

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)

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

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

Form header section containing organization name (UNITED WAY OF CENTRAL IOWA), EIN (42-0680425), address (1111 - 9TH STREET, SUITE 100, DES MOINES, IA 50314-2500), and principal officer (MARY SELLERS).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

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.

Signature block section with fields for officer signature (ANNE-LYSE BADOU-JAMES), preparer name (BRIAN ARONSON), and firm information (CREATIVE PLANNING TAX, LLC).

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 \$ 3,665,648. including grants of \$ 3,665,648. ) (Revenue \$ ) ECONOMIC OPPORTUNITY: ECONOMIC OPPORTUNITY GOES BEYOND SIMPLY EARNING A PAYCHECK; IT INVOLVES SECURING A LIVABLE WAGE AND BUILDING WEALTH TO BREAK THE CYCLE OF POVERTY FOR FUTURE GENERATIONS.

4b (Code: ) (Expenses \$ 3,413,854. including grants of \$ 3,413,854. ) (Revenue \$ ) EDUCATION SUCCESS: ACADEMIC ACHIEVEMENT IS FOUNDATIONAL TO FUTURE SUCCESS. UWCI COLLABORATES WITH LOCAL SCHOOL DISTRICTS AND COMMUNITY PARTNERS TO IMPROVE STUDENT OUTCOMES, PARTICULARLY FOR VULNERABLE YOUTH.

4c (Code: ) (Expenses \$ 2,781,178. including grants of \$ 2,781,178. ) (Revenue \$ ) HEALTH & WELL-BEING: ACCESS TO QUALITY HEALTHCARE, INCLUDING PHYSICAL, MENTAL, AND DENTAL SERVICES, SIGNIFICANTLY IMPACTS OVERALL WELL-BEING. UWCI SUPPORTS PROGRAMS ADDRESSING THESE NEEDS, SERVING NEARLY 29,000 INDIVIDUALS THROUGH FUNDED MENTAL HEALTH, MEDICAL, AND DENTAL PROVIDERS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 12,062,441. including grants of \$ 7,984,525. ) (Revenue \$ 5,583.)

4e Total program service expenses 21,923,121.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 12. 'X' marks indicate 'Yes' responses for questions 1, 2, 4, 10, 11a, 11d, 11e, 12a, 13, 14a, 14b, 15, 16, 17, 18, 19, 20a, and 21.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

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

Table with 3 columns: Question, Yes, No. Rows include questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, annual gross receipts, and various organizational activities.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (36), 1b (36), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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 ANNE-LYSE BADOU-JAMES, CFO - (515) 246-6500

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

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

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

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

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

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

(A) 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) MARY SELLERS PRESIDENT/CORP. SECRETARY	40.00			X			262,917.	0.	17,099.	
(2) NAOMI SEA YOUNG WITTSTRUCK CHIEF EQUITY AND TALENT OFFICER	40.00				X		170,958.	0.	6,125.	
(3) SUSAN KLOEWER CHIEF ADVANCEMENT OFFICER	40.00				X		164,264.	0.	6,095.	
(4) ADAM WILDMAN IT DIRECTOR	40.00				X		141,610.	0.	6,364.	
(5) RENEE MILLER CHIEF COMMUNITY IMPACT OFF	40.00				X		113,919.	0.	583.	
(6) KATE BENNETT COMMUNITY IMPACT AND INTEG	40.00				X		110,496.	0.	1,868.	
(7) ANNE-LYSE BADOU-JAMES CHIEF FINANCE OFFICER	40.00			X			100,334.	0.	3,149.	
(8) MARIA VOLANTE BOARD CHAIR	1.00	X		X			0.	0.	0.	
(9) MONICA FRIEDMAN BOARD CHAIR-ELECT	1.00	X		X			0.	0.	0.	
(10) CHRIS TERHARK TREASURER/VICE-CHAIR FINAN	1.00	X		X			0.	0.	0.	
(11) JANELL PITTMAN VICE CHAIR - ESSENTIAL NEE	1.00	X					0.	0.	0.	
(12) JACQUIE EASLEY MCGHEE VICE CHAIR - EARLY CHILDHOOD SUCCESS	1.00	X					0.	0.	0.	
(13) COLIN PENNYCOOKE VICE CHAIR - EDUCATION SUC	1.00	X					0.	0.	0.	
(14) MICHAEL ABBOTT VICE CHAIR - ECONOMIC OPPO	1.00	X					0.	0.	0.	
(15) SUZANNE HECKENLAIBLE VICE CHAIR - HEALTH & WELL	1.00	X					0.	0.	0.	
(16) EMILY ABBAS VICE CHAIR - STRATEGIC COM	1.00	X					0.	0.	0.	
(17) STEVE LACY VICE CHAIR - GIVE	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 - ADVOCACY	1.00	X						0.	0.	0.
(19) JEREMY STAUN VICE CHAIR - VOLUNTEER ENG	1.00	X						0.	0.	0.
(20) PETE HIRD DIRECTOR AT LARGE - LABOR	1.00	X						0.	0.	0.
(21) SEAN VICENTE PRIOR CHAIR	1.00	X						0.	0.	0.
(22) KRISTI BURMA DIRECTOR	1.00	X						0.	0.	0.
(23) ERICA JENSEN DIRECTOR	1.00	X						0.	0.	0.
(24) JOHN CURRIER DIRECTOR	1.00	X						0.	0.	0.
(25) DR. HAYLEY HARVEY DIRECTOR	1.00	X						0.	0.	0.
(26) PASTOR JONATHAN WHITFIELD DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,064,498.	0.	41,283.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,064,498.	0.	41,283.

