	•		Return o	EXTE of Orga	NDED	TO ntion	MAY 1 Exen	5, npt	2025 From	n Ir	ncome	Tax	Public	Inspection OMB No. 154	15-0047
For	m y	90	Under section 501(c)	, 527, or 49	947(a)(1)) of the	Internal F	Revenu	ue Code (exc	ept private	foundatio	ns)	202	23
Dep	artment	of the Treasury		iter social s	-				-		-	ic.		Open to F	
Inter	nal Reve	enue Service		ww.irs.go								2024		Inspect	ion
			ar year, or tax year be	eginning	JUL	1, 4	2023	an	a enaing	J	<u>UN 30,</u>				
	Check if applicab Addre	le:	organization								D Employ	yer identifi	catior	n number	
	chang		ED WAY OF CI	ENTRAL	IOW	A					4.0	00004	<u>م</u> ۲		
	chang Initial	ge Doing bu	isiness as									-06804			
	returr Final		and street (or P.O. box - 9TH STREI				t address)		Room/s	uite	E Teleph		er 6 – 6	500	
	returr termii	n_	own, state or province,					ada			G Gross red			<u>3,897,</u>	199
	ated Amer	nded DEC	MOINES, IA				i postal co	Jue				s a group r		5,057,	<u> </u>
	returr Appli		nd address of principal				RS				T	ubordinates		Ves	XNo
	tion pendi		AS C ABOVE	0111001.222.	~							subordinates i			No
1	Tax-ex	empt status:		1(c) () (i	insert no	.) 49	47(a)(1) or	527	1			ee instructio	
	Websi		UNITEDWAYDM		/ (.,		,	021	H(c) Grou				
		f organization:		Trust	Associat	tion	Other		L	/ear (e of legal dom	icile: IA
	art I	Summary							•					¥ (i)	
	1	Briefly describ	e the organization's mi	ission or mo	ost signi	ficant ad	ctivities:	IMPI	ROVE	LI.	VES BY	UNIT	ING	THE	
Governance			POWER OF OUR												
rna	2	Check this box	if the orga	nization dis	continue	ed its op	perations of	or disp	osed of m	ore	than 25% c	f its net as	sets.		
Nel	3	Number of vot	ing members of the go	overning boo	dy (Part	VI, line [·]	1a)					3			38
Ğ	4	Number of ind	ependent voting memb	bers of the g	governin	ig body	(Part VI, li	ne 1b)				4			38
ss 8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5									96				
Activities &	6	Total number of	of volunteers (estimate	if necessar	у)							6			9972
\cti	7 a	Total unrelated	l business revenue fro	m Part VIII,	column	(C), line	12					7a			0.
_	b	Net unrelated	ousiness taxable incor	ne from For	m 990-T	, Part I,	line 11	<u></u>							0.
											Prior Y			Current Ye	
e	8	Contributions	and grants (Part VIII, lir	ne 1h)							27,295			5,204,	
Revenue	9	•	e revenue (Part VIII, lir	0,								,009.			255.
Sev	10		ome (Part VIII, column			-						9,700.			860.
	11		(Part VIII, column (A),),912.		-394,	
	12		add lines 8 through 1								27,755			5,748,	
	13		nilar amounts paid (Pai			,				<u> </u>	19,247	<u>,823.</u> 0.	<u> </u>	8,920,	
	14		o or for members (Parl								E 0.67			F 140	$\frac{0}{562}$
ses	15	Salaries, other	compensation, emplo	yee benefits	s (Part I)	K, colum	ın (A), line	s 5-10))		5,002	<u>2,903.</u> 0.		5,142,	0.
ens	16a	Professional fu	ndraising fees (Part IX ng expenses (Part IX, c	., column (A), line 11	le)	1 /	27 6	560			0.			0.
Expenses	b	Total fundraisi	ng expenses (Part IX, c	column (D),	line 25)	-					2 210	9,916.		2,718,	703
_	1 17		s (Part IX, column (A),								$\frac{2}{27}, 430$			<u>2,718,</u> 6,781,	
	18		s. Add lines 13-17 (mus									.,871.		1,032,	
<u> </u>	19 (1	nevenue less (expenses. Subtract line							Bei	<u>ع د ر</u> ginning of Cı			End of Ye	
Net Assets or	20	Total assots /	art X line 16)								37,990		2	8,565,	
Asse	20	Total assets (F	(Part X, line 16)							<u> </u>		7,500.	J	3,331,	036
Vet /	22		und balances. Subtrac	rt line 21 fro							35,072		3	<u>5,234</u> ,	
_	art II	Signature								1		.,		5/254/	5100
		-	declare that I have exami	ined this retu	Irn. inclue	ding acco	mpanving	schedul	les and sta	teme	ents, and to the	ne best of m	v know	ledge and hel	ief, it is
			Declaration of preparer (-							,		
	, : 5110														

Sign	Signature of officer Date									
Here	ANNE-LYSE BADOU-JAMES, CHIEF FINANCIAL OFFICER									
	Type or print name and title									
	Print/Type preparer's name Preparer's signature	Date	Check PTIN							
Paid	BRIAN ARONSON, CPA 🛛 🛛 BRIAN ARONSON, CPA 🛛	03/28/25	self-employed P01425251							
Preparer	Firm's name CREATIVE PLANNING TAX, LLC	Firm's	sEIN 47-1019942							
Use Only	Firm's address 100 E PARK AVE STE 300									
	WATERLOO, IA 50703	Phon	e no. 319-234-6885							
May the IF	S discuss this return with the preparer shown above? See instructions		X Yes No							
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

_	Public Inspection 1 990 (2023) UNITED WAY OF CENTRAL IOWA 42-0680425	_ ^
	n 990 (2023) UNTTED WAY OF CENTRAL TOWA 42-0680425	Page 2
	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?	X No
	If "Yes." describe these new services on Schedule O.	<u>11</u> NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	XNo
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	1
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 3,639,753. including grants of \$ 3,639,753.) (Revenue \$	
4a	(Code:) (Expenses \$ 3,639,753. including grants of \$ 3,639,753.) (Revenue \$ ECONOMIC OPPORTUNITY: ECONOMIC OPPORTUNITY GOES BEYOND SIMPLY EARNING	Δ
	PAYCHECK IT INVOLVES SECURING A LIVABLE WAGE AND BUILDING WEALTH TO	<u></u>
	BREAK THE CYCLE OF POVERTY FOR FUTURE GENERATIONS. ONE WAY UWCI HAS	
	MADE A MEANINGFUL IMPACT IN THE COMMUNITY IS BY EXPANDING ACCESS TO	
	ESSENTIAL SERVICES; OVER 17,000 INDIVIDUALS OBTAINED JOB TRAINING AND	
	CRITICAL SUPPORT SERVICES, ENABLING THEM TO OBTAIN QUALITY EMPLOYMENT	
	THAT FOSTERS SELF-SUFFICIENCY AND LONG-TERM ECONOMIC STABILITY.	
4b	(Code:) (Expenses \$3, 373, 815. including grants of \$3, 373, 815.) (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. THESE INITIATIVES FOCUS ON ENHANCING LITERACY AND PROVIDING	
	COMPREHENSIVE SUPPORT SERVICES. FOR EXAMPLE, IN THE PAST YEAR, OVER	
	3,000 YOUTH ENGAGED IN COLLEGE AND CAREER READINESS PROGRAMS, WITH MOD	
	THAN 85% DEMONSTRATING ACADEMIC PROGRESS OR MEASURABLE IMPROVEMENTS IN SOCIAL AND EMOTIONAL DEVELOPMENT.	N
	SOCIAL AND EMOTIONAL DEVELOPMENT.	
4c		
	HEALTH & WELL-BEING: ACCESS TO QUALITY HEALTHCARE, INCLUDING PHYSICAL	
	MENTAL, AND DENTAL SERVICES, SIGNIFICANTLY IMPACTS OVERALL WELL-BEING	
	UWCI SUPPORTS PROGRAMS ADDRESSING THESE ESSENTIAL NEEDS, SERVING OVER	
	35,000 INDIVIDUALS THROUGH FUNDED MENTAL HEALTH, MEDICAL, AND DENTAL	
	PROVIDERS. ONE POSITIVE OUTCOME OF THIS WORK IS THAT MORE THAN 70% OF	
	INDIVIDUALS SERVED EITHER MAINTAINED OR IMPROVED THEIR OVERALL HEALTH CONTRIBUTING TO STRONGER, HEALTHIER COMMUNITIES.	<u> </u>
	CONTRIBUTING TO STRONGER, MERLIMIER COMMONITIES.	
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 13,187,265. including grants of \$ 8,903,545.) (Revenue \$ 130,724.)	
4e	Total program service expenses 23,203,898.	
	Form 99	U (2023
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Form 990	(2023)	
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Form 990 (2023)				CENTRAL	IOWA
Part IV Checklist of	Required Scl	hedule	es		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		<u>14a</u>		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			_
	complete Schedule G, Part III	19		x
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes " complete Schedule L Parts L and IL	21	х	

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Form 990 (2023)

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UNITED WAY OF CENTRAL IOWA

Pa	rt IV Checklist of Required Schedules (continued)						
			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100				
~~							
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	1			
• •	Schedule J	23	~				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
	Schedule K. If "No," go to line 25a	24a		X			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c		 			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			1			
	Schedule L, Part I	25b		x			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>			
21				1			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x			
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27					
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,						
	instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37			
	"Yes," complete Schedule L, Part IV	28a		X			
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X			
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l			
	"Yes," complete Schedule L, Part IV	28c		X			
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schedule N, Part II	32		X			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			[
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and						
	Part V, line 1	34		x			
35 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X			
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000					
U U		35b		1			
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		x			
07	If "Yes," complete Schedule R, Part V, line 2	36					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		v			
• -	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	1			
	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Х	Ĺ			
Pa							
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		┌└──┘			
			Yes	No			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 64						
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0						
С							
	(gambling) winnings to prize winners?	1c	Х				
332004	4 12-21-23	Form	990	(2023			

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Public Inspection

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42-0680425

Form	990 (2023) UNITED WAY OF CENTRAL IOWA 42-0680	425	Р	age 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 96								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		x					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
-	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
с	Enter the amount of reserves on hand 13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								
332005	12-21-23	Form	990	(2023)					

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Public Inspection

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	990 (2023) UNITED WAY OF CENTRAL IOWA		42-068		Pa	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	hrough	7b below, and fo	ra "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	. See in	structions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
				. —	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		88		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		38		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?					X
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		. 5		X
6	Did the organization have members or stockholders?			. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	ne or			
	more members of the governing body?			. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or			
	persons other than the governing body?			. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			. 8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			. <u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. <u>10b</u>	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before	filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		10-	х	
40	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?				X	
14 15	Did the organization have a written document retention and destruction policy?			. 14	Δ	
15	Did the process for determining compensation of the following persons include a review and approva		ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15a	х	
	The organization's CEO, Executive Director, or top management official			4	X	
u	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			. <u>15b</u>	- 22	
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nont wi	ha			
100	to a shift of a loss of the second			16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			. 100		L
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, ar	nd 990-	F (section 501(c)	(3)s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on Scl	nedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			and financ	cial	
	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 boo	ks and	records			
	ANNE-LYSE BADOU-JAMES, CFO - (515) 246-6500					
	1111 - 9TH STREET, SUITE 100, DES MOINES, IA 50314	-25	0 0			
332006	12-21-23			Form	990	(2023)
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08140328 136621 C22017.000

