EXTENDED TO MAY 15, 2019

Form 990 Return of Organization Exempt From Income Tax

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

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

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending

C Name of organization: UNITED WAY OF CENTRAL IOWA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 1111 9TH STREET, SUITE 100 — Room/suite

City or town, state or province, country, and ZIP or foreign postal code: DES MOINES, IA 50314-2500

D Employer identification number: 42-0680425

E Telephone number: (515) 246-6500

G Gross receipts $ 30,604,097.

F Name and address of principal officer: ELISABETH BUCK
1111 NINTH STREET, SUITE 100, DES MOINES, IA

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( )◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UNITEDWAYDM.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1918 **M** State of legal domicile: IA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: IMPROVE LIVES BY UNITING THE CARING POWER OF COMMUNITY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	87
6	Total number of volunteers (estimate if necessary)	6	19751
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	27,528,063.	29,295,693.
	9	Program service revenue (Part VIII, line 2g)	391,675.	418,597.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72,916.	152,692.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-8,878.	-67,017.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,983,776.	29,799,965.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,942,642.	22,020,927.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,823,513.	5,269,545.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,676,141.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,868,831.	2,022,623.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,634,986.	29,313,095.
	19	Revenue less expenses. Subtract line 18 from line 12	-651,210.	486,870.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	36,821,684.	37,981,795.
	21	Total liabilities (Part X, line 26)	3,196,690.	3,307,417.
	22	Net assets or fund balances. Subtract line 21 from line 20	33,624,994.	34,674,378.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ SARAH ROY, CHIEF OPERATING OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BRENT L. ALEXANDER	BRENT L. ALEXANDER	01/17/19		P00075113

Firm's name ▶ BROOKS LODDEN, P.C. — Firm's EIN ▶ 42-1229486

Firm's address ▶ 1441 29TH STREET, STE. 305
WEST DES MOINES, IA 50266-1357 — Phone no. 515-223-7300

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III | Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO IMPROVE LIVES BY UNITING THE CARING POWER OF OUR COMMUNITY

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

If "Yes," describe these new services on Schedule O.

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

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 revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 6,766,674. including grants of $ 6,766,674.) (Revenue $)

COMMUNITY INVESTMENTS-EDUCATION: UNITED WAY GRANTS IMPROVE THE QUALITY OF EARLY LEARNING CENTERS AND HOME CARE PROVIDERS IN CENTRAL IOWA'S LOWEST-INCOME NEIGHBORHOODS; ENSURE CHILDREN READ AT GRADE LEVEL; PROVIDE QUALITY IN- AND AFTER-SCHOOL PROGRAMS; AND ENSURE MORE YOUTH GRADUATE FROM HIGH SCHOOL ON TIME. 2018 ACCOMPLISHMENTS INCLUDE:

* 616 STUDENTS AT 19 CENTRAL IOWA SCHOOLS RECEIVED GLASSES TO HELP THEM READ THROUGH VISION TO LEARN THIS SCHOOL YEAR;
* AS PART OF GRADUATION WALK, 522 VOLUNTEERS VISITED THE HOMES OF 6TH-THROUGH 12TH-GRADE STUDENTS AT RISK OF DROPPING OUT OR WHO WERE CHRONICALLY ABSENT;
* OVER SIX YEARS, UNITED WAY'S GRADUATION WALK HAS ENCOURAGED MORE THAN 2,200 STUDENTS TO GRADUATE.

4b (Code:) (Expenses $ 3,878,773. including grants of $ 3,878,773.) (Revenue $)

COMMUNITY INVESTMENTS - HEALTH: UNITED WAY GRANTS HELP PEOPLE GAIN ACCESS TO AFFORDABLE HEALTH CARE, LIVE IN SAFE ENVIRONMENTS, AND IMPROVE THEIR WELLNESS THROUGH HEALTHY EATING AND HEALTHY LIFESTYLES. 2018 ACCOMPLISHMENTS INCLUDE:

* 2,150 RESIDENTS IN THE 50314 ZIP CODE ENGAGED WITH UNITED WAY PARTENRS TO INCREASE SOCIAL CONNECTIONS, NEIGHBORHOOD SAFETY, ACCESS TO AFFORDABLE HOUSING, AND YOUTH ENGAGEMENT;
* 2,290 CENTRAL IOWANS ACCESSED UNITED WAY FUNDED MENTAL HEALTH PROGRAMS AND 99.4% ARE MAINTAINING OR IMPROVING THEIR WELL-BEING.
* AS PART OF UNITED WAY'S 5-2-1-0 INITIATIVE, OVER 51,000 CENTRAL IOWA CHILDREN AND FAMILIES LEARNED ABOUT HEALTHY HABITS THROUGH SCHOOLS, CHILD CARE CENTERS, AND HEALTH CLINICS; AND

4c (Code:) (Expenses $ 4,399,293. including grants of $ 4,399,293.) (Revenue $)

COMMUNITY INVESTMENTS - INCOME: UNITED WAY GRANTS HELP LOWER-INCOME CENTRAL IOWANS PREPARE FOR AND SECURE BETTER JOBS, LEARN TO MANAGE THEIR MONEY, FIND SAFE AND AFFORDABLE HOUSING, OBTAIN FREE TAX PREPARATION AND LEGAL SERVICES, AND SUSTAIN A COMMUNITY-WIDE SAFETY NET OF EMERGENCY FOOD AND SHELTER. 2018 ACCOMPLISHMENTS INCLUDE:

* OVER 11,000 MORE CENTRAL IOWANS WERE FINANCIALLY SELF-SUFFICIENT;
* 1,640 INDIVIDUALS ENROLLED IN THE UNITED WAY LED BRIDGES TO SUCCESS INITIATIVE TO EARN A HIGH SCHOOL EQUIVALENCY DIPLOMA;
* 1,061 CENTRAL IOWAS ADVANCED TO BETTER JOBS THROUGH UNITED WAY-FUNDED PROGRAMS, INCREASING FAMILY INCOMES; AND
* 4,853 TAX RETURNS FOR LOW-INCOME CENTRAL IOWANS WERE COMPLETED FREE OF CHARGE BY UNITED WAY VOLUNTEERS, RETURNING $8.9 MILLION TO THE

4d Other program services (Describe in Schedule O.)