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 9

	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 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>	1,463,226.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	22,030,843.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 961,066.				
	<b>h Total.</b> Add lines 1a-1f .....			23,494,069.			
Program Service Revenue	<b>2 a</b> SERVICE FEES	Business Code					
		812900	424,299.	424,299.			
	<b>b</b> OTHER REVENUE	561499	101,600.	101,600.			
	<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 .....			525,899.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		519,084.			519,084.	
	<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				
			(ii) Personal				
			447,050.				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	967,366.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	-520,316.				
	<b>d</b> Net rental income or (loss) .....			-520,316.	-520,316.		
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
			4,720,000.				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	4,724,828.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-4,828.				
	<b>d</b> Net gain or (loss) .....			-4,828.		-4,828.	
<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>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	Business Code					
	<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 .....			24,013,908.	5,583.	0.	514,256.	

**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 ...	17,315,936.	17,315,936.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	529,269.	529,269.		
<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 .....	488,613.	127,667.	317,240.	43,706.
<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 .....	4,116,323.	2,095,995.	1,057,051.	963,277.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	96,458.	49,371.	24,093.	22,994.
<b>9</b> Other employee benefits .....	256,707.	130,253.	65,507.	60,947.
<b>10</b> Payroll taxes .....	323,015.	159,679.	89,225.	74,111.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	11,478.		11,478.	
<b>c</b> Accounting .....	106,300.		106,300.	
<b>d</b> Lobbying .....	35,930.	35,930.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	13,457.		13,457.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	930,644.	823,327.	103,238.	4,079.
<b>12</b> Advertising and promotion .....	177,227.	56,748.	33,100.	87,379.
<b>13</b> Office expenses .....				
<b>14</b> Information technology .....	379,723.	211,913.	119,279.	48,531.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	50,950.	27,024.	19,421.	4,505.
<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 .....	194,724.	95,836.	48,149.	50,739.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....	264,518.	101,738.	61,042.	101,738.
<b>22</b> Depreciation, depletion, and amortization .....	65,895.	33,059.	20,157.	12,679.
<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>	150,094.	99,413.	33,413.	17,268.
<b>b</b> <u>ORGANIZATION DUES</u>	41,740.	29,963.	6,652.	5,125.
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	25,549,001.	21,923,121.	2,128,802.	1,497,078.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	44,654.	<b>1</b>	134,534.
	<b>2</b> Savings and temporary cash investments .....	8,108,548.	<b>2</b>	10,616,201.
	<b>3</b> Pledges and grants receivable, net .....	9,465,765.	<b>3</b>	6,035,699.
	<b>4</b> Accounts receivable, net .....	54,460.	<b>4</b>	92,749.
	<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 .....	202,101.	<b>9</b>	143,274.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,958,017.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 8,047,005.	2,150,290.	<b>10c</b> 1,911,012.
	<b>11</b> Investments - publicly traded securities .....	4,228,536.	<b>11</b>	3,236,929.
	<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 .....	14,311,522.	<b>15</b>	15,367,652.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	38,565,876.	<b>16</b>	37,538,050.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,223,856.	<b>17</b>	1,054,821.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	454,040.	<b>19</b>	255,393.
	<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 .....	1,653,140.	<b>25</b>	1,449,757.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,331,036.	<b>26</b>	2,759,971.
<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 .....	23,530,553.	<b>27</b>	23,220,123.
	<b>28</b> Net assets with donor restrictions .....	11,704,287.	<b>28</b>	11,557,956.
	<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 .....	35,234,840.	<b>32</b>	34,778,079.
	<b>33</b> Total liabilities and net assets/fund balances .....	38,565,876.	<b>33</b>	37,538,050.

**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	24,013,908.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,549,001.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,535,093.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35,234,840.
5	Net unrealized gains (losses) on investments	5	36,077.
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	1,042,255.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	34,778,079.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2024)



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	29551114.	26117812.	27295716.	25204300.	23494069.	131663011
<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 .....	29551114.	26117812.	27295716.	25204300.	23494069.	131663011
<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) .....						4884097.
<b>6 Public support.</b> Subtract line 5 from line 4.						126778914

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	29551114.	26117812.	27295716.	25204300.	23494069.	131663011
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	842,986.	796,546.	954,236.	1016990.	966,134.	4576892.
<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.) .....						
<b>11 Total support.</b> Add lines 7 through 10						136239903
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,671,141.
<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 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	93.06	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	90.86	%
<b>16a 33 1/3% support test - 2024.</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 - 2023.</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 - 2024.</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 - 2023.</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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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; 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.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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.

