001.	0.			CULTURALLY SPECIFIC FOOD INSECURITY
LATINAS UNIDAS POR UN NUEVO AMANECER - 100 E EUCLID STE 153 - DES MOINES, IA 50313	01-0552793	501(C)(3)	21,944.	0.			L.U.N.A.'S "TU SALUD MENTAL ES VITAL" PROGRAM (YOUR MENTAL HEALTH IS VITAL)
LATINK IMMIGRANTS OF IOWA 1317 E 14TH STREET DES MOINES, IA 50316	61-1954499	501(C)(3)	15,000.	0.			CIVIC CLINIC
MARY'S HELPING HANDS 4721 BROOKVIEW DRIVE WEST DES MOINES, IA 50265	87-1813297	501(C)(3)	10,000.	0.			MARY'S HELPING HANDS

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
MONSOON ASIANS & PACIFIC ISLANDERS IN SOLIDARITY - 4944 FRANKLIN AVE SUITE B - DES MOINES, IA 50310	35-2297207	501(C)(3)	30,000.	0.			MONSOON COMMUNITY HEALING SPACE & GARDEN PROGRAM
PREVENT CHILD ABUSE IOWA 501 SW 7TH ST. SUITE G DES MOINES, IA 50309	42-1117292	501(C)(3)	18,000.	0.			CONNECTIONS MATTER
PROTEUS INC 1221 CENTER STREET STE 16 DES MOINES, IA 50309-1014	42-1186501	501(C)(3)	30,000.	0.			HEALTHCARE DELIVERY IN MEAT PROCESSING FACILITIES
SARGE'S WESTSIDE BOXING INC 2214 FOREST AVENUE DES MOINES, IA 50311	84-2670215	501(C)(3)	20,000.	0.			SARGE'S WESTSIDE BOXING FOR SUCCESS
SIXTY BORN ASSOCIATION IN THE AMERICAS INC - 2728 COLLEGE AVE - DES MOINES, IA 50311	82-3427032	501(C)(3)	12,263.	0.			SIXTY BORN FAMILY SUPPORT NETWORK
ST. VINCENT DEPAUL SOCIETY 1432 6TH AVE. DES MOINES, IA 50314	42-6021808	501(C)(3)	30,000.	0.			BACK2WORK WORKFORCE DEVELOPMENT PROGRAM
STARTS RIGHT HERE 455 SW 5TH STREET SUITE A DES MOINES, IA 50309	82-4187830	501(C)(3)	21,000.	0.			WRAP-AROUND SUPPORTS FOR AT-RISK STUDENTS
THE SUPPLY HIVE 440 E MARION STREET DES MOINES, IA 50309	85-1650570	501(C)(3)	20,000.	0.			FOOD RESCUE
WAUKEE AREA CHRISTIAN SERVICES 1155 SE BOONE ST WAUKEE, IA 50263	20-3107170	501(C)(3)	25,000.	0.			DALLAS COUNTY FRESH PRODUCE STUDENT WEEKEND SNACK PACK PROGRAM

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
WAUKEE COMMUNITY SCHOOLS FOUNDATION - 560 SE UNIVERSITY AVE - WAUKEE, IA 50263	42-1461516	GOVERNMENT	10,000.	0.			YOUTH EMPLOYMENT PROGRAM

**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
LEGAL ASSESSMENT & FEES	40	14,644.	0.		
TUITION, FEES, & SUPPLIES	185	356,477.	0.		
WAGES & STIPENDS	58	7,365.	0.		
SUPPORTIVE SERVICES	100	25,852.	0.		
RETIRED SENIOR VOLUNTEER PROGRAM - TRAVEL	75	16,446.	0.		

**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:

EACH AGENCY THAT RECEIVES A GRANT FROM THE ORGANIZATION IS REQUIRED TO  
SUBMIT FINANCIAL INFORMATION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BOYS AND GIRLS CLUB OF CENTRAL IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: BGCCI YOUTH DEVELOPMENT PROGRAMS,  
MCCOMBS EXTENSION CLUB, HIATT PROGRAMMING, AND COVID SUPPORT



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CAPITOL PARK EARLY LEARNING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: QUALITY EARLY LEARNING CENTER,  
SCHOLARSHIPS, CAP PARK EC QUALITY ASSURANCE COORD, CAP PARK SHARED  
SERVICES, QUALITY RATING SYSTEMS

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: CATHOLIC CHARITIES COUNSELING  
PROGRAM, REFUGEE SERVICES PROGRAM, ST. JOSEPH'S EMERGENCY FAMILY SHELTER

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL IOWA SHELTER & SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: CISS COMMUNITY KITCHEN, JOB TRAINING  
PROGRAM, PATHWAYS TO PERMANENT HOUSING & SELF-SUFFICIENCY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN AND FAMILIES OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: COUNSELING SERVICES, QUALITY EARLY  
LEARNING CENTER & THERAPEUTIC SUPPORT, DOMESTIC VIOLENCE SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: DMACC ANKENY