(Expenses $ 10,704,694. including grants of $ 6,976,187.) (Revenue $ 299,596.)

4e Total program service expenses ▶ 25,749,434.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *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	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 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 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*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	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 Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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 Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	57			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
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	87			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*			3b		
4a	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	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).**					
a	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		
c	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				
e	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		
h	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.**					
a	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:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	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	13b				
c	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 in Schedule O*			14b		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ... 1a 31 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent ... 1b 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 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 by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) FRANKLIN CODEL DIRECTOR	1.00	X						0.	0.	0.
(2) BRENDA CUSHING DIRECTOR	1.00	X						0.	0.	0.
(3) NORA EVERETT CHAIR - ELECT	1.00	X		X				0.	0.	0.
(4) MARTA CODINA VICE CHAIR - VOLUNTEER	1.00	X						0.	0.	0.
(5) JAN LAUE AT LARGE - LABOR	1.00	X						0.	0.	0.
(6) MONICA FRIEDMAN DIRECTOR	1.00	X						0.	0.	0.
(7) LYNN GRAVES VICE CHAIR - EDUCATION	1.00	X						0.	0.	0.
(8) GEORGIA VAN GUNDY VICE CHAIR - ADVOCATE	1.00	X						0.	0.	0.
(9) MATT HANEY DIRECTOR	1.00	X						0.	0.	0.
(10) MARIA VOLANTE VICE CHAIR - STRATEGIC COM	1.00	X						0.	0.	0.
(11) TESSIE JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(12) CHRIS JONES DIRECTOR	1.00	X						0.	0.	0.
(13) ED KENNY DIRECTOR	1.00	X						0.	0.	0.
(14) TODD MILLANG DIRECTOR	1.00	X						0.	0.	0.
(15) THOMAS AHART DIRECTOR	1.00	X						0.	0.	0.
(16) TOM MAHONEY BOARD CHAIR	1.00	X		X				0.	0.	0.
(17) KIM FELKER VICE CHAIR - FINANCE/AUDIT	1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) ALEX HANNA DIRECTOR	1.00	X						0.	0.	0.
(19) GERRY NEUGENT VICE CHAIR - GIVE	1.00	X						0.	0.	0.
(20) SEAN PELLETIER VICE CHAIR - INCOME	1.00	X						0.	0.	0.
(21) KATHRYN KUNERT DIRECTOR	1.00	X						0.	0.	0.
(22) JOYCE PINGEL WLC - REPRESENTATIVE	1.00	X						0.	0.	0.
(23) JOHN ZIESER DIRECTOR - THROUGH 9/17	1.00	X						0.	0.	0.
(24) DR. ANGELA FRANKLIN VICE CHAIR - HEALTH	1.00	X						0.	0.	0.
(25) BOB RITZ DIRECTOR	1.00	X						0.	0.	0.
(26) DON COFFIN DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								764,239.	0.	39,806.
d Total (add lines 1b and 1c) ▶								764,239.	0.	39,806.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 6

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNITED WAY WORLDWIDE PO BOX 418607, BALTIMORE, MD 02241	MEMBERSHIP PAYMENT	292,917.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(27) BILLI HUNT DIRECTOR - THROUGH 2/18	1.00	X						0.	0.	0.
(28) GRANT KVALHEIM DIRECTOR	1.00	X						0.	0.	0.
(29) TIM MCCULLOH DIRECTOR	1.00	X						0.	0.	0.
(30) DAN PITCHER DIRECTOR	1.00	X						0.	0.	0.
(31) BOB WEISS DIRECTOR	1.00	X						0.	0.	0.
(32) SARAH ROY CHIEF OPERATING OFFICER	40.00			X				185,139.	0.	15,565.
(33) ELISABETH BUCK PRESIDENT/CORP. SECRETARY	40.00			X				199,971.	0.	900.
(34) ANDY TEBOCKHORST CHIEF STRATEGIC COMMUNICATOR	40.00					X		134,342.	0.	6,000.
(35) MELANIE CAMPBELL CHIEF DONOR ENGAGEMENT OFFICER	40.00					X		131,252.	0.	16,794.
(36) RENEE MILLER CHIEF COMMUNITY IMPACT OFFICER	40.00					X		113,535.	0.	547.
Total to Part VII, Section A, line 1c								764,239.		39,806.