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 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 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 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

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)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

**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.)

Lined area for supplemental information.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

Public Inspection

OMB No. 1545-0047

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

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

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	 <hr/> <hr/> <hr/>	\$ 580,069.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 534,297.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 745,832.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 1,457,598.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 559,801.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 500,754.	Person <input checked="" type="checkbox"/> Payroll Noncash (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>
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**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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

Public Inspection
OMB No. 1545-0047
2024
Open to Public Inspection

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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 I-B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 UNITED WAY OF CENTRAL IOWA
Employer identification number (EIN) 42-0680425

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 EINs 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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2024

**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.

Limits on Lobbying Expenditures (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)	35,930.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	35,930.													
<b>d</b>	Other exempt purpose expenditures	21,887,191.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	21,923,121.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN 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:	THEN 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:	THEN 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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(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	36,412.	40,455.	62,664.	35,930.	175,461.
<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					

Schedule C (Form 990) 2024

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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and taxable amount.

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.

Blank lines for providing supplemental information.

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

(Rev. December 2024)

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

Public Inspection

OMB No. 1545-0047

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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? .....

Yes     No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes     No

9 In Part XIII, describe how the organization reports conservation 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.

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.

b 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 .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25



**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, line 12, col. (B))		

**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, line 13, col. (B))		

**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) <b>BENEFICIAL INTEREST IN COMMUNITY FOUNDATION FUND</b>	15,367,652.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	15,367,652.

**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) <b>COMMUNITY INVESTMENTS AND DONOR CHOICE</b>	1,449,757.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,449,757.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 24,013,908.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 25,549,001.

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 1,042,255.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR CHOICE DESIG. RECOGNIZED AS A REDUCTION OF GROSS REV. ON FIN. STMTS. 4,279,693.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR CHOICE DESIG. RECOGNIZED AS A REDUCTION OF GROSS REV. ON FIN. STMTS. 4,279,693.



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

Public Inspection

OMB No. 1545-0047

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AFRICAN IMMIGRANTS AND REFUGEES TRANSITION SERVICES - 3125 DOUGLAS AVENUE - DES MOINES, IA 50310	82-3189422	501(C)(3)	24,504.	0.			EARLY CHILDHOOD SUCCESS
AFRICANS IN IOWA FOR EMPOWERMENT 3201 VILLA VISTA DRIVE DES MOINES, IA 50316	47-2280750	501(C)(3)	9,997.	0.			ECONOMIC OPPORTUNITY (EO)
AMOS INSTITUTE OF PUBLIC LIFE 3829 GRAND AVE DES MOINES, IA 50312	90-0730531	501(C)(3)	28,800.	0.			AMOS ORGANIZING FOR MENTAL HEALTH & WELL-BEING
ANKENY COMMUNITY NETWORK PO BOX 182 ANKENY, IA 50021	85-1777779	501(C)(3)	6,997.	0.			COMMUNITY BUILDERS
ART FORCE IOWA PO BOX 1576 DES MOINES, IA 50305	80-0865313	501(C)(3)	94,704.	0.			ARTFORCE IOWA: MIDDLE SCHOOL PROGRAM
ASSOCIATION OF YOUTH DEVELOPMENT AND ENRICHMENT - 1260 6TH AVE #104 - DES MOINES, IA 50317	88-2832226	501(C)(3)	5,004.	0.			A.I.P (AYDE IN SCHOOL PROGRAMS)

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 111.

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

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

Schedule I (Form 990) (Rev. 12-2024)

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
B. WELL FOUNDATION 900 KEO WAY SUITE 108 DES MOINES, IA 50309	85-2167776	501(C)(3)	15,000.	0.			CREATIVE COACHES
BACK 2 SCHOOL IOWA 240 E WALNUT AVE APT 101 DES MOINES, IA 50309	82-4046219	501(C)(3)	13,104.	0.			LADYLIKE SIP AND SHOP INITIATIVE
BIG BROTHERS BIG SISTERS OF CENTRAL IOWA - 2130 GRAND AVE - DES MOINES, IA 50312	42-1184999	501(C)(3)	249,000.	0.			BIG BROTHERS BIG SISTERS OF CENTRAL IOWA MENTORING PROGRAMS
BLACK WOMEN 4 HEALTHY LIVING 1424 SAMPSON ST DES MOINES, IA 50316	85-3493307	501(C)(3)	9,996.	0.			BLACK WOMEN'S HEALTH AND WELL-BEING OUTREACH PROGRAM
BOYS AND GIRLS CLUB OF CENTRAL IOWA - 1421 WALKER STREET - DES MOINES, IA 50316	42-6075138	501(C)(3)	350,352.	0.			AFTERSCHOOL PROGRAMMING FOR ACADEMIC SUCCESS (K-12)
BY DEGREES FOUNDATON PO BOX 41070 DES MOINES, IA 50311	42-1338832	501(C)(3)	90,828.	0.			BY DEGREES K-5 AND 9-12 GRADE PROGRAMING
CAMP FIRE HEART OF IOWA PO BOX 13015 DES MOINES, IA 50310	42-0680459	501(C)(3)	91,584.	0.			SEL & ACADEMIC OUT-OF-SCHOOL TIME PROGRAM FOR K-5
CAN PLAY 5443 BEECHTREE DRIVE WEST DES MOINES, IA 50266	46-1443733	501(C)(3)	58,308.	0.			CAN PLAY COMMUNITY PROGRAMS
CAPITOL PARK EARLY LEARNING CENTER 800 E. 12TH ST. DES MOINES, IA 50316-4304	42-0941187	501(C)(3)	89,930.	0.			CAPITOL PARK EARLY LEARNING CENTER