2023.05070 UNITED WAY OF CENTRAL IOW C22017.1

Public Inspection 42-0680425

Form 990 (2023) UNITED WAY OF CENTRAL IOWA	42-0680425	Page 7							
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)	(B)) (C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable	Estimated
	hours per	box	box, unless perso officer and a dire			s both	n an	compensation	compensation	amount of
	week		cer an	aau	recio	r/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 NEO	and related
	below	Individual trustee or director	In stitutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) MARY SELLERS	40.00									
PRESIDENT/CORP. SECRETARY				Х				255,346.	0.	17,725.
(2) SARAH ROY	40.00									
CHIEF OPERATING OFFICER (END 6/30/24				Х				212,994.	0.	15,772.
(3) RENEE MILLER	40.00									
CHIEF COMMUNITY IMPACT OFFICER						X		164,448.	0.	725.
(4) ADAM WILDMAN	40.00									
IT DIRECTOR						X		130,791.	0.	5,885.
(5) DANIELLE MARTIN	40.00									
FINANCE OFFICER (END 3/2024)						X		111,053.	0.	5,007.
(6) KATE BENNETT	40.00									
COMMUNITY IMPACT AND INTEGRATION OFF						X		106,497.	0.	1,850.
(7) MARIA VOLANTE	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(8) MONICA FRIEDMAN	1.00									
BOARD CHAIR-ELECT		Х		Х				0.	0.	0.
(9) CHRIS TERHARK	1.00									
TREASURER/VICE-CHAIR FINANCE/AUDIT		Х		Х				0.	0.	0.
(10) JACQUIE EASLEY MCGHEE	1.00									
EARLY CHILDHOOD SUCCESS		Х						0.	0.	0.
(11) JANELL PITTMAN	1.00									
VICE CHAIR - ESSENTIAL NEEDS		Х						0.	0.	0.
(12) COLIN PENNYCOOKE	1.00									_
VICE CHAIR - EDUCATION SUCCESS		Х						0.	0.	0.
(13) MICHAEL ABBOTT	1.00									_
VICE CHAIR - ECONOMIC OPPORTUNITY		Х						0.	0.	0.
(14) SUZANNE HECKENLAIBLE	1.00									_
VICE CHAIR - HEALTH & WELL-BEING		Х						0.	0.	0.
(15) EMILY ABBAS	1.00									
VICE CHAIR - STRATEGIC COMMUNICATION		Х						0.	0.	0.
(16) STEVE LACY	1.00									_
VICE CHAIR - GIVE		Х						0.	0.	0.
(17) JOE MURPHY	1.00								_	
VICE CHAIR - ADVOCACY		Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

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Public Inspection

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2023.05070 UNITED WAY OF CENTRAL IOW C22017.1

Form 990 (2023) UNITED W	IAY OF CE	ENT	'RA	L	10)WA			42-0680)425	Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)			(C		•		(D)	(E)		(F)
Name and title	Average			Posi	ition			Reportable	Reportable		imated
	hours per		not ch , unles					compensation	compensation		ount of
	week		cer an					from	from related		other
	(list any	ctor						the	organizations	comp	ensation
	hours for	r dire				æ		organization	(W-2/1099-MISC/	frc	om the
	related	tee or	Istee			ensat		(W-2/1099-MISC/	1099-NEC)	orga	inization
	organizations	ndividual trustee or director	nstitutional trustee		Key employee	d mo		1099-NEC)		and	related
	below	/idua	tutio	.er	em pl	loyee	ner			orgai	nizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former				
(18) JEREMY STAUN	1.00										
VICE CHAIR - VOLUNTEER ENGAGEMENT		X						0.	0.		0.
(19) PETE HIRD	1.00										
DIRECTOR AT LARGE - LABOR		х						0.	0.		Ο.
(20) SEAN VICENTE	1.00										
PRIOR CHAIR	1.00	x						0.	0.		0
	1 00	<u> </u>				-		0.	0.		0.
(21) KRISTI BURMA	1.00								•		•
DIRECTOR		Х						0.	0.		0.
(22) DR. ALEXIS CAMPBELL	1.00										
DIRECTOR		Х						0.	0.		0.
(23) ERICA JENSEN	1.00										
DIRECTOR		X						0.	0.		0.
(24) JOHN CURRIER	1.00										
DIRECTOR		x						0.	0.		0.
(25) DR. HAYLEY HARVEY	1.00					-					
DIRECTOR	1.00	х						0.	0.		0.
	1 00	^				-		0.	0.		0.
(26) PASTOR JONATHAN WHITFIELD	1.00								0		0
DIRECTOR		Х						0.	0.		0.
1b Subtotal								981,129.	0.		5,964.
c Total from continuation sheets to Part V	/II, Section A							0.	0.		0.
d Total (add lines 1b and 1c)								981,129.	0.	46	5,964.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove	e) wh	no re	ceived more than \$100,0	000 of reportable		
compensation from the organization									·		6
											Yes No
3 Did the organization list any former office	r director trust			mnla	ove	e or	hia	hest compensated empl	ovee on		
0,		,				,	0		5	3	x
line 1a? If "Yes," complete Schedule J for										3	
4 For any individual listed on line 1a, is the											v
and related organizations greater than \$1										4	X
5 Did any person listed on line 1a receive or									ual for services		
rendered to the organization? If "Yes," co	mplete Schedul	e J f	or su	<u>ch p</u>	bers	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest c	ompensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$"	100,000 of compensi	ation from	m
the organization. Report compensation fo	r the calendar ye	ear e	endin	g wi	ith c	or wi	thin	the organization's tax ye	ear.		
(A)								(B)		(C))
Name and busines	s address	N	ONE					Description of se	ervices	Compen	
							+				
							-+				
							-+				
							\square				
2 Total number of independent contractors	(including but n	ot lir	nited	l to t	thos	se lis	sted	above) who received mo	ore than		
\$100,000 of compensation from the organ					C)					
SEE PART VII, SECTIO		'IN	'UD	TIC	ON	S	HE	ETS		Form 9	90 (2023)
332008 12-21-23											(_3_0)
002000 12-21-20											

Public Inspection

Part VII Section A. Officers, Directors, Trust (A) Name and title Name and title 0 (27) ERIN KUHL 0 DIRECTOR 0 (28) DR. IAN ROBERTS 0 DIRECTOR 0 (29) ROB BARRON 0 DIRECTOR 0 (30) WENDY BATCHELDER 0 DIRECTOR 0 (31) JEM GONG-BROWNE 0 DIRECTOR 0 (32) NATALIYA BOYCHENKO STONE 0 DIRECTOR 0 (33) PHIL HALL 0 DIRECTOR 0 (34) ABBY DELANEY 0 DIRECTOR 0	tees, Key En (B) Average hours per week (list any hours for related organizations below line) 1.00 1.00	Individual trustee or director		(C Posi all t	;) tion			(D) Reportable compensation from	ees <u>(continued)</u> (E) Reportable compensation from related	(F) Estimated amount of
Name and title (27) ERIN KUHL DIRECTOR (28) DR. IAN ROBERTS DIRECTOR (29) ROB BARRON DIRECTOR (30) WENDY BATCHELDER DIRECTOR (31) JEM GONG-BROWNE DIRECTOR (32) NATALIYA BOYCHENKO STONE DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY	Average hours per week (list any hours for related organizations below line) 1.00	Individual trustee or director	heck	Posi all t	tion		y)	Reportable compensation from	Reportable compensation	Estimated
(27) ERIN KUHL DIRECTOR (28) DR. IAN ROBERTS DIRECTOR (29) ROB BARRON DIRECTOR (30) WENDY BATCHELDER DIRECTOR (31) JEM GONG-BROWNE DIRECTOR (32) NATALIYA BOYCHENKO STONE DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY	hours per week (list any hours for related organizations below line) 1.00	Individual trustee or director	heck	all t			y)	compensation from	compensation	
(27) ERIN KUHL DIRECTOR (28) DR. IAN ROBERTS DIRECTOR (29) ROB BARRON DIRECTOR (30) WENDY BATCHELDER DIRECTOR (31) JEM GONG-BROWNE DIRECTOR (32) NATALIYA BOYCHENKO STONE DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY	per week (list any hours for related organizations below line) 1.00	Individual trustee or director			hat a		y)	from	•	amount of
(27) ERIN KUHL DIRECTOR (28) DR. IAN ROBERTS DIRECTOR (29) ROB BARRON DIRECTOR (30) WENDY BATCHELDER DIRECTOR (31) JEM GONG-BROWNE DIRECTOR (32) NATALIYA BOYCHENKO STONE DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY	week (list any hours for related organizations below line) 1.00 1.00		Institutional trustee			mployee			from related	
(27) ERIN KUHL DIRECTOR (28) DR. IAN ROBERTS DIRECTOR (29) ROB BARRON DIRECTOR (30) WENDY BATCHELDER DIRECTOR (31) JEM GONG-BROWNE DIRECTOR (32) NATALIYA BOYCHENKO STONE DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY	(list any hours for related organizations below line) 1.00 1.00		Institutional trustee			m ploye		the	organizations	other compensation
(27) ERIN KUHL DIRECTOR (28) DR. IAN ROBERTS DIRECTOR (29) ROB BARRON DIRECTOR (30) WENDY BATCHELDER DIRECTOR (31) JEM GONG-BROWNE DIRECTOR (32) NATALIYA BOYCHENKO STONE DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY	hours for related organizations below line) 1.00 1.00		Institutional trustee			<u> </u>		organization	(W-2/1099-MISC)	from the
(27) ERIN KUHL DIRECTOR (28) DR. IAN ROBERTS DIRECTOR (29) ROB BARRON DIRECTOR (30) WENDY BATCHELDER DIRECTOR (31) JEM GONG-BROWNE DIRECTOR (32) NATALIYA BOYCHENKO STONE DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY	organizations below line) 1.00 1.00		Institutional trustee			ted e		(W-2/1099-MISC)		organization
(27) ERIN KUHL DIRECTOR (28) DR. IAN ROBERTS DIRECTOR (29) ROB BARRON DIRECTOR (30) WENDY BATCHELDER DIRECTOR (31) JEM GONG-BROWNE DIRECTOR (32) NATALIYA BOYCHENKO STONE DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY	below line) 1.00 1.00		Institutional t			pen sa				and related
DIRECTOR (28) DR. IAN ROBERTS DIRECTOR (29) ROB BARRON DIRECTOR (30) WENDY BATCHELDER DIRECTOR (31) JEM GONG-BROWNE DIRECTOR (32) NATALIYA BOYCHENKO STONE DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY	line) 1.00 1.00		Instituti		plo ye	com				organizations
DIRECTOR (28) DR. IAN ROBERTS DIRECTOR (29) ROB BARRON DIRECTOR (30) WENDY BATCHELDER DIRECTOR (31) JEM GONG-BROWNE DIRECTOR (32) NATALIYA BOYCHENKO STONE DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY	1.00		=	Officer	Key employee	ghest	Former			
DIRECTOR (28) DR. IAN ROBERTS DIRECTOR (29) ROB BARRON DIRECTOR (30) WENDY BATCHELDER DIRECTOR (31) JEM GONG-BROWNE DIRECTOR (32) NATALIYA BOYCHENKO STONE DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY	1.00		i	6	ž	Ξ	Ĕ			
(28) DR. IAN ROBERTS DIRECTOR (29) ROB BARRON DIRECTOR (30) WENDY BATCHELDER DIRECTOR (31) JEM GONG-BROWNE DIRECTOR (32) NATALIYA BOYCHENKO STONE DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY		77						0	0	0
DIRECTOR (29) ROB BARRON DIRECTOR (30) WENDY BATCHELDER DIRECTOR (31) JEM GONG-BROWNE DIRECTOR (32) NATALIYA BOYCHENKO STONE DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY		Х				_	_	0.	0.	0.
(29) ROB BARRON DIRECTOR (30) WENDY BATCHELDER DIRECTOR (31) JEM GONG-BROWNE DIRECTOR (32) NATALIYA BOYCHENKO STONE DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY	1.00	v						0	0.	0
DIRECTOR (30) WENDY BATCHELDER DIRECTOR (31) JEM GONG-BROWNE DIRECTOR (32) NATALIYA BOYCHENKO STONE DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY		Х						0.	0.	0.
(30) WENDY BATCHELDER DIRECTOR (31) JEM GONG-BROWNE DIRECTOR (32) NATALIYA BOYCHENKO STONE DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY	T.00	x						0.	0.	0
DIRECTOR (31) JEM GONG-BROWNE DIRECTOR (32) NATALIYA BOYCHENKO STONE DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY	1.00	^	$\left - \right $		-+	-+	_	υ.	U•	0.
(31) JEM GONG-BROWNE DIRECTOR (32) NATALIYA BOYCHENKO STONE DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY	1.00	x						0.	0.	0.
DIRECTOR (32) NATALIYA BOYCHENKO STONE DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY	1.00	~				_		0.		0.
(32) NATALIYA BOYCHENKO STONE DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY	1.00	х						0.	0.	0.
DIRECTOR (33) PHIL HALL DIRECTOR (34) ABBY DELANEY	1.00									
DIRECTOR (34) ABBY DELANEY		х						Ο.	Ο.	0.
(34) ABBY DELANEY	1.00									
· · · –		х						Ο.	0.	0.
DIRECTOR	1.00									
		х						Ο.	0.	0.
(35) LAURA HOWE	1.00									
DIRECTOR		х						Ο.	0.	0.
(36) ROSALIND (ROZ) FOX	1.00									
DIRECTOR		Х						0.	0.	0.
(37) STEVE WHITTY	1.00									
DIRECTOR		Х						0.	0.	0.
(38) JEFF LORENZEN	1.00									
DIRECTOR		х						0.	0.	0.
(39) NANCY POST	1.00									
DIRECTOR		Х						0.	0.	0.
(40) JANICE LANE-SCHROEDER	1.00									
DIRECTOR		Х						0.	0.	0.
(41) KIM WILLIS	1.00							•		•
DIRECTOR	1 0 0	Х					_	0.	0.	0.
(42) RENEE SCHAAF	1.00							0		•
DIRECTOR	1 0 0	Х						0.	0.	0.
(43) KEVIN ZAUGG	1.00							0	0	•
DIRECTOR	1 0 0	Х				_	_	0.	0.	0.
(44) BRENT VANDER WAAL	1.00	x						0	0	0
DIRECTOR	1.00	<u>^</u>	$\left - \right $			-	_	0.	0.	0.
(45) CHARLIE WISHMAN DIRECTOR AT LARGE - LABOR (END JUNE	T.00	x						0.	0.	0.
(46) ANANT BHALLA	1.00	^	$\left - \right $		-+	-+	_	U •	U •	U.
DIRECTOR (END APR 2024)	T.00	x								-
DIRECTOR (END AFR 2024)								<u>ہ</u>		· Λ
Total to Part VII, Section A, line 1c							_	0.	0.	0.