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 641,160.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 28,654,533.				
	g Noncash contributions included in lines 1a-1f: $	419,990.				
	h **Total.** Add lines 1a-1f ▶		29,295,693.			
Program Service Revenue		Business Code				
	2 a SERVICE FEES	812900	269,045.	269,045.		
	b OTHER REVENUE	900099	149,552.	149,552.		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		418,597.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		152,692.			152,692.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6 a Gross rents	681,219. /				
	b Less: rental expenses	800,220. /				
	c Rental income or (loss)	-119,001. /				
	d Net rental income or (loss) ▶		-119,001.	-119,001.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities / (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8 a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events ▶					
	9 a Gross income from gaming activities. See Part IV, line 19	a 55,896.				
	b Less: direct expenses	b 3,912.				
	c Net income or (loss) from gaming activities ▶		51,984.			51,984.
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11 a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶					
	12 **Total revenue.** See instructions. ▶		29,799,965.	299,596.	0.	204,676.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	22,009,905.	22,009,905.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	11,022.	11,022.		
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	426,401.	71,706.	320,219.	34,476.
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	3,932,920.	2,194,410.	734,211.	1,004,299.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	910,224.	467,563.	208,706.	233,955.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	468.		468.	
c Accounting	68,345.	16,750.	51,595.	
d Lobbying	9,000.	9,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	239,709.	98,001.	133,146.	8,562.
12 Advertising and promotion	323,351.	156,387.	90,599.	76,365.
13 Office expenses				
14 Information technology	144,819.	71,799.	48,455.	24,565.
15 Royalties				
16 Occupancy	192,635.	83,409.	71,643.	37,583.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	289,278.	169,720.	53,203.	66,355.
20 Interest				
21 Payments to affiliates	292,917.	125,955.	93,734.	73,228.
22 Depreciation, depletion, and amortization	109,084.	55,451.	30,907.	22,726.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES, POSTAGE, AND	178,462.	105,044.	43,118.	30,300.
b ORGANIZATION DUES	174,555.	103,312.	7,516.	63,727.
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	29,313,095.	25,749,434.	1,887,520.	1,676,141.
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)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	138,726.	1	96,745.
	2	Savings and temporary cash investments	7,981,751.	2	7,137,617.
	3	Pledges and grants receivable, net	10,506,245.	3	10,721,164.
	4	Accounts receivable, net	39,653.	4	51,843.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	216,079.	9	237,156.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 9,421,117.			
	b	Less: accumulated depreciation — 10b: 6,991,085.	2,552,274.	10c	2,430,032.
	11	Investments - publicly traded securities	4,346,019.	11	5,575,814.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	11,040,937.	15	11,731,424.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	36,821,684.	16	37,981,795.
Liabilities	17	Accounts payable and accrued expenses	1,429,186.	17	1,328,136.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,767,504.	25	1,979,281.
	26	**Total liabilities.** Add lines 17 through 25	3,196,690.	26	3,307,417.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	21,054,679.	27	21,879,909.
	28	Temporarily restricted net assets	9,224,493.	28	9,411,256.
	29	Permanently restricted net assets	3,345,822.	29	3,383,213.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	33,624,994.	33	34,674,378.
	34	Total liabilities and net assets/fund balances	36,821,684.	34	37,981,795.

Part XI Reconciliation of Net Assets

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	29,799,965.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,313,095.
3	Revenue less expenses. Subtract line 2 from line 1	3	486,870.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,624,994.
5	Net unrealized gains (losses) on investments	5	-71,222.
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 in Schedule O)	9	633,736.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	34,674,378.

Part XII Financial Statements and Reporting

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

			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 in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A **(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL IOWA

Employer identification number
42-0680425

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ____________

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ____________

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations ....

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,505,814.	28,908,489.	29,591,561.	27,528,063.	29,295,693.	143,829,620.
2 Tax revenues levied for the organization'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	28,505,814.	28,908,489.	29,591,561.	27,528,063.	29,295,693.	143,829,620.
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)						14,570,933.
6 **Public support.** Subtract line 5 from line 4.						129,258,687.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	28,505,814.	28,908,489.	29,591,561.	27,528,063.	29,295,693.	143,829,620.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	742,875.	729,753.	763,977.	784,767.	833,911.	3,855,283.
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.)	48,963.	76,754.	72,769.	31,812.	55,896.	286,194.
11 **Total support.** Add lines 7 through 10						147,971,097.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 | 2,363,547.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) ..... 14 | 87.35 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 ..... 15 | 87.33 %

16a **33 1/3% support test - 2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☒

b **33 1/3% support test - 2016.** 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 ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
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.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) 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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
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.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in 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.**	9c		
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 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section 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**		

Section D. All Type III Supporting Organizations

			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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) 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.*	**2a**		
b	Did the activities described in (a) 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.*	**2b**		
3	Parent of Supported Organizations. **Answer (a) and (b) 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? *Provide details in* **Part VI.**	**3a**		
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.*	**3b**		

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

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

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

Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions.	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

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

GAMING REVENUE-RAFFLES

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ $ ______

3 Volunteer hours for political campaign activities ______

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ ______

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ ______

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**

4a Was a correction made? ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ ______

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ ______

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $ ______

4 Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	35,684.	
c Total lobbying expenditures (add lines 1a and 1b)	35,684.	
d Other exempt purpose expenditures	29,281,323.	
e Total exempt purpose expenditures (add lines 1c and 1d)	29,317,007.	
f Lobbying nontaxable amount. Enter the amount 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.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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	29,352.	15,016.	32,134.	35,684.	112,186.
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					

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

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

		Yes	No
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?	2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,040,937.	9,701,990.	9,937,369.	8,802,801.	7,051,012.
b Contributions	56,751.	357,835.	113,780.	1,064,322.	724,595.
c Net investment earnings, gains, and losses	871,507.	1,186,694.	-108,162.	217,092.	1,140,544.
d Grants or scholarships					
e Other expenditures for facilities and programs	237,771.	205,582.	240,997.	146,846.	113,350.
f Administrative expenses					
g End of year balance	11,731,424.	11,040,937.	9,701,990.	9,937,369.	8,802,801.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 68.75 %
b Permanent endowment ▶ 28.84 %
c Temporarily restricted endowment ▶ 2.41 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		98,275.		98,275.
b Buildings		7,536,720.	5,428,636.	2,108,084.
c Leasehold improvements				
d Equipment		1,786,122.	1,562,449.	223,673.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				2,430,032.