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	12,179.	0.			CARLISLE SUMMER KICK START CAMP
CATHOLIC CHARITIES 601 GRAND AVE. DES MOINES, IA 50309-2501	42-0680464	501(C)(3)	108,840.	0.			COUNSELING
CHILDREN & FAMILY URBAN MOVEMENT PO BOX 41125 DES MOINES, IA 50311-0125	42-1396833	501(C)(3)	54,732.	0.			CRITICAL CFUM SUPPORTS
CHILDREN AND FAMILIES OF IOWA 1111 UNIVERSITY AVE. DES MOINES, IA 50314-2329	42-0680416	501(C)(3)	547,981.	0.			CFI CHILD DEVELOPMENT CENTER
CHILDSERVE INC 5406 MERLE HAY RD JOHNSTON, IA 50131	42-1157665	501(C)(3)	149,040.	0.			CHILDSERVE OUTPATIENT SERVICES: SOCIAL WORK PROGRAM
CITY OF WEST DES MOINES 250 GEORGE M MILLS CIVIC PKWY WEST DES MOINES, IA 50265	42-6005359	GOVERNMENT	101,628.	0.			WDM YJI
COMMUNITY YOUTH CONCEPTS 1446 MARTIN LUTHER KING JR PKWY DES MOINES, IA 50314	26-2996028	501(C)(3)	31,356.	0.			TEEN OUTREACH PROGRAM
CORINTHIAN BAPTIST COMMUNITY DEVELOPMENT CORPORATION - 814 SCHOOL ST - DES MOINES, IA 50309	81-4187857	501(C)(3)	44,940.	0.			CORINTHIAN C.A.R.E.S. (COMMUNITY ACCESS TO RESOURCES & ESSENTIAL SERVICES)
COURAGEOUS ACCESS 1300 NE 56TH ST UNIT 57422 DES MOINES, IA 50317	86-2524876	501(C)(3)	20,004.	0.			EMPOWERMENT THROUGH THE ARTS / YOUTH HEALTHY RELATIONSHIPS

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
CREATIVE VISIONS 1343 13TH ST DES MOINES, IA 50314	42-1461559	501(C)(3)	15,000.	0.			OUR DAILY BREAD: FOOD PANTRY & ESSENTIALS
DALLAS COUNTY AGRICULTURE EXTENSION - 28061 FAIRGROUND RD - ADEL, IA 50003-4406	42-6021414	GOVERNMENT	65,004.	0.			REACH FOR THE STARS DALLAS & WARREN
DALLAS COUNTY HEALTH DEPARTMENT 25747 N AVE SUITE C ADEL, IA 50003	42-6004172	GOVERNMENT	73,428.	0.			HEALTH NAVIGATION
DENTAL CONNECTIONS 1111 NINTH ST. STE. 190 DES MOINES, IA 50314-2517	42-0680421	501(C)(3)	529,824.	0.			DENTAL CONNECTIONS MAIN CLINIC
DES MOINES AREA RELIGIOUS COUNCIL 1435 MULBERRY STREET DES MOINES, IA 50309-3624	42-0788211	501(C)(3)	144,096.	0.			DMARC FOOD PANTRY NETWORK
DES MOINES INDEPENDENT SCHOOL DISTR - 2100 FLUER DRIVE - DES MOINES, IA 50321	42-6001433	GOVERNMENT	690,030.	0.			COMMUNITY SCHOOLS AND FAMILY SUPPORT SERVICES K-12
DMACC ANKENY 2006 S ANKENY BLVD ANKENY, IA 50023-6446	42-0926354	GOVERNMENT	763,711.	0.			EVELYN K. DAVIS CENTER FOR WORKING FAMILIES
DOROTHY'S HOUSE PO BOX 57672 DES MOINES, IA 50317	47-1202557	501(C)(3)	45,000.	0.			PHYSICAL AND EMOTIONAL RECOVERY FROM TRAFFICKING AND EXPLOITATION
ELLIPSIS INC 981 SE 11TH ST DES MOINES, IA 50309	42-0680429	501(C)(3)	158,100.	0.			SHELTER AND MENTAL HEALTH SERVICES FOR CENTRAL IOWA YOUTH

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
EMBARC 4801 FRANKLIN AVE SUITE 101 DES MOINES, IA 50310	42-6139033	501(C)(3)	98,027.	0.			REFUGEE HEALTH NAVIGATOR
EVERYBODY WINS-IOWA P.O. BOX 691 DES MOINES, IA 50303-0691	81-0618641	501(C)(3)	35,004.	0.			POWER READ
EVERYSTEP 3000 EASTON BLVD DES MOINES, IA 50317	42-0680446	501(C)(3)	612,912.	0.			NURSE FAMILY PARTNERSHIP
FAMILIES FORWARD 3001 GRAND AVE. STE. A DES MOINES, IA 50312-4206	42-1258470	501(C)(3)	157,690.	0.			FF CHILD DEVELOPMENT CENTER
FOCUSS INC 110 SE GRANT STREET SUITE 10 ANKENY, IA 50021	47-5615163	501(C)(3)	9,996.	0.			FOCUSS UP MENTORING
FOREST AVENUE OUTREACH 2015 GRAND AVE STE 102 DES MOINES, IA 50312	46-2131933	501(C)(3)	56,340.	0.			PATHWAY TO BUILDING TRADES
GENESIS INCORPORATED 907 15TH STREET DES MOINES, IA 50314	80-0965193	501(C)(3)	69,852.	0.			EMPOWERING IMMIGRANT AND REFUGEE COMMUNITIES THROUGH DIGITAL SKILLS AND FINANCIAL HEALTH
GIGI'S PLAYHOUSE 6507 UNIVERSITY AVE WINDSOR HEIGHTS, IA 50324	61-1611262	501(C)(3)	7,500.	0.			ONE-ON-ONE LITERACY AND MATH TUTORING PROGRAM
GIRL SCOUTS OF GREATER IOWA 10715 HICKMAN RD. DES MOINES, IA 50322-3798	42-0698218	501(C)(3)	24,996.	0.			GIRL SCOUTS OF GREATER IOWA MISSION OUTREACH.