(H) PURPOSE OF GRANT OR ASSISTANCE: ADULT BASIC EDUCATION AND TRAINING ,  
MANUP IOWA MENTORING, EVELYN K. DAVIS CENTER FOR WORKING FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: EVERYSTEP

(H) PURPOSE OF GRANT OR ASSISTANCE: 5-2-1-0 LET'S GO, COMMUNITY HOME  
VISITING, CHILD CARE NURSE CONSULTANTS, , DEVELOPMENTAL SCREENINGS,  
HEALTH EQUITY PRENATAL SUPPORT, NURSE FAMILY PARTNERSHIP

NAME OF ORGANIZATION OR GOVERNMENT: IOWA LEGAL AID

(H) PURPOSE OF GRANT OR ASSISTANCE: IOWA LEGAL AID CIVIL LEGAL

**Part IV** Supplemental Information

ASSISTANCE, EVICTION SUPPORT, EXPUNGEMENT AND EMPLOYMENT BARRIER CLINICS

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERAN SERVICES IN IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: PARENTING INITIATIVE, REFUGEE  
CHILDCARE PROVIDERS, REFUGEE ELL & CAREER, GLOBAL GREENS, REFUGEE ELDER  
SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: NEW OPPORTUNITIES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: DALLAS COUNTY FAMILY DEVELOPMENT  
CENTER, FOUR CORNERSTONES FINANCIAL EDUCATION, AND COVID SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: OAKRIDGE NEIGHBORHOOD SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: QUALITY EARLY LEARNING, FAMILY  
DEVELOPMENT, ADULT & FAMILY RESOURCES, SCHOLARSHIPS, HOPE FOR STABLE  
FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: ORCHARD PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: DIRECT CLINICAL SERVICES, PACE,  
SCHOOL BASED MENTAL HEALTH TRAINING, REACH FOR THE STARS, CHILDREN'S  
MOBILE CRISIS, AND COVID SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF GREATER DES MOINES

(H) PURPOSE OF GRANT OR ASSISTANCE: AFTER SCHOOL PROGRAM, YMCA  
SUPPORTIVE HOUSING, SUMMER LEARNING LOSS PREVENTION PROGRAM, Y-ACHIEVERS

NAME OF ORGANIZATION OR GOVERNMENT: YOUNG WOMENS RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: COUNSELING AND THERAPEUTIC PROGRAM,  
WOMEN'S EMPOWERMENT PROGRAM, CHILDBIRTH EDUCATION & DOULA PROGRAM,

**Part IV** Supplemental Information

PARENTING AND LIFE SKILLS PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH AND SHELTER SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: IOWA HOMELESS YOUTH CENTERS PROGRAMS, TEENS AGAINST HUMAN TRAFFICKING, AND COVID SUPPORT

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization **UNITED WAY OF CENTRAL IOWA** Employer identification number **42-0680425**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2021

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

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

**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) SARAH ROY	(i)	214,112.	0.	0.	8,678.	5,315.	228,105.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANDY TEBOCKHORST	(i)	154,988.	0.	0.	5,476.	763.	161,227.	0.
CHIEF STRATEGIC COMMUNICAT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MELANIE CAMPBELL	(i)	142,511.	0.	0.	6,134.	9,701.	158,346.	0.
CHIEF DONOR ENGAGEMENT OFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RENEE MILLER	(i)	153,822.	0.	0.	0.	758.	154,580.	0.
CHIEF COMMUNITY IMPACT OFF	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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.

Name of the organization **UNITED WAY OF CENTRAL IOWA** Employer identification number **42-0680425**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) 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	X	41	304,154.	FMV DONATED SECURITI
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 ( )				
26 Other ( )				
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**

- 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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- 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? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- 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) 2021

**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.

Multiple horizontal lines for supplemental information.



**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.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF CENTRAL IOWA

Employer identification number

42-0680425

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

EARLY CHILDHOOD SUCCESS: OUR YOUNGEST CENTRAL IOWANS NEED NOT ONLY

ACCESS TO CHILDCARE, BUT ACCESS TO SAFE, RELIABLE AND AFFORDABLE

CHILDCARE TO BE HEALTHY AND READY TO LEARN. CHILDCARE IS TYPICALLY THE

#1 EXPENSE OF A CENTRAL IOWA FAMILY'S BUDGET, COSTING MORE THAN A

MORTGAGE OR COLLEGE TUITION. UNITED WAY SUCCESSFULLY ADVOCATED FOR

POLICY CHANGES TO ALLOW MORE FAMILIES TO REMAIN ON THE STATE'S CHILD

CARE ASSISTANCE PROGRAM, REDUCING THE COST OF QUALITY CARE AND KEEPING

PARENTS IN THE WORKFORCE.