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, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN COMMUNITY FOUNDATION FUND	11,731,424.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	11,731,424.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED REVENUE	199,207.
(3) COMMUNITY INVESTMENTS AND DONOR	
(4) CHOICE PAYABLE	1,577,162.
(5) EMPOWERMENT REFUNDABLE ADVANCES	202,912.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	1,979,281.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2017

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

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

1	Total revenue, gains, and other support per audited financial statements			1	24,485,191.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-71,222.		
b	Donated services and use of facilities	2b	236,257.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	633,736.		
e	Add lines **2a** through **2d**			2e	798,771.
3	Subtract line **2e** from line **1**			3	23,686,420.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	6,113,545.		
c	Add lines **4a** and **4b**			4c	6,113,545.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	29,799,965.

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

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

1	Total expenses and losses per audited financial statements			1	23,435,807.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	236,257.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	3,912.		
e	Add lines **2a** through **2d**			2e	240,169.
3	Subtract line **2e** from line **1**			3	23,195,638.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	6,117,457.		
c	Add lines **4a** and **4b**			4c	6,117,457.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	29,313,095.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST 633,736.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR CHOICE DESIG. RECOGNIZED AS A REDUCTION OF GROSS REV. ON FIN. STMTS. 6,117,457.

Part XIII Supplemental Information *(continued)*

GAMBLING ACTIVITIES - DIRECT EXPENSES	-3,912.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	6,113,545.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GAMBLING ACTIVITIES - DIRECT EXPENSES	3,912.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR CHOICE DESIG. RECOGNIZED AS A REDUCTION OF GROSS REV. ON FIN. STMTS.	6,117,457.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest instructions.

OMB No. 1545-0047
2017
Open to Public Inspection

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

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			55,896.	55,896.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			3,912.	3,912.
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				3,912.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				51,984.

9 Enter the state(s) in which the organization conducts gaming activities: IA

a Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? [X] Yes [ ] No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? [ ] Yes [X] No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b 100.00 %

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

Name ▶ SARAH ROY

Address ▶ 1111 9TH ST SUITE 100 - DES MOINES, IA 50314

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? [ ] Yes [X] No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ________ and the amount of gaming revenue retained by the third party ▶ $ ________

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

[ ] Director/officer [ ] Employee [ ] Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? [ ] Yes [X] No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Part IV **Supplemental Information** *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

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

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LATINAS LATINOS AL EXITO INC PO BOX 93531 DES MOINES, IA 50393	27-0933503	501(C) 3	48,000.	0.			AL EXITO DES MOINES & PERRY, MOVIEMENTO
BIDWELL RIVERSIDE CHILD CARE CENTER - 1203 HARTFORD AVE. - DES MOINES, IA 50315	42-0680259	501(C) 3	59,542.	0.			EARLY LEARNING CENTER DIRECTOR SUPPORT, QUALITY RATE SYSTEM ENVIRONMENTS
BIG BROTHERS BIG SISTERS OF CENTRAL IOWA - 9051 SWANSON BLVD. - CLIVE, IA 50325	42-1184999	501(C) 3	280,000.	0.			COMMUNITY-BASED MENTORING
BOY SCOUTS OF AMERICA MID IOWA COUNCIL - 6123 SCOUT TRAIL - DES MOINES, IA 50321	42-0981715	501(C) 3	72,000.	0.			AFTER SCHOOL SCOUTING
BOYS & GIRLS CLUBS OF CENTRAL IOWA 1421 WALKER STREET DES MOINES, IA 50316	42-6075138	501(C) 3	338,500.	0.			BGCCI YOUTH DEVELOPMENT PROGRAMS, MCCOMBS EXTENSION CLUB
CAMP FIRE USA 5615 HICKMAN RD. DES MOINES, IA 50310	42-0680459	501(C) 3	267,000.	0.			CAMP FIRE YOUTH DEVELOPMENT PROGRAMS, COMMUNITY CENTER PROGRAMS, NAVIGATOR

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 79.

3 Enter total number of other organizations listed in the line 1 table ▶ 4.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITOL PARK EARLY LEARNING CENTER, INC. - 800 E 12TH ST. - DES MOINES, IA 50316	42-0941187	501(C) 3	113,519.	0.			CAP PARK EARLY LEARNING DIRECTOR SUPPORT, CAP PARK EC QUALITY ASSURANCE COORD, CAP PARK SHARED
CATHOLIC CHARITIES 601 GRAND AVE DES MOINES, IA 50309	42-0680464	501(C) 3	128,525.	0.			CATHOLIC CHARITIES COUNSELING PROGRAM, CATHOLIC CHARITIES FINANCIAL ASSISTANCE
COURAGE LEAGUE SPORTS 4405 121ST ST URBANDALE, IA 50323	46-1443733	501(C) 3	65,000.	0.			COURAGE LEAGUE WELLNESS PROGRAM
CHILD ABUSE PREVENTION COUNCIL OF WARREN COUNTY - PO BOX 417 - INDIANOLA, IA 50125	42-1330147	501(C) 3	35,000.	0.			WEE CARE RESPITE NURSERY, YOUNG PARENTS PROGRAM
CHILDREN & FAMILIES OF IOWA 1111 UNIVERSITY AVE. DES MOINES, IA 50314	42-0680416	501(C) 3	622,843.	0.			CDC EARLY LEARNING DIRECTOR SUPPORT, CDC QUALITY RATING SYSTEM ENVIRONMENTS
CHILDSERVE 5406 MERLE HAY RD. JOHNSTON, IA 50131	42-1157665	501(C) 3	209,000.	0.			OUTPATIENT THERAPY PROGRAM
CITY OF WEST DES MOINES 250 GEORGE M MILLS CIVIC PKWY WEST DES MOINES, IA 50265	42-6005359		75,000.	0.			WDM YJI SERVICE DELIVERY SYSTEM, WEST DES MOINES YOUTH JUSTICE INITIATIVE
DENTAL CONNECTIONS 1111 9TH ST. STE. 190 DES MOINES, IA 50314	42-0680421	501(C) 3	674,127.	0.			DM HEALTH DENTAL CLINIC, LITTLE HEALTHY SMILES, SCHOOL SMILES, SMILE SQUAD
EVERYBODY WINS - IOWA PO BOX 691 DES MOINES, IA 50303	81-0618641	501(C) 3	70,000.	0.			POWER READ