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
GOODWILL INDUSTRIES 5355 NW 86TH STREET JOHNSTON, IA 50131	42-0764469	501(C)(3)	98,376.	0.			OCCUPATIONAL SKILLS TRAINING PROGRAMMING
GRACE FITNESS 2643 BEAVER AVE NUMBER 171 DES MOINES, IA 50310	83-4304621	501(C)(3)	12,800.	0.			GRACE FITNESS-HEALTH STARTS HERE
GRAND VIEW CHILD DEVELOPMENT CENTER - 3004 E 38TH STREET - DES MOINES, IA 50317-3918	42-1425170	501(C)(3)	62,700.	0.			GRAND VIEW CHILD DEVELOPMENT CENTER
GREATER DES MOINES HABITAT FOR HUMANITY INC - PO BOX 716 - DES MOINES, IA 50303-0716	42-1275330	501(C)(3)	69,924.	0.			GREATER DES MOINES HABITAT FOR HUMANITY MORTGAGE READINESS
HEALTHY BIRTH DAY PO BOX 71093 CLIVE, IA 50325	26-3998964	501(C)(3)	38,796.	0.			BREAKING BARRIERS AND SAVING LIVES WITH TECHNOLOGY
HEART OF TRANSIT 2824 104TH STREET URBANDALE, IA 50322-3813	83-2734221	501(C)(3)	20,004.	0.			DALLAS AND WARREN COUNTY TRANSPORTATION
HISPANIC EDUCATIONAL RESOURCES 828 EAST SCOTT ST DES MOINES, IA 50309-5054	42-1222154	501(C)(3)	119,267.	0.			CONMIGO EARLY EDUCATION CENTER
HOME INC. 1618 SIXTH AVENUE DES MOINES, IA 50314	42-0931497	501(C)(3)	314,368.	0.			HOPE FOR STABLE FAMILIES
HUNGER FREE DALLAS COUNTY 1024 2ND ST PERRY, IA 50220	83-0697596	501(C)(3)	35,004.	0.			POP UP PRODUCE

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
INTERNATIONAL RESCUE COMMITTEE 1111 9TH STREET, SUITE 226 DES MOINES, IA 50314	13-5660870	501(C)(3)	15,000.	0.			IRC IOWA'S CONTINUED HOUSING ADVOCACY AND EDUCATION PROJECT
INVESTING IN MY FUTURE PO BOX 652 DES MOINES, IA 50303	27-3864691	501(C)(3)	18,996.	0.			MAKING COLLEGE A REALITY
IOWA ACES 360 501 SW 7TH ST, SUITE G DES MOINES, IA 50309	84-3720619	501(C)(3)	83,136.	0.			ACES 360 ADVOCACY AND EDUCATION
IOWA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN - 4400 WESTOWN PARKWAY STE 360 - WEST DES MOINES, IA 50266	42-1135283	501(C)(3)	400,957.	0.			EARLY CHILDHOOD QUALITY IMPROVEMENT PROJECT (ECQUIP)
IOWA CENTER FOR CHILDREN'S JUSTICE 501 SW 7TH STREET, SUITE G DES MOINES, IA 50309	85-0809774	501(C)(3)	14,448.	0.			LEGAL REPRESENTATION FOR CHILDREN
IOWA CENTER FOR ECONOMIC SUCCESS 2210 GRAND AVE STE 1 DES MOINES, IA 50312	20-1037604	501(C)(3)	66,097.	0.			IOWA CENTER - VOLUNTEER INCOME TAX ASSISTANCE PROGRAM (VITA)
IOWA COMMUNITY CAPITAL 915 8TH STREET, SUITE 205 BOONE, IA 50036	42-1502371	501(C)(3)	71,436.	0.			SOLIDARITY MICROFINANCE PROGRAM
IOWA CONGOLESE ORGANIZATION AND CENTER FOR HEALING - 4300 BEAVER AVENUE - DES MOINES, IA 50310	82-4386292	501(C)(3)	136,488.	0.			EARLY CHILDHOOD SUCCESS - ICOACH BIRTH TO FIVE PROGRAM
IOWA HEALTHIEST STATE INITIATIVE 301 GRAND AVE DES MOINES, IA 50309	45-4570642	501(C)(3)	43,200.	0.			IOWA DOUBLE UP FOOD BUCKS