332201 04-01-23

Form 990 UNITED WA									$\frac{Public Ins}{42-068}$	
		nplo I	yee			lighe	est (, ,	
(A) Name and title	(B) Average hours per	(cl	neck	Pos			ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(47) CHRISTINE HOLMES DIRECTOR (END JUNE 2024)	1.00	x						0.	0.	0.
(48) DR. TONY COLEMAN	1.00									
DIRECTOR (END NOV 2023)		x						0.	0.	0.
(49) TANNER KRAUSE	1.00									
DIRECTOR (END JUNE 2024)		х						0.	0.	0.
(50) DREW PORTER	1.00									
DIRECTOR (END JUNE 2024)		Х						0.	0.	0.
(51) MIKE WEGNER	1.00									-
DIRECTOR (END NOV 2023)		X						0.	0.	0.
		-								
Total to Part VII, Section A, line 1c				<u></u>						

332201 04-01-23

		(2023				OF	CENTRAL	IOWA		42-0680	425 Page
Part	t VI		Statement of Rev	venu	le						
			Check if Schedule O c	conta	ins a respo	nse o	or note to any line				
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
											sections 512 - 51
Contributions, Gifts, Grants and Other Similar Amounts			derated campaigns								
			mbership dues								
An An			ndraising events								
ijar			-				1 604 440				
ns,			vernment grants (contri				1,604,440.				
er i	f		other contributions, gifts,	-			22 500 000				
e e			nilar amounts not included				23,599,860.				
ud (-	-	cash contributions included in I				341,335.	25,204,300.			
<u>ס כ</u>	r	1 10	tal. Add lines 1a-1f				Business Code	25,204,500.			
	•	. CF	RVICE FEES				812900	442,629.	442,629.		
Program Service Revenue	2 a t	·	HER REVENUE				561499	82,626.	82,626.		ļ
ne		·					501455	02,020.	02,020.		
ven	c	. —									
Be											
2	f	<u> </u>	other program service	rovon							
_	י ר		tal. Add lines 2a-2f					525,255.			
	3		estment income (includ					· - · / - · · ·			
	Ũ							427,153.			427,153
	4		ome from investment o					/ -			,
	5		yalties		-	-	Г				
	-				(i) Real		(ii) Personal				
	6 a	Gro	oss rents	6a	589,8	37.					
			ss: rental expenses	6b	984,3						
	c		ntal income or (loss)	6c	-394,5	31.					
	c		t rental income or (loss))				-394,531.	-394,531.		
			oss amount from sales of		(i) Securiti	es	(ii) Other				
			ets other than inventory	7a	7,150,6	54.					
	k	Le	ss: cost or other basis								
e		and	sales expenses	7b	7,163,9	47.					
evenue	c		in or (loss)	7c	-13,2	93.					
Re			t gain or (loss)			. <u></u>		-13,293.			-13,293
Other			oss income from fundraisir								
₹		inc	luding \$		of						
		COI	ntributions reported on	line 1	c). See						
		Ра	rt IV, line 18			8a					
	b	b Les	ss: direct expenses			8b					
	c	Ne	t income or (loss) from t	fundr	aising even	ts					
	9 a		oss income from gamin								
			rt IV, line 19			9a					
			ss: direct expenses			9b					
			t income or (loss) from g								
1	10 a	a Gro	oss sales of inventory, l	ess re	eturns						
			d allowances								
			ss: cost of goods sold			10b					
+	c	Ne	t income or (loss) from s	sales	of inventor	у					
2							Business Code				
ne 1	11 a	•									
	k)									
5 A	c										
ູລັ		IIA I	other revenue								
Miscellaneous <u>Revenue</u>											
		e To	tal. Add lines 11a-11d al revenue. See instructio					25,748,884.	130,724.	0.	413,860

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Public Inspection

023) UNITED WAY OF CENTRAL IOWA

Form 990 (2023)

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 respor	ise or note to any line in	this Part IX		
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	18,185,540.	18,185,540.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	734,638.	734,638.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	500,838.	73,079.	427,518.	241.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,992,729.	2,188,854.	843,343.	960,532.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	77,416.	44,707.	10,758.	21,951.
9	Other employee benefits	257,659.	131,548.	64,367.	61,744.
10	Payroll taxes	313,921.	154,532.	87,927.	71,462.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	21,015.		21,015.	
с	Accounting	70,550.		70,550.	
d	Lobbying	62,664.	62,664.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	14,156.		14,156.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	994,758.	774,655.	217,952.	<u>2,151.</u> 53,168.
12	Advertising and promotion	157,482.	68,684.	35,630.	53,168.
13	Office expenses	242 422	105 604	100 465	46.261
14	Information technology	343,432.	187,604.	109,467.	46,361.
15	Royalties	006 011	00 207	00.000	24 001
16	Occupancy	206,311.	89,327.	82,063.	34,921.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	210 620	241 000	22 020	16 700
19	Conferences, conventions, and meetings	310,639.	241,098.	22,838.	46,703.
20	Interest	252 000	104,315.	61,863.	86,720.
21	Payments to affiliates	252,898. 92,289.	45,737.	27,763.	18,789.
22	Depreciation, depletion, and amortization	54,209.	40,101.	41,103.	10,109.
23 24	Insurance Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
-	SUPPLIES, POSTAGE, AND	145,037.	86,110.	35,124.	23,803.
a b	ORGANIZATION DUES	47,472.	30,806.	7,543.	9,123.
c		_,,_,_,		.,	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	26,781,444.	23,203,898.	2,139,877.	1,437,669.
26	Joint costs. Complete this line only if the organization	, , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
332010) 12-21-23				Form 990 (2023)

13 2023.05070 UNITED WAY OF CENTRAL IOW C22017.1

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Form 990 (
Part X	Balance S	Sheet

		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			185,477.	1	44,654.
	2	Savings and temporary cash investments			5,206,673.	2	8,108,548.
	3	Pledges and grants receivable, net			7,950,905.	3	9,465,765.
	4	Accounts receivable, net			993,589.	4	54,460.
	5	Loans and other receivables from any current or				-	
	Ū	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif				-	
	_	under section 4958(f)(1)), and persons described	-			6	
s	7	Notes and loans receivable, net		ſ		7	
Assets	8	Inventories for sale or use				8	
As	9				265,135.	9	202,101.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,932,020.			
	b	Less: accumulated depreciation	10b	<u>9,932,020.</u> 7,781,730.	2,171,299.	10c	2,150,290.
	11	Investments - publicly traded securities			7,979,887.	11	4,228,536.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			13,237,388.	15	14,311,522.
	16	Total assets. Add lines 1 through 15 (must equa			37,990,353.	16	38,565,876.
	17	Accounts payable and accrued expenses			1,001,465.	17	1,223,856.
	18	Grants payable				18	
	19	Deferred revenue			465,662.	19	454,040.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV o	f Schedule D		21	
ş	22	Loans and other payables to any current or form	er office	r, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
iabi		controlled entity or family member of any of thes	se perso	าร		22	
-	23	Secured mortgages and notes payable to unrela	ted thirc	I parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X	1 450 252		1 (52 140
		of Schedule D			1,450,373.		1,653,140.
	26	Total liabilities. Add lines 17 through 25			2,917,500.	26	3,331,036.
s		Organizations that follow FASB ASC 958, che	ck here	X			
-Ce		and complete lines 27, 28, 32, and 33.			24 400 226		33 E30 EE3
alar	27				<u>24,400,326.</u> 10,672,527.	27	23,530,553. 11,704,287.
а В	28	Net assets with donor restrictions			10,072,527.	28	11,/04,20/.
Ľ		Organizations that do not follow FASB ASC 98	58, chec	k here			
Net Assets or Fund Balances	20	and complete lines 29 through 33.				00	
sts	29 20	Capital stock or trust principal, or current funds				29	
SSE	30 21	Paid-in or capital surplus, or land, building, or eq				30 31	
etA	31 22	Retained earnings, endowment, accumulated ind			35,072,853.	31 32	35,234,840.
ž	32	Total net assets or fund balances					38,565,876.
-	33	Total liabilities and net assets/fund balances		I	37,990,353.	33	18 565 X/5

			Public Ins			
	990 (2023) UNITED WAY OF CENTRAL IOWA	42-	-06804	425	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					37
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	25	,748	8 8	84.
2	Total expenses (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2		,781		
3		3		,032	<u> </u>	
4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,072		
5	Net unrealized gains (losses) on investments	5		140		
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	,054	1.1	34.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			,	_ /	
	column (B))	10	35	,234	1,84	40.
Pa	t XII Financial Statements and Reporting			/ = -	1.	
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other]			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch		r			
3a	· · · · · · · · · · · · · · · · · · ·					
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					

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

Х Form 990 (2023)

Зb

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Pu	blic Inspection
	OMB No. 1545-0047
	2022

Ζυζυ
Open to Public
Inspection

Name of the organization

Nam	e of t	he organization							identification number
_				CENTRAL IOWA					2-0680425
Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	junction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or
		university:							
10		An organization that norma	lly receives (1) more t	han 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusiv	vely to test for public sat	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusiv	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting
		organization. You must c	complete Part IV, Se	ctions A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	nization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	luirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	plete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	51	nally integrated supporting	ng organiz	ation.			
f		r the number of supported o	•						
g		ide the following information) Name of supported	i about the supported (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the oro:	anization listed	(v) Amount of	monetany	(vi) Amount of other
	(organization		(described on lines 1-10	in your governi	ng document?	support (see ir	,	support (see instructions)
		0		above (see instructions))	Yes	No		,	
Tota	1								

UNITED WAY OF CENTRAL IOWA

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.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	32462102.	29551114.	26117812.	27295716.	25204300.	140631044		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	32462102.	29551114.	26117812.	<u>27295716.</u>	25204300.	140631044		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						8713070.		
	Public support. Subtract line 5 from line 4.						131917974		
	ction B. Total Support	1		1	1				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 4	32462102.	29551114.	26117812.	27295716.	25204300.	140631044		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	0.54 0.14			054 006	101000	4561050		
	and income from similar sources	951,214.	842,986.	796,546.	954,236.	1016990.	4561972.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)						145102016		
11	Total support. Add lines 7 through 10						145193016		
12	Gross receipts from related activities,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,588,219.		
13	First 5 years. If the Form 990 is for th								
800	organization, check this box and stor ction C. Computation of Public		oontago						
				(f)			90.86 %		
	Public support percentage for 2023 (I					14			
	Public support percentage from 2022					15			
16a	33 1/3% support test - 2023. If the other here. The organization qualifies								
L									
U	b 33 1/3% support test - 2022. 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 stop here. The organization qualifies as a publicly supported organization								
170	10% -facts-and-circumstances test		•						
17 a									
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
h	10% -facts-and-circumstances test	•			•	17a and line 15 is			
u	more, and if the organization meets the					-			
	organization meets the facts-and-circl								
18	Private foundation. If the organization		-						
							(Form 990) 2023		
							· · · · · · · · · · · · · · · · · · ·		