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash 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 DISTRICT - 2323 GRAND AVE - DES MOINES, IA 50312	42-6001433		951,000.	0.			COMMUNITY SCHOOL COORDINATORS, KEYS TO SUCCESS, RUNDSM, EARLY LEADERSHIP INNITIATIVE,
GIRL SCOUTS OF GREATER IOWA 10715 HICKMAN RD. DES MOINES, IA 50322	42-0698218	501(C) 3	104,000.	0.			GIRL SCOUTS YOUTH DEVELOPMENT
GOODWILL INDUSTRIES 5355 NW 86TH ST JOHNSTON, IA 50131	42-0764469	501(C) 3	86,000.	0.			WORK EXPERIENCE PROGRAM
GREATER ALTOONA CAMPUS 1500 8TH ST. S.W. ALTOONA, IA 50009	42-1445489	501(C) 3	50,000.	0.			KIDS KLUB
H.O.M.E. INC. 1618 6TH AVE DES MOINES, IA 50314	42-0931497	501(C) 3	396,500.	0.			COMMUNITY HOUSING SERVICES & HOPE FOR STABLE FAMILIES
HAWTHORN HILL MINISTRIES 3001 GRAND AVE. STE A DES MOINES, IA 50312	42-1258470	501(C) 3	90,000.	0.			NEW DIRECTIONS SHELTER, EDUCATION AND EMPLOYMENT SPECIALIST, HOPE FOR STABLE FAMILIES
HISPANIC EDUCATIONAL RESOURCES 828 E SCOTT AVE. DES MOINES, IA 50309	42-1222154	501(C) 3	85,750.	0.			XOCHIPILLI EARLY LEARNING DIRECTOR SUPPORT, XOCHIPILLI FAMILY DEVELOPMENT SPECIALIST,
IOWA LEGAL AID 1111 NINTH ST. STE. 230 DES MOINES, IA 50314	42-1079227	501(C) 3	216,000.	0.			IOWA LEGAL AID CIVIL LEGAL ASSISTANCE
ISISERETTES 1432 21ST ST DES MOINES, IA 50311	42-1495759	501(C) 3	32,000.	0.			ISISERETTES DRILL & DRUM CORPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINK ASSOCIATES 1452 29TH ST WEST DES MOINES, IA 50266	42-0815363	501(C) 3	76,500.	0.			FAMILY SUPPORT SERVICES, LEISURE SERVICES
LUTHERAN SERVICES IN IOWA 106 16TH ST SW WAVERLY, IA 50677	42-0698267	501(C) 3	349,000.	0.			PARENTING INITIATIVE, REFUGEE CHILDCARE PROVIDERS, REFUGEE ELL & CAREER, GLOBAL GREENS,
OAKRIDGE NEIGHBORHOOD SERVICES 1401 CENTER ST DES MOINES, IA 50314	42-1311721	501(C) 3	550,500.	0.			BEREAL ACADEMY, PROJECT OASIS, QUALITY EARLY LEARNING, FAMILY DEVELOPMENT, ADULT &
ORCHARD PLACE 2116 GRAND AVE. DES MOINES, IA 50312	42-1463736	501(C) 3	1,082,408.	0.			CCRR - INFANT TODDLER CONSULTANT, CCRR - REACH FOR THE STARS POLK COUNTY, OP - CHILD CARE,
VISITING NURSE SERVICES 1111 9TH ST. STE. 320 DES MOINES, IA 50314	42-0680446	501(C) 3	939,565.	0.			CHILD CARE NURSE CONSULTANT, COMMUNITY HOME VISITING PROGRAM, FIRST FIVE, NURSE FAMILY
WESLEYLIFE HOME CARE 944 18TH ST. DES MOINES, IA 50311	20-3970256	501(C) 3	200,000.	0.			MEALS ON WHEELS, WESLEY HOME CARE AIDE
WILLKIE HOUSE 900 17TH ST. DES MOINES, IA 50314	42-0680433	501(C) 3	182,000.	0.			AFTER SCHOOL PROGRAM AND SUMMER DAY CAMP
YMCA OF GREATER DES MOINES 501 GRAND AVE DES MOINES, IA 50309	42-0680438	501(C) 3	321,000.	0.			YMCA OUT OF SCHOOL TIME, YMCA SUPPORTIVE HOUSING
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVE DES MOINES, IA 50309	51-0186073	501(C) 3	336,100.	0.			PERINATAL SERVICES, YWRC ADOLESCENT PREGNANCY PREVENTION ON