ESSENTIAL NEEDS: CENTRAL IOWANS NEED NOT ONLY TO MEET THEIR MOST BASIC

NEEDS OF FOOD AND SHELTER, BUT ACCESS TO QUALITY NUTRITIOUS FOOD, AND A

SAFE PLACE TO CALL HOME. 3.24 MILLION POUNDS OF FOOD WAS DISTRIBUTED BY

PROGRAMS FUNDED BY UNITED WAY, FEEDING 52,582 CENTRAL IOWANS; AND

UNITED WAY SUCCESSFULLY ADVOCATED FOR PASSAGE OF A BILL EXEMPTING

HUNGER-FIGHTING ORGANIZATIONS FROM STATE SALES TAXES. NOW IOWA'S FOOD

BANKS AND PANTRIES CAN PURCHASE UP TO AN ADDITIONAL ONE MILLION POUNDS

OF FOOD TO SERVE IOWANS EXPERIENCING HUNGER.

UNITED WAY COMMUNITY IMPACT SERVICES: UNITED WAY FUNDS 2-1-1, A

TELEPHONE HELPLINE, PROVIDING INFORMATION AND REFERRALS FOR PEOPLE

NEEDING HUMAN SERVICES. THE VOLUNTEER ENGAGEMENT PROGRAM MOBILIZES

VOLUNTEERS TO FOSTER A THRIVING COMMUNITY. COMMUNITY IMPACT SERVICES

STAFF RESEARCH COMMUNITY CONDITIONS AND MEASURES PROGRESS OF UNITED WAY

INVESTMENTS. COMMUNITY IMPACT SERVICES ALSO OVERSEES A VOLUNTEER,

CITIZEN-LED ACCOUNTABILITY PROCESS OF UNITED WAY-SUPPORTED PROGRAMS IN

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

Schedule O (Form 990) 2021

Name of the organization UNITED WAY OF CENTRAL IOWA	Employer identification number 42-0680425
--	--

PARTNER ORGANIZATIONS. \$5,080,598 OF DONOR DESIGNATIONS ARE INCLUDED IN THE TOTAL EXPENSES.

EXPENSES \$ 13,206,149. INCL GRANTS OF \$ 8,486,277. REVENUE \$ 255,832.

FORM 990, PART VI, SECTION A, LINE 2:

D. COFFIN & A. DELANEY HAVE A BUSINESS RELATIONSHIP.

M. ABBOTT & T. MCCULLOH HAVE A FAMILY RELATIONSHIP.

J. GONG-BROWNE, C. PENNYCOOKE, & R. SCHAAF HAVE A BUSINESS RELATIONSHIP.

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

THE APPROVAL OF FORM 990 IS DELEGATED BY THE EXECUTIVE COMMITTEE TO THE FINANCE/AUDIT COMMITTEE OF UNITED WAY. THE FINANCE/AUDIT COMMITTEE, WITH THE TAX PREPARERS, REVIEWS AND APPROVES THE FORM 990 ON BEHALF OF THE BOARD. UPON COMMITTEE APPROVAL AND PRIOR TO FILING, THE FORM 990 IS DELIVERED TO THE FULL BOARD.

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

THE CONFLICT OF INTEREST POLICY IS INCLUDED IN THE ORGANIZATION'S CODE OF ETHICS AND BOARD MEMBERS, OFFICERS, AND STAFF ARE REQUIRED TO AFFIRM COMPLIANCE ANNUALLY. THIS PROCESS IS MANAGED BY THE CEO AND / OR COO OF UNITED WAY AND REPORTS ARE MADE TO AN OFFICER OF THE BOARD OF DIRECTORS.

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

CEO AND OFFICER COMPENSATION IS APPROVED BY THE EXECUTIVE COMMITTEE AND PRESENTED TO THE BOARD OF DIRECTORS, UPON REVIEW OF INDEPENDENT MARKET DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS. COMPENSATION DECISIONS ARE DOCUMENTED IN THE ORGANIZATION'S BOOKS AND RECORDS. COMPENSATION REVIEW IS CONDUCTED BY THE

Name of the organization UNITED WAY OF CENTRAL IOWA	Employer identification number 42-0680425
--	--

BOARD ANNUALLY.

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

GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE UNITED WAY OF CENTRAL IOWA'S WEBSITE.

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

CHANGE IN VALUE OF BENEFICIAL INTEREST IN COMMUNITY FOUNDATION	-2,245,865.
--	-------------

TOTAL TO FORM 990, PART XI, LINE 9

THE ORGANIZATION'S FINANCE/AUDIT COMMITTEE HAS PRIMARY RESPONSIBILITY FOR THE AUDIT REVIEW AND SELECTION OF THE INDEPENDENT ACCOUNTANT. THE FINANCE/AUDIT AND EXECUTIVE COMMITTEES, ALONG WITH THE BOARD OF DIRECTORS, MEET TO REVIEW AND DISCUSS THE INDEPENDENT AUDITOR'S REPORT WITH THE AUDITORS. THE REPORT IS APPROVED AT THE BOARD MEETING BEFORE ISSUANCE.