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	(Complete only if you checked			organization failed	to qualify under P	art II. If the organiza	ation fails to
Se	qualify under the tests listed b ction A. Public Support	elow, please comp	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						() Fordi
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
		(a) 2010	(1) 2020	(a) 2021	(4) 2022	(a) 2022	
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	0		,	,	()()	,
Sec	check this box and stop here	c Support Per	centage				
	Public support percentage for 2023 (I			column (f))		15	%
16	Public support percentage from 2022					16	<u>%</u>
	ction D. Computation of Inves					· · ·	
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19 a	a 33 1/3% support tests - 2023. If the	organization did n	not check the box	on line 14, and line	e 15 is more than 3		' is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che						
_	Private foundation. If the organization 23 12-21-23	T UIU HOL CHECK A	box on line 14, 19	a, UL 19D, CHECK I	THE DUX AND SEE INS		(Form 990) 2023
JJ20	20 12-21-20		18			Schedule A	1 i onn 330j 2023

Schedule A (Form 990) 2023 UNITED WAY OF CENTRAL IOWA Part III Support Schedule for Organizations Described in Section 509(a)(2)

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UNITED WAY OF CENTRAL IOWA

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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	adile A (Form 990) 2023 UNITED WAT OF CENTRAL TOWA 42	-000042	J Pa	ige 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ed		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	I		
			Yes	No
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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	E		

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income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
2	The organization satisfied the Activities Test. Complete line 2 halow

- a The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>	
---	--	--	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

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2a

2b

3a

Yes No

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1	Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2023

UNITED WAY OF CENTRAL IOWA Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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Schedule A (Form 990) 2023

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instructions).

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Part VI. See instructions.

7 Excess distributions carryover to 2024. Add lines 3j

Distributions for 2023 from Section D, \$ a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

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UNITED WAY OF CENTRAL IOWA

2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ns	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D				

Schedule A (Form 990) 2023

1

Current Year

Schedule A (Form 990) 2023 Part V

Section D - Distributions

/ Type III Non-Fi	/	Ty	pe	Ш	Ν	or	۱-	F	ι
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1 Amounts paid to supported organizations to accomplish exempt purposes

nctionally Integrated 509(a)(3) Supporting Organizations (continued)

line 1; Part IV, Section	UNITED W ormation. Provid a 1, 2, 3b, 3c, 4b, 4c	e the explana			42-06804	40 Page 8
line 1; Part IV, Section A, lines	s 1. 2. 3b. 3c. 4b. 4c	e u le explana		by Dort II line 10	· Dart II, line 17e er 17h · Dart III, line 4	ŋ.
Section D, lines 5, 6, ar (See instructions.)	D, lines 2 and 3; Par	, 5a, 6, 9a, 9t t IV, Section I	o, 9c, 11a, 11b E, lines 1c, 2a,	, and 11c; Part IV 2b, 3a, and 3b; F	, Part II, III e 172 of 770, Part II, III e 1 , Section B, lines 1 and 2; Part IV, Se Part V, line 1; Part V, Section B, line 1 part for any additional information.	ction C,
(
3					Schedule A (Fo	rm 990) 202

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Schedule of Contributors

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

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Public Inspection

Employer identification number

42-0680425

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(Form 990)

Sched

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one): Filers of: Section: Form 990 or 990-EZ Image: Solic (C) (Image: Solic (Image: So

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

General Rule

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

Special Rules

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

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

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

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.



OMB No. 1545-0047

UNITED WAY OF CENTRAL IOWA

Name of organization

UNITED WAY OF CENTRAL IOWA

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		\$544,054.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$530,681.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>771,127.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>689,595.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b)	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	\$ <u>1,256,022.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$ <u>506,830.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Public Inspection

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Employer identification number

42 - 0680425

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Employer identification number

(d)

Date received

42-0680425

(See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ Schedule B (Form 990) (2023) 27

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

(b)

Description of noncash property given

UNITED WAY OF CENTRAL IOWA

Name of organization

Part II

(a)

No.

from

Page 3

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(c)

FMV (or estimate)

Schedule B (Form §	000) (2023)			Public Inspection Page ²
Name of organizati				Employer identification number
UNITED WAY	COF CENTRAL	IOWA		42-0680425
Part III Exclusi from an completi	ively religious, charitable, ny one contributor. Compl ng Part III, enter the total of excl	etc., contributions to organizations desc lete columns (a) through (e) and the follow	ing line entry. For ord	(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	t (c) Use of	gift	(d) Description of how gift is held
	Transferee's nam	(e) Tran	sfer of gift	lationship of transferor to transferee
	Transferee 3 han			
(a) No. from Part I	(b) Purpose of gift	t (c) Use of	gift	(d) Description of how gift is held
- =				
		(e) Tran	sfer of gift	
	Transferee's nam	ne, address, and ZIP + 4	Re	lationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gif	t (c) Use of	gift	(d) Description of how gift is held
	Turun faun ala maun		sfer of gift	
	Transieree's nam	ne, address, and ZIP + 4		lationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gif	t (c) Use of	gift	(d) Description of how gift is held
		(e) Tran	sfer of gift	
	Transferee's nam	ne, address, and ZIP + 4	Re	lationship of transferor to transferee
323454 12-26-23				Schedule B (Form 990) (2023)

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

Political Campaign and Lobbying Activities

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.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

Nan	ne of organization				Emplo	over identification	
	UNITED	WAY OF CENTRAL IO	WA			42-068042	:5
Pa	rt I-A Complete if the or	ganization is exempt under	section 501(c) o	r is a section 52	27 org	anization.	
2	Political campaign activity expend	ization's direct and indirect political itures aign activities					
Pa	rt I-B Complete if the or	ganization is exempt under	r section 501(c)(3)				
1	Enter the amount of any excise tax	k incurred by the organization under	section 4955		\$		
		k incurred by organization managers					
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	r this year?			Yes	No
4a	Was a correction made?					Yes	No
_	If "Yes," describe in Part IV.				04(-)	(0)	
		ganization is exempt under		-			
		ed by the filing organization for secti			\$		
2	0 0	nization's funds contributed to othe	0				
-					\$.		
3		s. Add lines 1 and 2. Enter here and	· · · · · · · · · · · · · · · · · · ·		•		
						Yes	N
4		n 1120-POL for this year?					No
5		ation listed, enter the amount paid f		-			
	1,3	romptly and directly delivered to a s	0 0				
	-	f additional space is needed, provid					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	n's	(e) Amount of p contributions recein promptly and di delivered to a se political organiz If none, enter	ived and rectly parate ation.

Public Inspection OMB No. 1545-0047

2023 Open to Public Inspection

2023.05070 UNITED WAY OF CENTRAL IOW C22017.1

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SCHEDULE C

(Form 990)

Department of the Treasury

Internal Revenue Service

				c Inspection
		D WAY OF CENTRAL IOWA		680425 Page 2
Pa		n is exempt under section 501(c)(3) and file	ed Form 5768 (ele	ction under
	section 501(h)).			
Α	Check if the filing organization belon	gs to an affiliated group (and list in Part IV each affiliated	l group member's name	e, address, EIN,
	expenses, and share of exces	s lobbying expenditures).		
B	Check if the filing organization check	ed box A and "limited control" provisions apply.	T	
	Limits on Lobi (The term "expenditures" m	(a) Filing organization's totals	(b) Affiliated group totals	
1	a Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)		
	b Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	62,664.	
	c Total lobbying expenditures (add lines 1a and	d 1b)	62,664.	
	d Other exempt purpose expenditures		23,141,234.	
	e Total exempt purpose expenditures (add line	s 1c and 1d)	23,203,898.	
	f Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	1,000,000.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over \$500,000,	20% of the amount on line 1e.		
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
	over \$17,000,000,	\$1,000,000.		
	g Grassroots nontaxable amount (enter 25% of	line 1f)	250,000.	
	h Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
	i Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
	j If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			Yes No
		4-Year Averaging Period Under Section 501(h) a section 501(h) election do not have to complete all e the separate instructions for lines 2a through 2f.)	of the five columns be	low.
_	Lobi	oying Expenditures During 4-Year Averaging Period		

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total	
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.	
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					6,000,000.	
c Total lobbying expenditures	18,913.	36,412.	40,455.	62,664.	158,444.	
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.	
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.	
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2023

332042 11-06-23

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)	
		Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		3		
_	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	n 501(c)(5) 'No" OR (l), or sec b) Part I		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		. 2b		
с	Total		2c		
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions	<u></u>	. 5		
Par	t IV Supplemental Information				
D	de the descriptions required for Dart IA, line 1, Dart ID, line 4, Dart IO, line 5, Dart IIA (affiliated areas				

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.

Schedule C (Form 990) 2023

332043 11-06-23

		Currente and a	l Financial Statements	F	Public Inspection OMB No. 1545-0047
			al Financial Statements		
Part IV, line 6, 7, 8, 9, 10			nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2023	
			ttach to Form 990.) for instructions and the latest information.		Open to Public Inspection
Name of the organization				Employ	er identification number
UNITED WAY OF CENTRA					42-0680425
Pa		-	d Funds or Other Similar Funds or Ac	counts.	Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, line			
			(a) Donor advised funds	(b) Funds a	and other accounts
1		nd of year			
2		of contributions to (during year)			
3 4		of grants from (during year)			
4 5		at end of year	I vriting that the assets held in donor advised func	10	
5	•		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used o		
	•	C	r donor advisor, or for any other purpose conferr	2	
	impermissible priv		-		Yes No
Pa	rt II Conserv	vation Easements. Complete if the org	anization answered "Yes" on Form 990, Part IV,	line 7.	
1		servation easements held by the organization			
		n of land for public use (for example, recreat	· _		
		of natural habitat	Preservation of a certi	fied histori	c structure
•		n of open space	· · · · · · · · · · · · · · · · · · ·		
2	day of the tax yea		ied conservation contribution in the form of a co		d at the End of the Tax Year
а				2a	
a b				2a 2b	
c	•	rvation easements on a certified historic stru		2c	
d		rvation easements included on line 2c acqui			
				2d	
3			eased, extinguished, or terminated by the organi	zation duri	ng the tax
	year				
4	Number of states	where property subject to conservation eas	ement is located		
5	•	ation have a written policy regarding the peri			
_		forcement of the conservation easements it			
6	Staff and voluntee	er hours devoted to monitoring, inspecting, l	handling of violations, and enforcing conservatio	on easemer	its during the year
7	Amount of expense		ling of violations, and enforcing conservation eas	comonte di	ring the year
'	Amount of expense	ses incurred in monitoring, inspecting, nario		sements ut	aning the year
8	Does each consei	 rvation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h			,	Yes No
9	In Part XIII, descri		on easements in its revenue and expense statem		
	balance sheet, an	d include, if applicable, the text of the footn	ote to the organization's financial statements that	at describe	s the
D		counting for conservation easements.			
Ра		_	Art, Historical Treasures, or Other S	imilar A	SSETS.
		if the organization answered "Yes" on Form			
па	0		8, not to report in its revenue statement and bala		
		Part XIII the text of the footnote to its finan	lic exhibition, education, or research in furtherar		
h			8, to report in its revenue statement and balance	e sheet wor	ks of
2	-		exhibition, education, or research in furtherance		
		ring amounts relating to these items.		,	,
	•	5		\$	
				•	
2	If the organization		asures, or other similar assets for financial gain, p		
	-	unts required to be reported under FASB A	-		
b	Assets included in	n Form 990, Part X			

b	Assets included in Form 990, Part X
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
332051	09-28-23