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH EMERGENCY SERVICES & SHELTER 918 SE 11TH ST. DES MOINES, IA 50309	23-7442304	501(C) 3	400,000.	0.			EMERGENCY SERVICES FOR NONSYSTEM YOUTH
YOUTH LAW CENTER 300 WALNUT ST. STE. 295 DES MOINES, IA 50309	42-1085654	501(C) 3	325,000.	0.			MULTI-DISCIPLINARY LEGAL REPRESENTATION
PRELUDE BEHAVIORAL SERVICES 430 SOUTHGATE AVE IOWA CITY, IA 52240	42-0946031	501(C) 3	35,730.	0.			BERNIE LORENZ RECOVERY CENTER
DMACC ANKENY 2006 S ANKENY BLVD ANKENY, IA 50023	42-0926354		365,642.	0.			ADULT BASIC EDUCATION AND TRAINING , MANUP IOWA MENTORING
WELIFT 106 E 2ND AVE INDIANOLA, IA 50125	42-0703232	501(C) 3	50,000.	0.			WORKFORCE PROGRAM
DALLAS COUNTY IOWA 25747 N AVE SUITE C ADEL, IA 50003	42-6004172		111,500.	0.			FAMILY CONNECT, HEALTH NAVIGATION, AND RACCOON RIVER VALLEY TRAIN TO HIGH TRESTLE
GREATER DES MOINES HABITAT FOR HUMANITY - 2200 E EUCLID - DES MOINES, IA 50317	42-1275330	501(C) 3	80,000.	0.			SELF HELP HOMEOWNERSHIP PROGRAM
IOWA CREDIT UNION FOUNDATION 1500 NW 118TH ST DES MOINES, IA 50325	42-1438113	501(C) 3	26,309.	0.			IDA PROGRAM
ART FORCE IOWA 600 HOLCOMB AVE #3 DES MOINES, IA 50313	80-0865313	501(C) 3	71,500.	0.			CREATIVE PATHWAYS, STREET CRED, DSM HEROES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL IOWA SHELTER & SERVICES 1420 MULBERRY ST DES MOINES, IA 50309	42-1394212	501(C) 3	111,000.	0.			CISS COMMUNITY KITCHEN AND JOB TRAINING PROGRAM, COMMUNITY TRANSPORTATION
CHILDREN & FAMILY URBAN MOVEMENT PO BOX 41125 DES MOINES, IA 50311	42-1396833	501(C) 3	205,000.	0.			LITERACY FOR LIFE, BACKYARD BOYZ, WHYLD GIRLS, SUMMER IN THE CITY
COMMUNITY FOUNDATION OF GREATER DES MOINES - 1915 GRAND AVE - DES MOINES, IA 50309	42-6139033	501(C) 3	310,000.	0.			EDUCATION/EMPLOYMENT SERVICES, INCOME & WORK SUPPORTS, FINANCIAL SERVICES/ASSET BUILDING,
DRAKE UNIVERSITY 2507 UNIVERSITY AVE DES MOINES, IA 50311	42-0680460		34,000.	0.			ADULT LITERACY PROGRAM, WORKPLACE LITERACY PROGRAM
EMBARC 2309 EUCLID AVE. DES MOINES, IA 50310	46-1017191	501(C) 3	45,000.	0.			REFUGEERISE, HEALTH NAVIGATION PROJECT
I HAVE A DREAM FOUNDATION 2507 UNIVERSITY AVE DES MOINES, IA 50311	42-1338832	501(C) 3	41,580.	0.			DREAMER ACADEMY AT FINDLEY
IOWA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN - 5525 MEREDITH DRIVE, STE. F - DES MOINES, IA 50310	42-1135283	501(C) 3	582,110.	0.			TEACH, WAGE$, EARLY CHILDHOOD QUALITY INITATIVE
IOWA JAG INC 400 E 14TH, 3RD FLOOR DES MOINES, IA 50319	42-1492988	501(C) 3	70,000.	0.			YOUTH PROGRAM FOCUSED ON SCHOOL TO CAREER SOLUTIONS
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD AMES, IA 50010	42-1143702	501(C) 3	85,000.	0.			SCIENCE BOUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNSTON PARTNERSHIP FOR A HEALTHY COMMUNITY - PO BOX 975 - JOHNSTON, IA 50131	02-0576603	501(C) 3	25,000.	0.			JOHNSTON YOUTH MENTORING PROGRAM
NEW OPPORTUNITIES, INC 23751 HWY 30 CARROLL, IA 51401	42-0923412	501(C) 3	37,600.	0.			DALLAS COUNTY FAMILY DEVELOPMENT CENTER, FOUR CORNERSTONES FINANCIAL EDUCATION
PERRY CHILD DEVELOPMENT CENTER 920 18TH ST PERRY, IA 50220	20-0546512	501(C) 3	25,000.	0.			QUALITY EARLY LEARNING SCHOLARSHIPS
PREVENT CHILD ABUSE IOWA 2704 FLEUR DRIVE DES MOINES, IA 50321	42-1117292	501(C) 3	60,000.	0.			CONNECTIONS MATTER
PRIMARY HEALTH CARE 9943 HICKMAN RD STE 105 URBANDALE, IA 50322	42-1311646	501(C) 3	75,000.	0.			HEALTH CLINIC AT SCAVO, OUTREACH AND CASE MANAGEMENT, CENTRALIZED INTAKE
PROJECT IOWA 1420 MULBERRY ST DES MOINES, IA 50309	80-0731028	501(C) 3	90,000.	0.			PROJECT IOWA PROGRAMMING
THE HELPING HAND PO BOX 45 INDIANOLA, IA 50125	42-1187262	501(C) 3	15,000.	0.			FOOD PANTRY
URBANDALE COMMUNITY SCHOOLS 11152 AURORA AVE URBANDALE, IA 50322	42-6039212		5,000.	0.			READING CAMP
YOUTH POLICY INSTITUTE OF IOWA 6200 AURORA AVE STE 206E DES MOINES, IA 50322	42-1509945	501(C) 3	62,500.	0.			OPPORTUNITY PASSPORT, OPTIONS FOR POSTSECONDARY TRANSITION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL STAR DAYCARE 2 HARTFORD, SUITE 200 DES MOINES, IA 50315	20-3774030		7,446.	0.			CHILDCARE SCHOLARSHIPS
ARTS FOR THE CITY INC 600 6TH AVE DES MOINES, IA 50309	26-4817884	501(C) 3	13,900.	0.			ART SCHOOLS ART PROGRAM
COMMUNITY YOUTH CONCEPTS 1446 MARTIN LUTHER KING JR PWY DES MOINES, IA 50314	26-2996028	501(C) 3	24,000.	0.			TEEN OUTREACH PROGRAM
DALLAS COUNTY AGRICULTURE EXTENSION - 28059 FAIRGROUND RD - ADEL, IA 50003	42-6021414		90,000.	0.			DALLAS & WARREN COUNTY REACH FOR THE STARS
AMERICAN RED CROSS 2116 GRAND AVE DES MOINES, IA 50312	53-0196605	501(C) 3	35,000.	0.			DISASTER SERVICES
EAST SIDE COMMUNITY DEVELOPMENT PO BOX 258 DES MOINES, IA 50301	42-1519729	501(C) 3	6,500.	0.			MLK PARK SUMMER PROGRAM
EAT GREATER DES MOINES 2704 FLEUR DRIVE, SUITE 201 DES MOINES, IA 50321	47-2914255	501(C) 3	65,000.	0.			FOOD SYSTEMS COORDINATOR, DOUBLE UP BOOKS
IOWA COMMUNITY CAPITAL 915 8TH STREET, SUITE 205 BOONE, IA 50036	42-1502371	501(C) 3	50,000.	0.			SOLIDARITY MICROFINANCE
NATIONAL ALLIANCE ON MENTAL ILLNESS OF GREATER DES MOINES - 511 EAST 6TH ST. STE B - DES MOINES, IA 50309	42-1333379	501(C) 3	50,000.	0.			EDUCATION & OUTREACH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PURSUIT OF INNOVATION 4300 BEAVER AVE DES MOINES, IA 50310	47-1895137	501(C) 3	20,000.	0.			PROGRAM FOCUSED ON INTRODUCING UNDERSERVED YOUTH & REFUGEES TO THE STEM PROGRAM
U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS INC - 1200 UNIVERSITY AVE, STE 205 - DES MOINES, IA 50314	13-1878704	501(C) 3	77,000.	0.			REFUGEE MENTAL HEALTH PROGRAM
URBAN DREAMS 601 FOREST AVE DES MOINES, IA 50314	42-1225264	501(C) 3	50,000.	0.			COMMUNITY ENGAGMENT, CONNECTIVITY INITIATIVE
CENTRAL IOWA HOSPITAL CORPORATON 1200 PLEASANT STREET DES MOINES, IA 50309	42-0680452	501(C) 3	32,900.	0.			5210 LETS GO
DES MOINES AREA RELIGIOUS COUNCIL 1435 MULBERRY STREET DES MOINES, IA 50309	42-0788211	501(C) 3	10,000.	0.			DMARC - FOOD PANTRY
DES MOINES BICYCLE COLLECTIVE 301 GRAND AVE DES MOINES, IA 50309	33-1205221	501(C) 3	70,000.	0.			50314 B-CYCLE STATION
GRAND VIEW CHILD DEVELOPMENT CENTER - 3004 E 38TH STREET - DES MOINES, IA 50317	42-1425170	501(C) 3	14,603.	0.			CHILDCARD OPERATIONS
HIGHLAND PARK COMMUNITY CHURCH 4101 AMHERST STREET DES MOINES, IA 50313	81-0758404	501(C) 3	11,000.	0.			SUMMER ADVENTURE CAMP & MIDDLE SCHOOL STEM ADVENTURES
ONE IOWA 950 OFFICE PARK ROAD, SUITE 240 WEST DES MOINES, IA 50265	72-1613927	501(C) 3	30,000.	0.			REDUCING SOCIAL ISOLATION FOR LGBTQ IOWANS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLEASE PASS THE LOVE PO BOX 1422 JOHNSTON, IA 50131	46-4492345	501(C) 3	6,000.	0.			SCHOOL-BASED MENTAL HEALTH OUTREACH
ST. VINCENT DEPAUL SOCIETY 1432 6TH AVE DES MOINES, IA 50314	42-6021808	501(C) 3	30,000.	0.			EDUCATION CENTER SERVICES
THE DIRECTORS COUNCIL 501 GRAND AVE DES MOINES, IA 50309	42-1524040	501(C) 3	25,000.	0.			ONE ECONOMY
WEST DES MOINES CHILD CARE CENTER 1721 25TH ST STE 200 WEST DES MOINES, IA 50266	27-4867679		20,522.	0.			CHILDCARD OPERATIONS
YOUTH AND SHELTER SERVICES 420 KELLOGG AVE AMES, IA 50010	42-1051609	501(C) 3	222,000.	0.			IOWA HOMELESS YOUTH CENTERS PROGRAMS, TEENS AGAINST HUMAN TRAFFICKING