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
IOWA HOMELESS YOUTH CENTER 612 LOCUST STREET DES MOINES, IA 50309	42-1051609	501(C)(3)	157,152.	0.			IHYC EMERGENCY HOUSING PROGRAM
IOWA JAG INC 1111 9TH STREET, SUITE 268 DES MOINES, IA 50314	42-1492988	501(C)(3)	57,792.	0.			IJAG: CREATING INCLUSIVE CAREER PATHWAYS FOR UNDERSERVED MIDDLE SCHOOL STUDENTS
IOWA LEGAL AID 666 WALNUT STREET, 25TH FLOOR DES MOINES, IA 50309	42-1079227	501(C)(3)	197,808.	0.			LEGAL ASSISTANCE FOR ECONOMIC OPPORTUNITY AND ESSENTIAL NEEDS
IOWA MIGRANT MOVEMENT FOR JUSTICE 2024 FOREST AVENUE DES MOINES, IA 50311	85-0869579	501(C)(3)	14,256.	0.			POLK COUNTY DIRECT SERVICE AND LEADERSHIP DEVELOPMENT PROJECT
IOWA SAFE SCHOOLS PO BOX 704 DES MOINES, IA 50303	73-1710056	501(C)(3)	28,212.	0.			THE GSA NETWORK
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD AMES, IA 50010-2230	42-1143702	501(C)(3)	108,036.	0.			SCIENCE BOUND - IMPROVING EDUCATIONAL OUTCOMES FOR MIDDLE SCHOOL YOUTH IN DMPS
ISISERETTES 1432 21ST ST. DES MOINES, IA 50311-3210	42-1495759	501(C)(3)	29,485.	0.			ISISERETTES DRILL AND DRUM CORP
JEWELS ACADEMY 1620 PLEASANT ST STE 216 DES MOINES, IA 50314	46-0783293	501(C)(3)	7,056.	0.			JOIN EMERGING WOMEN EXCELLING IN LEADERSHIP AND STEM (JEWELS)
JOHNSTON PARTNERSHIP FOR A HEALTHY PO BOX 975 JOHNSTON, IA 50131	02-0576603	501(C)(3)	30,804.	0.			JUMP (JOHNSTON YOUTH MENTORING 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
KNOCK AND DROP IOWA 4801 FRANKLIN AVE DES MOINES, IA 50310	85-0633938	501(C)(3)	44,796.	0.			CULTURAL FOODS PANTRY
LATINAS LATINOS AL EXITO INC PO BOX 93531 DES MOINES, IA 50393	27-0933503	501(C)(3)	97,864.	0.			AL EXITO MIDDLE SCHOOL SUCCESS PROGRAM
LATINAS UNIDAS POR UN NUEVO AMANECER - 100 E EUCLID STE 153 - DES MOINES, IA 50313	01-0552793	501(C)(3)	35,544.	0.			L.U.N.A.'S "TU SALUD MENTAL ES VITAL" PROGRAM (YOUR MENTAL HEALTH IS VITAL)
LATINX IMMIGRANTS OF IOWA 1317 E 14TH STREET DES MOINES, IA 50316	61-1954499	501(C)(3)	20,004.	0.			LATINX IMMIGRANTS OF IOWA CIVIC ENGAGEMENT PROGRAM
LINK ASSOCIATES 1452 29TH ST WEST DES MOINES, IA 50266	42-0815363	501(C)(3)	42,996.	0.			LINK LEISURE SERVICES
LUTHERAN SERVICES IN IOWA 3125 COTTAGE GROVE AVENUE DES MOINES, IA 50311	42-0698267	501(C)(3)	405,996.	0.			HEALTHY FAMILIES AMERICA-HOPES
MANUP IOWA C/O OF DMACC 2006 S ANKENY BLVD ANKENY, IA 50023	87-1168667	501(C)(3)	54,504.	0.			MANUP IOWA MENTORING PROGRAM
MARY'S HELPING HANDS 4950 PLEASANT ST. SUITE B WEST DES MOINES, IA 50266	87-1813297	501(C)(3)	14,124.	0.			MARY'S HELPING HANDS REFERRAL ADVOCACY COUNSELOR PILOT PROJECT
MINDSPRING MENTAL HEALTH ALLIANCE 511 E 6TH ST SUITE B DES MOINES, IA 50309	42-1333379	501(C)(3)	33,600.	0.			MINDSPRING

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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MONSOON ASIANS & PACIFIC ISLANDERS IN SOLIDARITY - 4944 FRANKLIN AVE SUITE B - DES MOINES, IA 50310	35-2297207	501(C)(3)	26,004.	0.			MONSOON COMMUNITY HEALING CENTER
NEW OPPORTUNITIES, INC 23751 HWY 30 CARROLL, IA 51401	42-0923412	501(C)(3)	30,048.	0.			NEW OPPORTUNITIES FINANCIAL EDUCATION & COACHING
OAKRIDGE NEIGHBORHOOD SERVICES 1401 CENTER ST DES MOINES, IA 50314	42-1311721	501(C)(3)	644,917.	0.			OAKRIDGE K-12 OUT-OF-SCHOOL PROGRAMS
ONE ECONOMY FINANCIAL DEVELOPMENT CORP - 1171 7TH STREET, SUITE 105E - DES MOINES, IA 50314	83-3749919	501(C)(3)	23,256.	0.			OEFDC PROGRAM
ONE IOWA 950 OFFICE PARK ROAD, SUITE 240 WEST DES MOINES, IA 50265	72-1613927	501(C)(3)	40,608.	0.			IMPROVING LGBTQ+ HEALTH IN IOWA
ORCHARD PLACE 2116 GRAND AVE DES MOINES, IA 50312	42-1463736	501(C)(3)	543,000.	0.			ORCHARD PLACE/CHILD GUIDANCE CENTER- OUTPATIENT MENTAL HEALTH SERVICES
PERRY CHILD DEVELOPMENT CENTER 920 18TH ST PERRY, IA 50220	20-0546512	501(C)(3)	55,584.	0.			PERRY CHILD DEVELOPMENT CENTER (PCDC)
PERRY COMMUNITY SCHOOL DISTRICT 1102 WILLIS AVE STE 2020 PERRY, IA 50220	42-6021533	GOVERNMENT	27,648.	0.			PERRY P.A.C.E.S. BEFORE/AFTER & SUMMER SCHOOL LEARNING CENTER PROGRAM PRE-K - 5TH
PRIMARY HEALTH CARE 9943 HICKMAN RD STE105 URBANDALE, IA 50322	42-1350092	501(C)(3)	71,004.	0.			CASE MANAGEMENT