08140328 136621 C22017.000

32 2023.05070 UNITED WAY OF CENTRAL IOW C22017.1

Schedule D (Form 990) 2023

								Inspectio		~
		WAY OF CENT			Other		42-06			age 2
								5 (contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that r	make sig	nificant ı	use of its			
	collection items (check all that apply).		┌─┐.							
a										
b	Scholarly research	е	Uther							
c	Preservation for future generations	- U Maria and a sub-late	h	I				VIII		
4	Provide a description of the organization's co						se in Part	XIII.		
5	During the year, did the organization solicit o									٦.,
Par	to be sold to raise funds rather than to be ma							Yes		No
Fai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Pai		te if the organizatio	n answered "Y	es" on Fo	orm 990,	Part IV, II	ne 9, or		
10			lion (for contributio	no or other and	oto pot ir	aludad				
Id	Is the organization an agent, trustee, custodi							Yes		No
Ь	on Form 990, Part X?						∟			
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table.					Amoun	+	
						4.		Amoun		
	Additions during the year					1c				
	Additions during the year					1d				
	Distributions during the year					1e 1f				
f 20	Ending balance Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.				-	yr	∟			
Par										<u></u>
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	vears	back
1a	Beginning of year balance	13,237,388.	12,739,336				04,298.		,152,	
	Contributions	20,000.	31,197		,560.		21,660.			940.
	Net investment earnings, gains, and losses	1,673,604.	, 1,160,673		,		69,771.			689.
	Grants or scholarships		, ,		, -	/	, -		,	
	Other expenditures for facilities									
e		619,470.	693,818	. 847	,437.	-6	21,087.		172	794.
f	Administrative expenses		,	• • • •	,		,		,	
g		14 311 522.	13,237,388	. 12 739	336.	14 9	74,642.	12	004	298.
2	Provide the estimated percentage of the curr				,	/			, ,	
	Board designated or quasi-endowment	69.6900	%							
h	Permanent endowment 25.4400	%								
0	Term endowment 4.8700									
U	The percentages on lines 2a, 2b, and 2c sho	•								
39	Are there endowment funds not in the posse	-	tion that are held a	and administere	d for the					
0a	organization by:	ssion of the organiza				•		ſ	Yes	No
	(i) Unrelated organizations?							3a(i)	X	
								3a(ii)		x
h	If "Yes" on line 3a(ii), are the related organization of the second seco									
4	Describe in Part XIII the intended uses of the							_ 0.5 _		
	t VI Land, Buildings, and Equipm	<u>u</u>								
	Complete if the organization answere		, Part IV, line 11a.	See Form 990,	Part X, li	ne 10.				
	Description of property	(a) Cost or of	ther (b) Cos	st or other	(c) Ac	cumulate	ed	(d) Boo	k valu	e
		basis (investm	. ,	s (other)	• •	reciation		(-)		
1a	Land	<u>·</u>		98,275.				9	8,2	75.
	Buildings			39,609.	6,6	73,7	77.	1,81		
	Leasehold improvements				.,.			, , , , , , ,	, -	
	Equipment		1,28	33,498.	1.1	07,9	53.	17	5,5	45.
	Other			50,638.	, =	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		0,6	
	. Add lines 1a through 1e. (Column (d) must e			· · ·				2,15		
		geen onn ooo, r alt /		<i></i>			Schedule			
								•	,	

2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
iotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Relate			
Complete if the organization answered "		11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	d-of-vear market value
		(c) Method of Valdation. Cost of el	id-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
(1) BENEFICIAL INTEREST IN	(a) Description COMMUNITY FOUNDA	ATION FUND	(b) Book value 14,311,52
(2)			
(3)			
(4)			
(5)			
(5)			
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7) (8) (9)			
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 1	<u>5, col. (B))</u>		14,311,52
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 1 Part X Other Liabilities			
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 1 Part X Other Liabilities Complete if the organization answered "			5.
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 1 Part X Other Liabilities Complete if the organization answered " (a) Description of liability			
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 1 Part X Other Liabilities Complete if the organization answered " (a) Description of liability (1) Federal income taxes	Yes" on Form 990, Part IV, line		5.
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 1 Part X Other Liabilities Complete if the organization answered " (a) Description of liability (1) Federal income taxes (2) COMMUNITY INVESTMENTS A	Yes" on Form 990, Part IV, line		5. (b) Book value
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 1 Part X Other Liabilities Complete if the organization answered " (a) Description of liability (1) Federal income taxes	Yes" on Form 990, Part IV, line		5. (b) Book value
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 1 Part X Other Liabilities Complete if the organization answered " (a) Description of liability (1) Federal income taxes (2) COMMUNITY INVESTMENTS A	Yes" on Form 990, Part IV, line		5. (b) Book value
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 1 Part X Other Liabilities Complete if the organization answered " (a) Description of liability (1) Federal income taxes (2) COMMUNITY INVESTMENTS A (3) CHOICE	Yes" on Form 990, Part IV, line		5. (b) Book value
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 1 Part X Other Liabilities Complete if the organization answered " (a) Description of liability (1) Federal income taxes (2) COMMUNITY INVESTMENTS A (3) CHOICE (4)	Yes" on Form 990, Part IV, line		5. (b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 1 Part X Other Liabilities Complete if the organization answered " . (a) Description of liability (1) Federal income taxes (2) COMMUNITY INVESTMENTS A (3) CHOICE (4) (5)	Yes" on Form 990, Part IV, line		5. (b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 1 Part X Other Liabilities Complete if the organization answered " . (a) Description of liability (1) Federal income taxes (2) COMMUNITY INVESTMENTS A (3) CHOICE (4) (5) (6) (7)	Yes" on Form 990, Part IV, line		5. (b) Book value
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 1 Part X Other Liabilities Complete if the organization answered " . (a) Description of liability (1) Federal income taxes (2) COMMUNITY INVESTMENTS A (3) CHOICE (4) (5) (6) (7) (8)	Yes" on Form 990, Part IV, line		
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 1 Part X Other Liabilities Complete if the organization answered " (a) Description of liability (1) Federal income taxes (2) COMMUNITY INVESTMENTS A (3) CHOICE (4) (5) (6) (7)	Yes" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5. (b) Book value

UNITED WAY OF CENTRAL IOWA Schedule D (Form 990) 2023

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)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Deut VIII Increation and Duranua an Dalated		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

Sche	edule D (Form 990) 2023 UNITED WAY OF CENTRAL IOWA		42-	0680425 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With F	Revenue per Ret	urn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	21,875,980.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a	140,412.		
b	Donated services and use of facilities 2b	11,250.		
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d	1,054,134.		
е	Add lines 2a through 2d		2e	1,205,796.
3	Subtract line 2e from line 1		3	20,670,184.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а		14,156.		
b	Other (Describe in Part XIII.) 4b	5,064,544.		
с	Add lines 4a and 4b		4c	5,078,700.
			5	25,748,884.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		-	20// 20/0010
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statements With	Expenses per R	-	n
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Expenses per R	eturi	n
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With	Expenses per R	-	21,713,993.
	rt XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	Expenses per R	eturi	n
1	rt XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	Expenses per R	eturi	n
1 2	rt XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	Expenses per R	eturi	n
1 2 a	Image: Network State in the state of th	Expenses per R	eturi	n
1 2 a b	Image: style styl	Expenses per R	eturi	n 21,713,993.
1 2 a b c	Image: constraint of the second state of the second sta	Expenses per R	eturi	n 21,713,993.
1 2 b c d	Image: constraint of expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	11,250.	1	n
1 2 b c d e	Image: Network State in Part XIII.) Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d	Expenses per R	1 2e	n 21,713,993.
1 2 a b c d 3	Image: constraint of the second state in the second sta	Expenses per R 11,250. 14,157.	1 2e	n 21,713,993.
1 2 a b c d e 3 4	Image: constraint of the second state in the second sta	Expenses per R	1 2e	n 21,713,993. 11,250. 21,702,743.
1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)	Expenses per R 11,250. 14,157. 5,064,544.	1 2e	n 21,713,993. 11,250. 21,702,743. 5,078,701.
1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	Expenses per R 11,250. 14,157. 5,064,544.	eturi 1 2e 3	n 21,713,993. 11,250. 21,702,743.

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

35

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

1,054,134.

Public Inspection

PART XI, LINE 4B - OTHER ADJUSTMENTS:

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

ON FIN. STMTS.

5,064,544.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

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

ON FIN. STMTS.

5,064,544.

Schedule D (Form 990) 2023

							OMB No. 1545-0047
(Form 990)	rm 990) Governments, and Individuals in the United States						
						2023	
partment of the Treasury Attach to Form 990.						Open to Public	
Iternal Revenue Service Go to www.irs.gov/Form990 for the latest information.						Inspection	
Name of the organization UNITED WA	of the organization Employer identification number UNITED WAY OF CENTRAL IOWA 42-0680425 I General Information on Grants and Assistance 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						
							、、、、、、、、、、、、、、、、、、、、、、、、、、、、、、、、、、、
1 Does the organization maintain records t	o substantiate the	e amount of the grants	or assistance. the	arantees' eligibility	for the grants or assis	stance, and the selecti	on
criteria used to award the grants or assis			ther Assistance to Organizations, and Individuals in the United States tion answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. OMB No. 1545-0047 Attach to Form 990. Open to Public Inspection Lirs.gov/Form990 for the latest information. Den to Public Inspection Employer identification number 42 - 0680425 Instead of the United States. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any				
2 Describe in Part IV the organization's pro	OWE Monitorial State and Other Assistance to Organizations, Governments, and Individuals in the United States. Depiete if the organization answered "Yee" of Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Employer Identification number 42-0680425 UNITED WAY OF CENTRAL IOWA Temployer Identification number 42-0680425 maintain on Grants and Assistance IN INCLUSION OF CENTRAL IOWA Temployer Identification number 42-0680425 INTITED WAY OF CENTRAL IOWA Intention and Densetic Organizations and Densetic Governments. Complete if the organization and Densetic Governments. Complete if the organization and Densetic Governments. Complete if the organization for organization and Densetic Governments. Complete if the organization for organization and Densetic Governments. Complete if the organization for organization and Densetic Governments. Complete if the organization for organization and Densetic Governments. Complete if the organization for organization or organization in the United State. IND REPUGES - 3125 DOUGLAS IND REPUGES - 47 2280750						
Part II Grants and Other Assistance to	Domestic Organi	zations and Domestic	c Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than s	5,000. Part II can	be duplicated if additi	onal space is need	ed.			
1 (a) Name and address of organization or government	(b) EIN			noncash	valuation (book, FMV, appraisal,		
AFRICAN IMMIGRANTS AND REFUGEES							
TRANSITION SERVICES - 3125 DOUGLAS							
AVENUE - DES MOINES, IA 50310	82-3189422	501(C)(3)	20,000.	0.			EARLY CHILDHOOD SUCCESS
AFRICANS IN IOWA FOR EMPOWERMENT 3201 VILLA VISTA DRIVE							
DES MOINES, IA 50316	47-2280750	501(C)(3)	10,000.	0.			ECONOMIC OPPORTUNITY (EO)
AIRAZI ACADEMY 1119 5TH STREET WEST DES MOINES, IA 50265	20-1317670	501(C)(3)	8,859.	0.			COMMUNITY GARDENS
AMOS INSTITUTE OF PUBLIC LIFE 3829 GRAND AVE DES MOINES, IA 50312	90-0730531	501(C)(3)	28,800.	0.			MENTAL HEALTH &
ANKENY COMMUNITY NETWORK PO BOX 182	0.5 1.555550	501 (2) (2)	0.050				
ANKENY, IA 50021	85-1777779	501(C)(3)	8,850.	0.			ANKENY COMMUNITY NETWORK
ART FORCE IOWA PO BOX 1576							ARTFORCE IOWA: MIDDLE
DES MOINES, IA 50305	80-0865313	501(C)(3)	94,700.	0.			SCHOOL PROGRAM
2 Enter total number of section 501(c)(3) a				0.	l		121.
3 Enter total number of other organizations	0	0					0.
For Paperwork Reduction Act Notice, see th							Schedule I (Form 990) 2023

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) UNITED WAY OF CENTRAL IOWA