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
RETIRED SENIOR VOLUNTEER PROGRAM - TRAVEL	49	11,022.	0.		

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

PART I, LINE 2:

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CAMP FIRE USA

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMP FIRE YOUTH DEVELOPMENT PROGRAMS, COMMUNITY CENTER PROGRAMS, NAVIGATOR PROGRAM

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CAPITOL PARK EARLY LEARNING CENTER, INC.

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

NAME OF ORGANIZATION OR GOVERNMENT:

DES MOINES INDEPENDENT SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY SCHOOL COORDINATORS, KEYS TO SUCCESS, RUNDSM, EARLY LEADERSHIP INNITIATIVE, LICENSED SOCIAL WORKER, FLEX ACADEMY, SUCCESS

NAME OF ORGANIZATION OR GOVERNMENT: HISPANIC EDUCATIONAL RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: XOCHIPILLI EARLY LEARNING DIRECTOR SUPPORT, XOCHIPILLI FAMILY DEVELOPMENT SPECIALIST, SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERAN SERVICES IN IOWA

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

NAME OF ORGANIZATION OR GOVERNMENT: OAKRIDGE NEIGHBORHOOD SERVICES

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

NAME OF ORGANIZATION OR GOVERNMENT: ORCHARD PLACE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: CCRR - INFANT TODDLER CONSULTANT, CCRR - REACH FOR THE STARS POLK COUNTY, OP - CHILD CARE, TRAININGS