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
PROJECT IOWA 4801 FRANKLIN AVE., ROOM 106 DES MOINES, IA 50310	80-0731028	501(C)(3)	106,932.	0.			PROJECT IOWA CULTIVATING CAREERS
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
PURSUIT OF INNOVATION 900 KEOSAUQUA WAY STE 357 DES MOINES, IA 50309	47-1895137	501(C)(3)	49,900.	0.			TECH MENTORSHIP PROGRAM
RIVA REFUGEE & IMMIGRANT VOICES IN ACTION - 4801 FRANKLIN AVE STE 103 - DES MOINES, IA 50310	46-1017191	501(C)(3)	61,992.	0.			WORKREADY NAVIGATOR
SARGE'S WESTSIDE BOXING INC 2214 FOREST AVENUE DES MOINES, IA 50311	84-2670215	501(C)(3)	24,997.	0.			SARGE'S WESTSIDE BOXING - SKILLS TO CREATE WELL-BEING
SHALOM COMMUNITY IMPACT CENTER 7605 AURORA AVE URBAN DALE, IA 50322	87-2617405	501(C)(3)	45,936.	0.			EMPLOYMENT SUPPORT SERVICES FOR REFUGEES & IMMIGRANTS
SHORT YEARS PARTNERSHIP 515 N JEFFERSON WAY, SUITE F INDIANOLA, IA 50125	20-8621440	501(C)(3)	27,936.	0.			CHILD ABUSE PREVENTION PROGRAMMING
ST. VINCENT DEPAUL SOCIETY 801 73RD ST., SUITE J WINDSOR HEIGHTS, IA 50324	42-6021808	501(C)(3)	36,096.	0.			BACK2WORK-WORKFORCE READINESS AND JOB ATTAINMENT
STARTS RIGHT HERE 455 SW 5TH STREET SUITE A DES MOINES, IA 50309	82-4187830	501(C)(3)	29,400.	0.			STARTS RIGHT HERE

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
THE DIRECTORS COUNCIL 1910 INGERSOLL AVE, SUITE 215 DES MOINES, IA 50309	42-1524040	501(C)(3)	28,248.	0.			ONE ECONOMY INITIATIVE
THE HELPING HAND PO BOX 45 INDIANOLA, IA 50125	42-1187262	501(C)(3)	21,000.	0.			HELPING HAND OF WARREN COUNTY
THE SUPPLY HIVE 440 E MARION STREET DES MOINES, IA 50309	85-1650570	501(C)(3)	20,004.	0.			FOOD RESCUE
U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS INC - 1200 UNIVERSITY AVE, STE 205 - DES MOINES, IA 50314	13-1878704	501(C)(3)	66,503.	0.			REFUGEE WELLNESS PROGRAM
UNITED UPPER NILE SOUTH SUDANESE COMMUNITY - 3424 FOREST AVENUE - DES MOINES, IA 50311	81-4714361	501(C)(3)	6,997.	0.			UNITED UPPER NILE FOOD PANTRY /UNITED UPPER NILE SOUTH SUDANESE COMMUNITY ASSOCIATION IN IOWA
URBAN DREAMS 1615 2ND AVE DES MOINES, IA 50314	42-1225264	501(C)(3)	85,688.	0.			COMMUNITY CONNECTIVITY
WAYPOINT RESOURCES 1155 SE BOONE ST WAUKEE, IA 50263	20-3107170	501(C)(3)	35,004.	0.			NOURISHKIDS SNACK PACKS
WELIFT 106 EAST 2ND AVE INDIANOLA, IA 50125	46-5357566	501(C)(3)	65,388.	0.			WELIFT (WE LEARN INDEPENDENCE FOR TOMORROW) WORKFORCE
WESLEY COMMUNITY SERVICES INC 5508 NW 88TH STREET JOHNSTON, IA 50131-3005	20-3970256	501(C)(3)	164,220.	0.			WESLEYLIFE MEALS ON WHEELS