(a) Name and address of		(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(a) Description of	(b) Burbasa of grapt
(a) Name and address of organization or government	(b) EIN	if applicable	cash grant	assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF YOUTH DEVELOPMENT							
AND ENRICHMENT - 1260 6TH AVE							A.I.P (AYDE IN SCHOOL
#104 - DES MOINES, IA 50317	88-2832226	501(C)(3)	10,000.	0.			PROGRAMS)
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)	13,108.	0.			LADYLIKE
BIG BROTHERS BIG SISTERS OF							BIG BROTHERS BIG SISTERS
CENTRAL IOWA - 2130 GRAND AVE -							OF CENTRAL IOWA MENTORING
DES MOINES, IA 50312	42-1184999	501(C)(3)	249,000.	0.			PROGRAMS
BLACK WOMEN 4 HEALTHY LIVING							
1424 SAMPSON ST							BLACK WOMEN'S HEALTH
DES MOINES, IA 50316	85-3493307	501(C)(3)	10,000.	0.			COALITION
	03 3493307	501(0)(3)	10,000.				
BOY SCOUTS OF AMERICA MID IOWA							
COUN - 6123 SCOUT TRAIL - DES							
MOINES, IA 50321	42-0981715	501(C)(3)	7,425.	0.			AFTER SCHOOL SCOUTING
·							
BOYS AND GIRLS CLUB OF CENTRAL							
IOWA - 1421 WALKER STREET - DES							BGCCI MIDDLE SCHOOL
MOINES, IA 50316	42-6075138	501(C)(3)	350,349.	0.			PROGRAMMING (ELI)
BY DEGREES FOUNDATON							
PO BOX 41070							BY DEGREES AT HARDING
DES MOINES, IA 50311	42-1338832	501(C)(3)	80,823.	0.			MIDDLE SCHOOL
ANNO DEDE UENDE AS TANN							
CAMP FIRE HEART OF IOWA							
5615 HICKMAN RD.	42.000450	E01(0)(2)	100.000	_			CHILDCARE APPRENTICE
DES MOINES, IA 50310	42-0680459	501(C)(3)	120,000.	0.			PROGRAM

Schedule I (Form 990)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
CAN PLAY							
5443 BEECHTREE DRIVE							CAN PLAY COMMUNITY
WEST DES MOINES, IA 50266	46-1443733	501(C)(3)	58,311.	0.			PROGRAMS
CAPITOL PARK EARLY LEARNING CENTER							
300 E. 12TH ST.							CAPITOL PARK EARLY
DES MOINES, IA 50316-4304	42-0941187	501(C)(3)	77,882.	0.			LEARNING CENTER
CARLISLE COMMUNITY SCHOOLS							
430 SCHOOL ST							CARLISLE SUMMER KICK
CARLISLE, IA 50047	42-0898003	GOVERNMENT	12,178.	0.			START CAMP
CATHOLIC CHARITIES							
601 GRAND AVE.							CATHOLIC CHARITIES
DES MOINES, IA 50309-2501	42-0680464	501(C)(3)	104,395.	0.			EMERGENCY FAMILY SHELT
				· ·			
CENTER AT SIXTH							
215 E 3RD , SUITE 300							
DES MOINES, IA 50309	88-2816453	501(C)(3)	10,000.	0.			CENTER AT SIXTH
CENTRAL IOWA SHELTER & SERVICES							
1420 MULBERRY ST							
DES MOINES, IA 50309	42-1394212	501(C)(3)	88,931.	0.			COMMUNITY KITCHEN
CHILDREN & FAMILY URBAN MOVEMENT							EDUCATIONAL SUCCESS:
PO BOX 41125							HAVEN AFTER SCHOOL AND
DES MOINES, IA 50311-0125	42-1396833	501(C)(3)	54,727.	0.			AWESOME SUMMER DAYS
	12 2000000			••			
CHILDREN AND FAMILIES OF IOWA							
1111 UNIVERSITY AVE.							DOMESTIC VIOLENCE
DES MOINES, IA 50314-2329	42-0680416	501(C)(3)	532,552.	0.			SERVICES
CHILDSERVE INC							CHILDSERVE OUTPATIENT
5406 MERLE HAY RD							SERVICES: SOCIAL WORK
JOHNSTON, IA 50131	42-1157665	501(C)(3)	149,040.	0.			PROGRAM

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

Public Inspection

(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
CITY OF WEST DES MOINES							
250 GEORGE M MILLS CIVIC PKWY							
WEST DES MOINES, IA 50265	42-6005359	GOVERNMENT	91,630.	0.			WDM YJI
,			, ,				
COMMUNITY YOUTH CONCEPTS							
1446 MARTIN LUTHER KING JR PKWY							
DES MOINES, IA 50314	26-2996028	501(C)(3)	31,990.	0.			COMMUNITY GARDENS
							CORINTHIAN C.A.R.E.S.
CORINTHIAN BAPTIST COMMUNITY							(COMMUNITY ACCESS TO
DEVELOPMENT CORPORATION - 814							RESOURCES & ESSENTIAL
SCHOOL ST - DES MOINES, IA 50309	81-4187857	501(C)(3)	44,940.	0.			SERVICES)
COURAGEOUS ACCESS							
1300 NE 56TH ST UNIT 57422							EMPOWERMENT THROUGH THE
DES MOINES, IA 50317	86-2524876	501(C)(3)	20,000.	0.			ARTS
CREATIVE VISIONS							
1343 13TH ST	40 1461550	F01 (() ())	10.000				OUR DAILY BREAD: FOOD
DES MOINES, IA 50314	42-1461559	501(C)(3)	10,000.	0.			PANTRY & ESSENTIALS
DALLAS COUNTY AGRICULTURE							
EXTENSION - 28061 FAIRGROUND RD -							REACH FOR THE STARS
ADEL, IA 50003-4406	42-6021414	GOVERNMENT	65,000.	0.			DALLAS & WARREN
,			,	- •			
DALLAS COUNTY HEALTH DEPARTMENT							
25747 N AVE SUITE C							
ADEL, IA 50003	42-6004172	GOVERNMENT	73,433.	0.			HEALTH NAVIGATION
,			,				
DENTAL CONNECTIONS							
1111 NINTH ST. STE. 190							SMILE SQUAD, LITTLE
DES MOINES, IA 50314-2517	42-0680421	501(C)(3)	540,791.	0.			HEALTHY SMILES
DES MOINES AREA RELIGIOUS COUNCIL							
1435 MULBERRY STREET							
DES MOINES, IA 50309-3624	42-0788211	501(C)(3)	144,096.	Ο.			DMARC FOOD PANTRY NETWOR

					(f) Mathead of	(a) Description of	(h) Dumpers of sugget
(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
DES MOINES INDEPENDENT SCHOOL							
DISTR - 2100 FLUER DRIVE - DES							
MOINES, IA 50321	42-6001433	GOVERNMENT	696,564.	0.			EARLY CHILDHOOD CARE
			,				COMMUNITY-BASED ENGLISH
DMACC ANKENY							LANGUAGE LEARNING AND
2006 S ANKENY BLVD							COMPUTER LITERACY TO
ANKENY, IA 50023-6446	42-0926354	GOVERNMENT	894,029.	0.			SUPPORT EMPLOYMENT
DOROTHY'S HOUSE							PHYSICAL AND EMOTIONAL
PO BOX 57672							RECOVERY FROM TRAFFICKING
DES MOINES, IA 50317	47-1202557	501(C)(3)	45,000.	0.			AND EXPLOITATION
·							
DREAM TEAM DES MOINES							
501 SCOTT AVE							
DES MOINES, IA 50309	84-3705222	501(C)(3)	10,000.	0.			DREAM TEAM DES MOINES
ELLIPSIS INC							SHELTER AND MENTAL HEALTH
7225 NW 58TH STREET							SERVICES FOR CENTRAL IOWA
JOHNSTON, IA 50131	42-0680429	501(C)(3)	158,100.	0.			YOUTH
EMBARC							
4801 FRANKLIN AVE SUITE 101							REFUGEE PARENT NAVIGATOR
DES MOINES, IA 50310	42-6139033	501(C)(3)	92,887.	0.			PROGRAM
			,				
EVERYBODY WINS-IOWA							
P.O. BOX 691							
DES MOINES, IA 50303-0691	81-0618641	501(C)(3)	35,000.	0.			POWER READ
EVERYSTEP							
1111 9TH ST. STE. 320							EARLY CHILDHOOD HOME
DES MOINES, IA 50314	42-0680446	501(C)(3)	672,556.	٥.			VISITATION
EXMITTES EODWADD							
FAMILIES FORWARD							
3001 GRAND AVE. STE. A	42-1258470	501(C)(3)	93,509.	0.			NEW DIRECTIONS SHELTER
DES MOINES, IA 50312-4206	42-12004/0		J 33,309.	J 0.			NEW DIVECTIONS SUPPLY

Public Inspection

(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
FAMILIES FORWARD - BIDWELL ECI							
3001 GRAND AVE							BIDWELL RIVERSIDE CHILD
DES MOINES, IA 50312	42-1258470	501(C)(3)	57,750.	0.			DEVELOPMENT CENTER
FOCUSS INC							
110 SE GRANT STREET SUITE 10							
ANKENY, IA 50021	47-5615163	501(C)(3)	20,000.	0.			MENTORING PILOT
FOREST AVENUE OUTREACH							
2015 GRAND AVE STE 102							PATHWAY TO BUILDING
DES MOINES, IA 50312	46-2131933	501(C)(3)	57,327.	0.			TRADES
							UBUNTU AFTERSCHOOL
GENESIS INCORPORATED							ENRICHMENT PROGRAM FOR
907 15TH STREET							IMMIGRANT AND REFUGEE
DES MOINES, IA 50314	80-0965193	501(C)(3)	67,350.	0.			MIDDLE SCHOOL STUDENTS
GIGI'S PLAYHOUSE							
6507 UNIVERSITY AVE							TUTORING PROGRAM:
WINDSOR HEIGHTS, IA 50324	61-1611262	501(C)(3)	7,500.	0.			LITERACY AND MATH
GIRL SCOUTS OF GREATER IOWA							
10715 HICKMAN RD.							GIRL SCOUTS OF GREATER
DES MOINES, IA 50322-3798	42-0698218	501(C)(3)	34,000.	0.			IOWA MISSION OUTREACH.
GOODWILL INDUSTRIES							
5355 NW 86TH STREET							GOODWILL OF CENTRAL IOWA
JOHNSTON, IA 50131	42-0764469	501(C)(3)	98,371.	0.			SKILLS TRAINING
GRACE FITNESS							
2643 BEAVER AVE NUMBER 171							GRACE FITNESS-HEALTH
DES MOINES, IA 50310	83-4304621	501(C)(3)	19,200.	0.			STARTS HERE
GRAND VIEW CHILD DEVELOPMENT							
CENTER - 3004 E 38TH STREET - DES							GRAND VIEW CHILD
MOINES, IA 50317-3918	42-1425170	501(C)(3)	47,360.	0.			DEVELOPMENT CENTER
101105, IA 3031/-3310	42-14251/0		47,300.	۰.			PEVELOPMENT CENTER

(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
GREATER DES MOINES HABITAT FOR							GREATER DES MOINES
HUMANITY INC - PO BOX 716 - DES							HABITAT FOR HUMANITY
MOINES, IA 50303-0716	42-1275330	501(C)(3)	69,920.	0.			MORTGAGE READINESS
HEALTHY BIRTH DAY							
PO BOX 71093							COUNT THE KICKS - OBED
CLIVE, IA 50325	26-3998964	501(C)(3)	38,800.	0.			PROJECT CONTINUATION
HEART OF TRANSIT							
2824 104TH STREET							DALLAS AND WARREN COUNT
URBANDALE, IA 50322-3813	83-2734221	501(C)(3)	14,720.	0.			TRANSPORTATION
HISPANIC EDUCATIONAL RESOURCES							
828 EAST SCOTT ST							
DES MOINES, IA 50309-5054	42-1222154	501(C)(3)	93,332.	0.			COMMUNITY GARDENS
HOME INC.							
1618 SIXTH AVENUE							
DES MOINES, IA 50314	42-0931497	501(C)(3)	315,417.	0.			HOUSING COUNSELING
HUNGER FREE DALLAS COUNTY							
1024 2ND ST0PO BOX 550							
PERRY, IA 50220	83-0697596	501(C)(3)	35,000.	0.			POP UP PRODUCE
INTERNATIONAL RESCUE COMMITTEE							
108 3RD STREET SUITE 200							HOUSING ADVOCACY AND
DES MOINES, IA 50309	13-5660870	501(C)(3)	15,000.	0.			EDUCATION
INVESTING IN MY FUTURE							
PO BOX 652							
DES MOINES, IA 50303	27-3864691	501(C)(3)	17,730.	0.			MAKING COLLEGE A REALIT
IOWA ACES 360							
501 SW 7TH ST, SUITE G							PRENATAL ADVOCACY
DES MOINES, IA 50309	84-3720619	501(C)(3)	83,139.	Ο.			INITIATIVE