NAME OF ORGANIZATION OR GOVERNMENT: VISITING NURSE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILD CARE NURSE CONSULTANT, COMMUNITY HOME VISITING PROGRAM, FIRST FIVE, NURSE FAMILY PARTNERSHIP, 5210 LETS GO!PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY FOUNDATION OF GREATER DES MOINES

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATION/EMPLOYMENT SERVICES, INCOME & WORK SUPPORTS, FINANCIAL SERVICES/ASSET BUILDING, DES MOINES REGIONAL SKATEPARK

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: UNITED WAY OF CENTRAL IOWA

Employer identification number 42-0680425

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) SARAH ROY	(i)	185,139.	0.	0.	7,584.	7,981.	200,704.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELISABETH BUCK	(i)	199,971.	0.	0.	0.	900.	200,871.	0.
PRESIDENT/CORP. SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART II, SECTION (C), RETIREMENT AND OTHER DEFERRED COMPENSATION:

THE AMOUNTS IDENTIFIED AS RETIREMENT AND DEFERRED COMPENSATION CONSIST OF THE AMOUNT OF THE ORGANIZATION'S CONTRIBUTIONS TO THE QUALIFIED RETIREMENT PLAN (401(K)) SPONSORED BY THE ORGANIZATION. THIS PLAN IS AVAILABLE TO ALL EMPLOYEES OF THE ORGANIZATION WHO HAVE MET CRITERIA AS SET OUT IN THE APPLICABLE PLAN DOCUMENT.

PART II, SECTION (D), NONTAXABLE BENEFITS: THE AMOUNTS IDENTIFIED AS NONTAXABLE BENEFITS REPRESENT EMPLOYER PAYMENTS FOR HEALTH BENEFIT PLAN PREMIUMS AND FLEXIBLE SPENDING PROGRAMS.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ 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 the latest information.

OMB No. 1545-0047
2017
Open To Public Inspection

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

Part I **Types of Property**

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	46	366,089.	FMV DONATED SECURITI
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (SKYBOX TICKET)	X	1	25,000.	FMV
26	Other ▶ (FOOD)	X	1	16,000.	FMV
27	Other ▶ (FACILITIES &)	X	1	10,000.	FMV
28	Other ▶ (AUDIO/VIDEO E)	X	1	2,901.	FMV

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

* 690 POWER READ VOLUNTEERS READ WEEKLY WITH ELEMENTARY STUDENTS - A KEY TO RAISING READING SCORES; AND
* 23,351 CHILDREN PARTICIPATED IN UNITED WAY FUNDED PROGRAMS PROMOTING ACADEMIC GROWTH DURING OUT-OF-SCHOOL HOURS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

* 10,911 LBS OF FRUIT AND VEGETABLES WERE GIVEN TO PANTRIES FROM CORPORATE GIVING GARDENS, FEEDING 4,364 CENTRAL IOWANS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY.

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

UNITED WAY COMMUNITY IMPACT SERVICES: UNITED WAY FUNDS 2-1-1, A TELEPHONE HELPLINE, PROVIDING INFORMATION AND REFERRALS FOR PEOPLE NEEDING HUMAN SERVICES. THE VOLUNTEER ENGAGEMENT PROGRAM MOBILIZES VOLUNTEERS ALIGNED WITH GOALS FOR 2020 IN EDUCATION, INCOME AND HEALTH. COMMUNITY IMPACT SERVICES STAFF RESEARCH COMMUNITY CONDITIONS AND MEASURES PROGRESS OF UNITED WAY INVESTMENTS TO REACH GOALS FOR 2020. COMMUNITY IMPACT SERVICES ALSO OVERSEES A VOLUNTEER, CITIZEN-LED ACCOUNTABILITY PROCESS OF UNITED WAY-SUPPORTED PROGRAMS IN PARTNER ORGANIZATIONS. $6,117,457 OF DONOR DESIGNATIONS ARE INCLUDED IN THE TOTAL EXPENSES.

EXPENSES $ 10,704,694. INCL GRANTS OF $ 6,976,187. REVENUE $ 299,596.

Name of the organization: UNITED WAY OF CENTRAL IOWA

Employer identification number: 42-0680425

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

B. CUSHING, D. COFFIN, AND A. FRANKLIN HAVE A BUSINESS RELATIONSHIP.

B. CUSHING AND G. NEUGENT HAVE A BUSINESS RELATIONSHIP.

B. CUSHING, R. RITZ, AND M. FRIEDMAN HAVE A BUSINESS RELATIONSHIP.

C. HOLMES & N. EVERETT HAVE A BUSINESS RELATIONSHIP.

T. AHART AND A. HANNA HAVE A BUSINESS RELATIONSHIP.

J. PINGEL AND C. JONES HAVE A BUSINESS RELATIONSHIP.

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

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

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

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

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

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

Name of the organization: UNITED WAY OF CENTRAL IOWA

Employer identification number: 42-0680425

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

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

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

CHANGE IN VALUE OF BENEFICIAL INTEREST IN COMMUNITY FOUNDATION	633,736.

FORM 990, PART XII, LINE 2C:

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

Form **8868** (Rev. January 2017)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868*.**

OMB No. 1545-1709

Electronic filing *(e-file)*. You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF CENTRAL IOWA	Employer identification number (EIN) or 42-0680425
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1111 9TH STREET, SUITE 100	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DES MOINES, IA 50314-2500	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ SARAH ROY, CHIEF OPERATING OFFICER 1111 9TH STREET, SUITE 100 - DES MOINES, IA 50314
  Telephone No. ▶ 515-246-6500 Fax No. ▶ 515-246-6522
- If the organization does not have an office or place of business in the United States, check this box .... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2019 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year ______ or

▶ ☒ tax year beginning JUL 1, 2017 , and ending JUN 30, 2018 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2017)