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
WEST DES MOINES COMMUNITY SCHOOLS 3550 GEORGE MILLS CIVIC PARKWAY WEST DES MOINES, IA 50265	42-6004027	GOVERNMENT	9,312.	0.			WDMCS SCHOLARS
WILLKIE HOUSE 900 17TH ST. DES MOINES, IA 50314-1187	42-0680433	501(C)(3)	209,232.	0.			WILLKIE HOUSE AFTERSCHOOL/SUMMER PROGRAMS
WONDER YEARS CHILDCARE 3838 ML KING JR PARKWAY DES MOINES, IA 50310	26-3984058	501(C)(3)	64,275.	0.			WONDER YEARS ACADEMY
YMCA OF GREATER DES MOINES 501 GRAND AVE DES MOINES, IA 50309	42-0680438	501(C)(3)	335,680.	0.			YMCA OUT OF SCHOOL TIME PROGRAMS
YOUNG WOMENS RESOURCE CENTER 818 5TH AVE DES MOINES, IA 50309-1307	51-0186073	501(C)(3)	339,240.	0.			EMPOWERMENT PROGRAM
YOUTH LAW CENTER 300 WALNUT ST. STE. 295 DES MOINES, IA 50309-4026	42-1085654	501(C)(3)	287,376.	0.			YOUTH LAW CENTER

**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
TUITION, FEES, & SUPPLIES	256	427,506.	0.		
WAGES & STIPENDS	100	35,977.	0.		
SUPPORTIVE SERVICES	266	56,037.	0.		
RETIRED SENIOR VOLUNTEER PROGRAM - TRAVEL	74	9,749.	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:**

THE ANNUAL INVESTMENT PROCESS INVOLVES A RIGOROUS APPLICATION, GOAL-SETTING AND RESULTS REVIEW LED BY A PANEL OF QUALIFIED EXPERT VOLUNTEERS AND SUPPORTED BY UNITED WAY STAFF. IN ADDITION TO FINANCIALS, THE AGENCIES ARE ALSO REQUIRED TO PROVIDE PROGRESS REPORTS ON ACHIEVED OUTCOMES.

**PART II, LINE 1, COLUMN (H):**

NAME OF ORGANIZATION OR GOVERNMENT: GENESIS INCORPORATED

(H) PURPOSE OF GRANT OR ASSISTANCE: EMPOWERING IMMIGRANT AND REFUGEE COMMUNITIES THROUGH DIGITAL SKILLS AND FINANCIAL HEALTH TRAINING

NAME OF ORGANIZATION OR GOVERNMENT: PERRY COMMUNITY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: PERRY P.A.C.E.S. BEFORE/AFTER & SUMMER SCHOOL LEARNING CENTER PROGRAM PRE-K - 5TH GRADES

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

Public Inspection

OMB No. 1545-0047

Open to Public Inspection

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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

**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) MARY SELLERS PRESIDENT/CORP. SECRETARY	(i)	262,917.	0.	0.	10,712.	6,387.	280,016.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NAOMI SEA YOUNG WITTSTRUCK CHIEF EQUITY AND TALENT OFFICER	(i)	170,958.	0.	0.	0.	6,125.	177,083.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUSAN KLOEWER CHIEF ADVANCEMENT OFFICER	(i)	164,264.	0.	0.	0.	6,095.	170,359.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

Public Inspection

OMB No. 1545-0047

**2024**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **UNITED WAY OF 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	43	961,066.	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 on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **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	

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

Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, COLUMN (B):  
THE NUMBER OF CONTRIBUTIONS IS BEING REPORTED.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

Public Inspection

OMB No. 1545-0047

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: EARLY INTERVENTION IS CRITICAL FOR LONG-TERM EDUCATIONAL AND DEVELOPMENTAL SUCCESS. UWCI INVESTS IN PROGRAMS THAT SUPPORT YOUNG CHILDREN DURING THESE FORMATIVE YEARS. AMONG THE MANY IMPACTS, NEARLY 7,000 CHILDREN RECEIVED DEVELOPMENTAL OR DENTAL SCREENINGS THROUGH UWCI-FUNDED INITIATIVES, RESULTING IN NEARLY 800 CHILDREN BEING REFERRED FOR FOLLOW-UP SERVICES, ENSURING TIMELY CARE AND SUPPORT.**

**ESSENTIAL NEEDS: STABILITY STARTS WITH ACCESS TO LIFE'S MOST ESSENTIAL NEEDS SAFE HOUSING AND NUTRITIOUS FOOD. UWCI PRIORITIZES FUNDING FOR PROGRAMS THAT MEET THESE ESSENTIAL NEEDS AND HAS ACHIEVED SIGNIFICANT SUCCESSES. AMONG THEM, NEARLY 6,000 HOUSEHOLDS PARTICIPATING IN HOUSING-FOCUSED PROGRAMS, AND MORE THAN 2,600 HOUSEHOLDS SECURING SAFE AND STABLE HOUSING. ADDITIONALLY, OVER 260,000 INDIVIDUALS RECEIVED FOOD ASSISTANCE THROUGH LOCAL FOOD PANTRIES, HELPING FAMILIES BRIDGE CRITICAL GAPS.**

**UNITED WAY COMMUNITY IMPACT 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 PARTNER ORGANIZATIONS.  
EXPENSES \$ 12,062,441. INCLUDING GRANTS OF \$ 7,984,525. REVENUE \$ 5,583.**

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

**THE FOLLOWING BUSINESS RELATIONSHIPS EXIST:**

**A. DELANEY, E. ABBAS, & D. COFFIN - 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 CFO 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 BOARD ANNUALLY.**

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

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