Schedule I (Form 990) UNITED WAY OF CENTRAL IOWA

Public Inspection

(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 ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN - 4400 WESTOWN							EARLY CHILDHOOD QUALITY
PARKWAY STE 360 REGENCY BUILDING 7 - WEST DES	42-1135283	501(C)(3)	391,943.	0.			IMPROVEMENT PROJECT (ECQUIP)
IOWA CENTER FOR CHILDREN'S JUSTICE 501 SW 7TH STREET, SUITE G DES MOINES, IA 50309	85-0809774	501(C)(3)	14,450.	0.			LEGAL REPRESENTATION FOR CHILDREN
IOWA CENTER FOR ECONOMIC SUCCESS 2210 GRAND AVE STE 1 DES MOINES, IA 50312	20-1037604	501(C)(3)	66,100.	0.			THE IOWA CENTER GENERAL ACTIVITIES
IOWA COMMUNITY CAPITAL 915 8TH STREET, SUITE 205 BOONE, IA 50036	42-1502371	501(C)(3)	71,440.	0.			SOLIDARITY MICROFINANCE PROGRAM
IOWA CONGOLESE ORGANIZATION AND CENTER FOR HEALING - 4300 BEAVER AVENUE - DES MOINES, IA 50310	82-4386292	501(C)(3)	136,478.	0.			EARLY CHILDHOOD SUCCESS - ICOACH BIRTH TO FIVE PROGRAM
IOWA HEALTHIEST STATE INITIATIVE 301 GRAND AVE							
DES MOINES, IA 50309 IOWA HOMELESS YOUTH CENTER	45-4570642	501(C)(3)	43,200.	0.			IOWA DOUBLE UP FOOD BUCKS
612 LOCUST STREET DES MOINES, IA 50309	42-1051609	501(C)(3)	157,159.	0.			IHYC EMERGENCY HOUSING PROGRAM
IOWA JAG INC 1111 9TH STREET, SUITE 268 DES MOINES, IA 50314	42-1492988	501(C)(3)	57,791.	0.			IJAG: CREATING INCLUSIVE CAREER PATHWAYS FOR UNDERSERVED MIDDLE SCHOOL STUDENTS
IOWA LEGAL AID 666 WALNUT STREET, 25TH FLOOR DES MOINES, IA 50309		501(C)(3)	194,422.	0.			LEGAL ASSISTANCE FOR ECONOMIC OPPORTUNITY

(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 MIGRANT MOVEMENT FOR JUSTICE							POLK COUNTY DIRECT
2024 FOREST AVENUE							SERVICE AND LEADERSHIP
DES MOINES, IA 50311	85-0869579	501(C)(3)	14,250.	٥.			DEVELOPMENT PROJECT
IOWA SAFE SCHOOLS PO BOX 704							
DES MOINES, IA 50303	73-1710056	501(C)(3)	28,215.	0.			THE GSA NETWORK
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD							SCIENCE BOUND - IMPROVING EDUCATIONAL OUTCOMES FOR MIDDLE SCHOOL YOUTH IN
AMES, IA 50010-2230	42-1143702	501(C)(3)	108,037.	0.			DMPS
ISISERETTES 1432 21ST ST. DES MOINES, IA 50311-3210	42-1495759	501(C)(3)	29,488.	0.			ISISERETTES DRILL AND DRUM CORP
JEWELS ACADEMY 1620 PLEASANT ST STE 216 DES MOINES, IA 50314	46-0783293	501(C)(3)	7,057.	0.			STEM PROGRAMMING FOR GIRLS
DES MOINES, IN SUSIA	40 0703255	501(0/(3)	1,057.				GIRID
JOHNSTON PARTNERSHIP FOR A HEALTHY PO BOX 975 JOHNSTON, IA 50131	02-0576603	501(C)(3)	30,800.	0.			JUMP (JOHNSTON YOUTH MENTORING PROGRAM)
KNOCK AND DROP IOWA 4801 FRANKLIN AVE							
DES MOINES, IA 50310	85-0633938	501(C)(3)	44,800.	0.			CULTURALLY SPECIFIC FOODS
LATINAS LATINOS AL EXITO INC PO BOX 93531 DES MOINES, IA 50393	27-0933503	501(C)(3)	66,278.	0.			AL XITO MIDDLE SCHOOL SUCCESS PROGRAM
LATINAS UNIDAS POR UN NUEVO AMANECER - 100 E EUCLID STE 153 -							L.U.N.A.'S "TU SALUD MENTAL ES VITAL" PROGRAM (YOUR MENTAL HEALTH IS
DES MOINES, IA 50313	01-0552793	501(C)(3)	35,549.	٥.			VITAL)

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt 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
ATINX IMMIGRANTS OF IOWA							
L317 E 14TH STREET							
DES MOINES, IA 50316	61-1954499	501(C)(3)	18,624.	0.			CIVIC CLINIC
,			,				
LINK ASSOCIATES							
1452 29TH ST							
WEST DES MOINES, IA 50266	42-0815363	501(C)(3)	43,000.	0.			LINK LEISURE SERVICES
IIMUEDAN GEDUTCES IN TOWA							DEFICEE AND THAT CRANT
LUTHERAN SERVICES IN IOWA 3125 COTTAGE GROVE AVENUE							REFUGEE AND IMMIGRANT CHILD CARE PROVIDER
DES MOINES, IA 50311	42-0698267	501(C)(3)	401,486.	0.			TRAINING
DES MOINES, IN JUSII	42-0090207	501(0)(3)	401,480.	0.			IRAINING
MARY'S HELPING HANDS							
4950 PLEASANT ST. SUITE B							BASIC NECESSITIES FOR
WEST DES MOINES, IA 50266	87-1813297	501(C)(3)	14,125.	0.			LIFE
,			, ,				
MINDSPRING MENTAL HEALTH ALLIANCE							
511 E 6TH ST SUITE B							
DES MOINES, IA 50309	42-1333379	501(C)(3)	33,600.	0.			MINDSPRING
MONSOON ASIANS & PACIFIC ISLANDERS							
IN SOLIDARITY - 4944 FRANKLIN AVE							
SUITE B - DES MOINES, IA 50310	35-2297207	501(C)(3)	29,980.	0.			COMMUNITY GARDENS
NATIONAL ASSOC OF WORKFORCE							
DEVELOPMENT PROFESSIONALS - PO BOX							
221 - WEST PLAINS, IA 65775	52-1739506	501(C)(3)	18,800.	0.			O* NET TRAINING
NEW OPPORTUNITIES, INC							NEW OPPORTUNITIES
23751 HWY 300PO BOX 427							FINANCIAL EDUCATION &
CARROLL, IA 51401	42-0923412	501(C)(3)	24,275.	0.			COACHING
	42 0723412	501(0)(3)	24,275.	0.			
OAKRIDGE NEIGHBORHOOD SERVICES							
1401 CENTER ST							
DES MOINES, IA 50314	42-1311721	501(C)(3)	665,918.	0.			OAKRIDGE MIDDLE SCHOOL

(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
ONE ECONOMY FINANCIAL DEVELOPMENT							
CORP - 1171 7TH STREET, SUITE 105E							
- DES MOINES, IA 50314	83-3749919	501(C)(3)	23,250.	0.			OEFDC PROGRAM
ONE IOWA							
950 OFFICE PARK ROAD, SUITE 240							IMPROVING QUALITY OF LIFE
WEST DES MOINES, IA 50265	72-1613927	501(C)(3)	40,613.	0.			FOR LGBTQ IOWANS
							ORCHARD PLACE/CHILD
ORCHARD PLACE							GUIDANCE CENTER-
2116 GRAND AVE							OUTPATIENT MENTAL HEALTH
DES MOINES, IA 50312	42-1463736	501(C)(3)	643,000.	0.			SERVICES
PERRY CHILD DEVELOPMENT CENTER							
920 18TH ST							PERRY CHILD DEVELOPMENT
PERRY, IA 50220	20-0546512	501(C)(3)	46,200.	Ο.			CENTER (PCDC)
			,				PERRY P.A.C.E.S.
PERRY COMMUNITY SCHOOL DISTRICT							BEFORE/AFTER & SUMMER
1102 WILLIS AVE STE 2020							SCHOOL LEARNING CENTER
PERRY, IA 50220	42-6021533	GOVERNMENT	23,513.	0.			PROGRAM PRE-K - 5TH
POLK COUNTY HOUSING TRUST							REGIONAL ANLSYSIS OF
505 5TH AVENUE, SUITE 1000							IMPEDIMENTS TO FAIR
DES MOINES, IA 50309	42-1510879	501(C)(3)	15,400.	0.			HOUSING PLAN
PRIMARY HEALTH CARE							
1200 UNIVERSITY AVE SUITE 200	40 1250000	F01(0)(2)	07.000	0			OUTREACH & CASE
DES MOINES, IA 50314	42-1350092	501(C)(3)	97,000.	0.			MANAGEMENT
PROJECT IOWA							PROJECT IOWA TRAINING
4801 FRANKLIN AVE., ROOM 106							PROGRAM/CULTIVATING
DES MOINES, IA 50310	80-0731028	501(C)(3)	112,913.	0.			CAREERS
PROTEUS INC							HEALTHCARE DELIVERY IN
1221 CENTER STREET STE 16							MEAT PROCESSING
DES MOINES, IA 50309-1014	42-1186501	501(C)(3)	25,650.	Ο.			FACILITIES

Schedule I (Form 990) UNITED WAY OF CENTRAL IOWA

Public Inspection

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
URSUIT 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)	61,988.	0.			WORKREADY NAVIGATOR
SARGE'S WESTSIDE BOXING INC							
2214 FOREST AVENUE							SARGE'S WESTSIDE BOXING
DES MOINES, IA 50311	84-2670215	501(C)(3)	25,000.	0.			FOR SUCCESS
			, ,				COMMUNITY-BASED ENGLISH
SHALOM COMMUNITY IMPACT CENTER							LANGUAGE LEARNING AND
7605 AURORA AVE							COMPUTER LITERACY TO
URBANDALE, IA 50322	87-2617405	501(C)(3)	35,100.	0.			SUPPORT EMPLOYMENT
SHORT YEARS PARTNERSHIP							
515 N JEFFERSON WAY, SUITE F							CHILD ABUSE PREVENTION
INDIANOLA, IA 50125	20-8621440	501(C)(3)	31,040.	0.			PROGRAMMING
ST. VINCENT DEPAUL SOCIETY							
801 73RD ST., SUITE J							BACK2WORK WORKFORCE
WINDSOR HEIGHTS, IA 50324	42-6021808	501(C)(3)	36,096.	0.			TRAINING
STARTS RIGHT HERE							
455 SW 5TH STREET SUITE A							
DES MOINES, IA 50309	82-4187830	501(C)(3)	29,400.	0.			STARTS RIGHT HERE
				.			
THE DIRECTORS COUNCIL							
1910 INGERSOLL AVE, SUITE 215							
DES MOINES, IA 50309	42-1524040	501(C)(3)	28,250.	0.			ONE ECONOMY INITIATIVE
THE HELPING HAND							
PO BOX 45							THE HELPING HAND FOOD
INDIANOLA, IA 50125	42-1187262	501(C)(3)	16,103.	٥.			PANTRY OF WARREN COUNTY

(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 IOWA COMMUNITY HUB							
12303 WELLINGTON RIDGE DRIVE							
CLIVE, IA 50325	83-1895413	501(C)(3)	10,000.	0.			COMMUNITY FOOD PROJECT
THE SUPPLY HIVE							
440 E MARION STREET							FRIDGE AND COMMUNITY FOOD
DES MOINES, IA 50309	85-1650570	501(C)(3)	21,000.	٥.			DISTRIBUTION
U.S. COMMITTEE FOR REFUGEES AND							
IMMIGRANTS INC - 1200 UNIVERSITY							
AVE, STE 205 - DES MOINES, IA							
50314	13-1878704	501(C)(3)	66,500.	0.			REFUGEE WELLNESS PROGRAM
UNITED UPPER NILE SOUTH SUDANESE							
COMMUNITY - 3424 FOREST AVENUE -							UNITED UPPER NILE FOOD
DES MOINES, IA 50311	81-4714361	501(C)(3)	7,500.	0.			PANTRY
URBAN DREAMS							COMMUNITY CONNECTIVITY
1615 2ND AVE							AND WORKFORCE NETWORKING
DES MOINES, IA 50314	42-1225264	501(C)(3)	78,500.	0.			(FOOD DISTRIBUTION)
WAUKEE AREA CHRISTIAN SERVICES							DALLAS COUNTY FRESH
1155 SE BOONE ST							PRODUCE STUDENT WEEKEND
WAUKEE, IA 50263	20-3107170	501(C)(3)	36,000.	٥.			SNACK PACK PROGRAM
WELIFT							
106 EAST 2ND AVE							
INDIANOLA, IA 50125	46-5357566	501(C)(3)	65,387.	0.			WELIFT JOB SEARCH CENTER
WESLEY COMMUNITY SERVICES INC							
5508 NW 88TH STREET							WESLEYLIFE MEALS ON
JOHNSTON, IA 50131-3005	20-3970256	501(C)(3)	164,217.	0.			WHEELS
WEST DES MOINES COMMUNITY SCHOOLS							
3550 GEORGE MILLS CIVIC PARKWAY							
WEST DES MOINES, IA 50265	42-6004027	GOVERNMENT	9,312.	0.			WDMCS ELEMENTARY SCHOLARS

Part II Continuation of Grants and Oth	er Assistance to Do	mestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa I	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLKIE HOUSE							
900 17TH ST.							WILLKIE HOUSE 6UP MIDDLE
DES MOINES, IA 50314-1187	42-0680433	501(C)(3)	204,237.	0.			SCHOOL PROGRAM
WONDER YEARS CHILDCARE							
3838 ML KING JR PARKWAY DES MOINES, IA 50310	26-3984058	501(C)(3)	54,105.	0.			WONDER YEARS ACADEMY
,			, -				
YMCA OF GREATER DES MOINES							
501 GRAND AVE	40.000400	F01 (a) (2)	0.00 077				Y SUPPORTIVE HOUSING
DES MOINES, IA 50309	42-0680438	501(C)(3)	268,677.	0.			CAMPUS
YOUNG WOMENS RESOURCE CENTER							
818 5TH AVE							CHILDBIRTH EDUCATION AND
DES MOINES, IA 50309-1307	51-0186073	501(C)(3)	335,349.	٥.			DOULA PROGRAM
YOUTH LAW CENTER 300 WALNUT ST. STE. 295							
DES MOINES, IA 50309-4026	42-1085654	501(C)(3)	287,375.	0.			YOUTH LAW CENTER
			,				
			1				

Schedule I (Form 990) 2023

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
LEGAL ASSESSMENT & FEES	24	10,390.	0.		
TUITION, FEES, & SUPPLIES	310	638,950.	0.		
WAGES & STIPENDS	62	29,510.	0.		
SUPPORTIVE SERVICES	259	45,960.	0.		
RETIRED SENIOR VOLUNTEER PROGRAM - TRAVEL	69	0 000	0.		
Part IV Supplemental Information. Provide the informatio		9 , 828 . e 2; Part III, column		l Iditional 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: PERRY COMMUNITY SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: PERRY P.A.C.E.S. BEFORE/AFTER &

IOWA	Public Inspection 42-0680425 Page 2
-K - 5TH GRADES	

Schedule I (Form 990)

332291 04-01-23

dule I	(Form 990)	UNIT	ΓED	WAY	OF	CENTRAL	
t IV	Supple	mental Informatio	n				

SUMMER SCHOOL LEARNING CENTER PROGRAM PRE-

sc	HEDULE J	Compensation Information		Public	OMB No.		47		
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and	d Highest		20	n n			
-	-	Compensated Employees	-		20	ZJ)		
Dena	rtment of the Treasury	Complete if the organization answered "Yes" on Form 990, Par Attach to Form 990.	t IV, iine 23.		Open to Public				
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest inf	formation.		Inspection				
Nan	ne of the organizatior				entification number				
		UNITED WAY OF CENTRAL IOWA		42-06	8042	5			
Ра	rt I Question	s Regarding Compensation							
						Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person li		990,					
		line 1a. Complete Part III to provide any relevant information regarding these it							
	First-class or c	0	•						
	Travel for com	panions Payments for business use ation and gross-up payments Health or social club dues o							
		spending account Personal services (such as r							
	Discretionary	spending account reisonal services (such as i	naiu, chauneu	ii, chei)					
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding pa	avment or						
U.	•	rovision of all of the expenses described above? If "No," complete Part III to ex	-		1b				
2		require substantiation prior to reimbursing or allowing expenses incurred by a							
-		rs, including the CEO/Executive Director, regarding the items checked on line 1			2				
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the	organization's						
		ctor. Check all that apply. Do not check any boxes for methods used by a rela	0						
	establish compensation of the CEO/Executive Director, but explain in Part III.								
	Compensatior		ct						
	X Independent compensation consultant X Compensation survey or study								
	X Form 990 of other organizations								
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 re	lated organization:							
а	Receive a severanc	e payment or change-of-control payment?			. 4a		X		
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?			. 4b		X		
С	Participate in or rec	eive payment from an equity-based compensation arrangement?			. 4c		X		
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in F	Part III.						
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	/ compensatio	n					
	contingent on the re								
							X		
b		ation?			5b		X		
		r 5b, describe in Part III.							
6	-	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	/ compensatio	n					
	contingent on the net earnings of:						v		
							X		
b		ation?			6b		X		
-		r 6b, describe in Part III.							
1	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfi			-		x		
•		nes 5 and 6? If "Yes," describe in Part III			. 7				
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that wa					x		
0		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Pa			. 8				
9		id the organization also follow the rebuttable presumption procedure described			9				
Ear		53.4958-6(c)?				n 000	0000		
ror	raperwork Reducti	on Act Notice, see the Instructions for Form 990.		Schedu	le J (Forr	11 990	2023		

LHA 332111 11-06-23

(A) Name and Title

11 MAY SELLES 0 255,346. 0. 0. 10,400. 7,325. 273,071. 0. PRESIDENT/ORP. SECRETARY 0 0.				compensation	compensation				
PRESIDENT/CORP. SECRETARY (i) 0. <th< td=""><td>(1) MARY SELLERS</td><td>(i)</td><td>255,346.</td><td>0.</td><td>0.</td><td>10,400.</td><td>7,325.</td><td>273,071.</td><td>0.</td></th<>	(1) MARY SELLERS	(i)	255,346.	0.	0.	10,400.	7,325.	273,071.	0.
(3) RENEE MILLER (0) 164,448. 0. 0. 725. 165,173. 0. (0) 0. 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. (10) 0. 0. 0. 0. 0. 0. 0. 0. (10) 0. </td <td>PRESIDENT/CORP. SECRETARY</td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td> <td>0.</td> <td></td> <td></td> <td>0.</td>	PRESIDENT/CORP. SECRETARY		0.	0.	0.	0.			0.
(3) RENEE MILLER (0) 164,448. 0. 0. 725. 165,173. 0. (0) 0. 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. (10) 0. 0. 0. 0. 0. 0. 0. 0. (10) 0. </td <td>(2) SARAH ROY</td> <td>(i)</td> <td>212,994.</td> <td>0.</td> <td>0.</td> <td>8,651.</td> <td>7,121.</td> <td>228,766.</td> <td>0.</td>	(2) SARAH ROY	(i)	212,994.	0.	0.	8,651.	7,121.	228,766.	0.
(3) RENEE MILLER (0) 164,448. 0. 0. 725. 165,173. 0. (0) 0. 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. (10) 0. 0. 0. 0. 0. 0. 0. 0. (10) 0. </td <td>CHIEF OPERATING OFFICER (END 6/30/24</td> <td>(ii)</td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td> <td></td> <td>0.</td> <td>0.</td>	CHIEF OPERATING OFFICER (END 6/30/24	(ii)		0.	0.	0.		0.	0.
$ \left \begin{array}{c c c c c c c c c c c c c c c c c c c $	(3) RENEE MILLER	(i)	164,448.			0.	725.	165,173.	0.
Image: constraint of the sector of the sec	CHIEF COMMUNITY IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
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0 I		(i)							
iii iii iii iii iii iiii iiii iiiii iiiiii iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		(ii)							
		(i)							
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		(II)							

UNITED WAY OF CENTRAL IOWA Schedule J (Form 990) 2023

(i) Base

compensation

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.

(iii) Other

reportable

compensation

42-0680425

(D) Nontaxable

benefits

(C) Retirement and

other deferred

compensation

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC

compensation

(ii) Bonus &

incentive

compensation

Schedule J (Form 990) 2023

(E) Total of columns

(B)(i)-(D)

(F) Compensation

in column (B)

reported as deferred

on prior Form 990

Schedule J (Form 990) 2023 UNITED WAY OF CENTRAL IOWA

Schedule J (Form 990) 2023

Part III Supplemental Information

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

55

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

Public Inspection

Employer identification number

42-0680425



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

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

Name of the organization

UNITED WAY OF CENTRAL IOWA

Pa	rt 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 de noncash contribu		0	s
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	36	341,335.	FMV DONATED	SEC	UR	ITI
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	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 ()			<u> </u>				
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29				
~~	5 · · · · · · · · · · · · · · · · · · ·						Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of							v
	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	aliov that ra	quires the review	of any populard contribut	iono?	04	x	
31		•	-	-		31	~	
J2a	Does the organization hire or use third parties of contributions?					32a	x	
h	If "Yes," describe in Part II.					JZa	23	
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	(for which column (a) is cher	sked			
00			a type of property	a is which countin (a) is chec	nou,			
	describe in Part II.	. ,						

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Part II	Supplementa	al Informatio	Dn. Pro	vide th	ne information re	ouired by
Schedule	M (Form 990) 2023	UNITED	WAY	OF	CENTRAL	IOWA

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.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



42-0680425

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

UNITED WAY OF CENTRAL IOWA

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 6,000 CHILDREN RECEIVED DEVELOPMENTAL OR DENTAL

SCREENINGS THROUGH UWCI-FUNDED INITIATIVES, RESULTING IN OVER 600

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

PROGRAMS THAT MEET THESE ESSENTIAL NEEDS AND HAS ACHIEVED SIGNIFICANT

SUCCESSES. AMONG THEM, OVER 10,300 HOUSEHOLDS PARTICIPATED IN

HOUSING-FOCUSED PROGRAMS, AND MORE THAN 3,200 HOUSEHOLDS SECURED SAFE

AND STABLE HOUSING. ADDITIONALLY, NEARLY 350,000 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 \$ 13,187,265. INCL GRANTS OF \$ 8,903,545. REVENUE \$ 130,724.

Employer identification number

42-0680425

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

THE FOLLOWING BUSINESS RELATIONSHIPS EXIST:

E. ABBAS & A. DELANEY - BUSINESS RELATIONSHIP

J. GONG-BROWNE, C. PENNYCOOKE & R. SCHAFF- BUSINESS RELATIONSHIP

P. HALL & L. HOWE - BUSINESS RELATIONSHIP

J. EASLEY & J. PITTMAN - 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 CFO COMPENSATION IS APPROVED BY THE EXECUTIVE COMMITTEE AND

PRESENTED TO THE BOARD OF DIRECTORS; THIS OCCURS AFTER A 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.

332212 11-14-23

	Public Inspection
Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
UNITED WAY OF CENTRAL IOWA	42-0680425
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. CONFL	ICT OF INTEREST
POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE UNITE	D WAY OF CENTRAL
IOWA'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN COMMUNITY	
FOUNDATION	1,054,134.
	Calculate O (Farma 200) 2000
332212 11-14-23 60	Schedule O (Form 990) 2023